

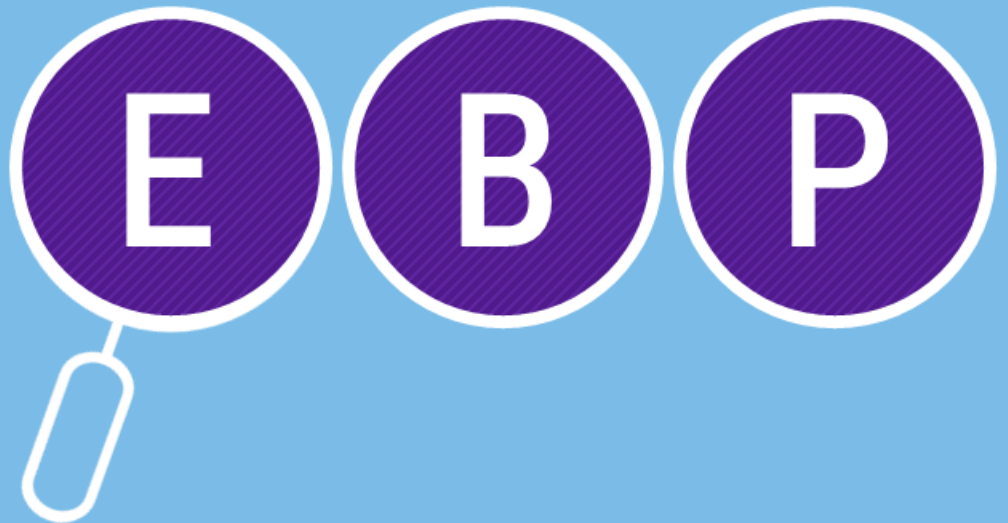
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SCHOOL OF NURSING**

20th Annual

2026

CLAIRE M. FAGIN LECTURE & EVIDENCE-BASED PRACTICE POSTER DAY



ABSTRACT BOOK

*Funded by the National Institutes of Health through a
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Hunter-Bellevue School of Nursing

20th Annual Claire M. Fagin Lecture & Evidence-Based Practice Poster Day

Wednesday, April 29, 2026, 4–7 pm

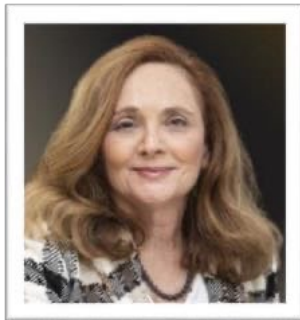
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PROGRAM

4–5:15 pm Rm 104

Claire M. Fagin Lecture



Rose Ann DiMaria Ghalili, PhD, RN, FASPEN, FAAN, FGSA

Dr. DiMaria Ghalili is the Interim Associate Vice Provost for Research & Innovation and a Professor of Nursing at Drexel University. A nationally recognized nurse scientist, her interdisciplinary program of research focuses on nutrition, aging, and the use of innovative technologies to improve symptoms, health outcomes, and quality of life for older adults with acute and chronic conditions. She also conducts work addressing health disparities and care of vulnerable populations.

Dr. DiMaria Ghalili's leadership extends nationally and internationally through service on committees advancing nursing science, education, and research. A dedicated mentor and educator, she has received numerous honors, including the Gloria F. Donnelly Excellence in Mentoring Award, the Stanley J. Dudrick Research Scholar Award, and the Rhoads Research Lectureship. She is a Fellow of the American Academy of Nursing, the American Society for Parenteral and Enteral Nutrition, and the Gerontological Society of America.

Dr. DiMaria Ghalili is a proud Hunter College alumna, earning her BS and MS from the Hunter-Bellevue School of Nursing before completing her PhD at NYU and a postdoctoral fellowship at the University of Pennsylvania. She began her career at Jacobi Medical Center as a trauma and burn critical care nurse and nutrition support clinical nurse specialist and later earned tenure at West Virginia University before joining Drexel in 2009.

5:30–7 pm 6th Floor

Poster Session

Poster Presentation Awards to be announced.

ACKNOWLEDGMENTS

Conference support provided by the National Center for Advancing Translational Sciences, National Institutes of Health, Award Number UL1TR002384. The content presented is solely the responsibility of its authors and does not necessarily represent the official views of the National Institutes of Health.

The conference organizers gratefully acknowledge Dr. Julianne Imperato-McGinley, Associate Dean for Translational Research and Educational Training and the Director and Principal Investigator of the Clinical and Translational Science Center (CTSC) at Weill-Cornell Medicine for her contributions to nursing research and her dedication to advancing nursing science.

Thank you to Dean Ann Marie Mauro for her leadership and steadfast commitment to excellence in research, scholarship, and service.

We are deeply appreciative of the work by those who go above and beyond to make this annual event, now in its 20th year, a resounding success. We extend our gratitude to this year's presenters, faculty sponsors, community partners, abstract and poster reviewers, event volunteers, and to Dr. DiMaria Ghalili for their participation and support.

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POSTER PRESENTATION AWARDS

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Clinical & Community Partners

POSTER 09 *A practicum experience in a community-based immigrant center: Effects on nursing students' cultural humility and prejudice towards immigrants*

Randelle Sasa, PhD, RN-BC, CCRN, CNE, NEA-BC¹; William Samuels, PhD²; Karen Arca-Contreras, DNP, RN-BC³

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²Hunter-Bellevue School of Nursing, Hunter College, CUNY

³College of Staten Island, CUNY

Student & Resident Nursing (Two Awards)

POSTER 03 *Palliative care model impact on knowledge and attitudes*

Alya Shor¹; Aliza Ben-Zacharia^{1(F)}; William Samuels^{1(F)}; Stacyann Smith^{2(F)}

¹Generic BS Program, Hunter-Bellevue School of Nursing

²Weill Cornell Multiple Sclerosis Center

POSTER 05 *The impact of polypharmacy among older adults and caregivers: A pilot study*

Jasmine Li; Amil Tan^(F)

RN-to-BS Program, Hunter-Bellevue School of Nursing

Nursing DNP Scholarship

POSTER 16 *Intraoperative anesthetic requirements in cannabis users: A RE-AIM-guided comprehensive literature review*

Tara Mackey; Wen Huang; Erin Murphy; Aaron Tan; Maria Molina^(F); Ylenia Quiaoit^(F); William Samuels^(F)

Nurse Anesthesia Adult-Gerontology Acute Care Nurse Practitioner DNP Program

Nursing DNP Final Capstone Project

POSTER 27 *Frailty screening and referrals in the geriatric multiple myeloma population*

Frances Bell; Aliza Ben-Zacharia^(F)

Adult-Gerontology Primary Care Nurse Practitioner DNP Program

Nursing PhD Scholarship

POSTER 31 *Climate anxiety among nursing professionals in New York State*

Sarah Kaplan¹; Tara Heagele^{1(F)}; Jessica Varghese^{2(F)}; William Samuels^{1(F)}; Elizabeth Capezuti^{1(F)}

¹Nursing PhD Program, Hunter-Bellevue School of Nursing

²New York Institute of Technology

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ABSTRACTS

^(F) Designates Faculty Sponsor, Clinical Advisor or Collaborator on a student project.

#1 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

UNDERGRADUATE NURSING STUDENT SCHOLARSHIP

Best practice guideline: People-Centered Care, third edition

Althea Leigh Castro; Isobell Addo; Kristen Luna Gaspar; Rebecca Mary Gould; Chloe Huang; Yna Kreisza Visco
Hunter-Bellevue School of Nursing, Hunter College, CUNY

Background: People-centered care focuses on holistic, individualized care that respects patient values, preferences, and needs. Despite strong evidence supporting its benefits, inconsistent implementation in clinical practice can lead to decreased patient satisfaction and increased health disparities. The Registered Nurses' Association of Ontario (RNAO) developed a Best Practice Guideline to promote therapeutic relationships and shared decision-making. Understanding and applying this approach is essential to improving patient outcomes and equity across healthcare settings.

Purpose: To evaluate the importance of the RNAO People-Centred Care guideline and explore how its implementation can improve patient outcomes, communication, and equity in healthcare settings.

Methods: The guideline was developed using a systematic, evidence-based approach aligned with AGREE II and RIGHT standards. Literature searches were conducted using UHN HealthSearch with customized PICO questions. Recommendations were evaluated using the GRADE framework, considering risk of bias, consistency, and precision. Evidence-to-Decision frameworks guided recommendation development, with Good Practice Statements included where appropriate.

Results: Key findings show that implementation of people-centered care improves therapeutic relationships, communication, patient engagement, and reduced health disparities. Strong evidence also supports shared decision-making as a key contributor to increased adherence to care plans and improved patient satisfaction.

Conclusions: The People-Centred Care guideline supports improved patient outcomes and more equitable care delivery. Its implementation enhances communication and aligns care with patient values. Future efforts should focus on consistent integration into practice and system-level support to sustain its benefits and address ongoing disparities in healthcare.

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#2 (RESEARCH)

UNDERGRADUATE NURSING STUDENT SCHOLARSHIP

Widespread, helpful, and unclear: Student use of generative AI in nursing education

Eddylys Rios; Fatema Khatun; Carolyn Sun, PhD, RN, ANP-BC, FAAN^(F)

Hunter-Bellevue School of Nursing, Hunter College, CUNY

Background: As generative artificial intelligence (genAI) becomes more prevalent in academic settings, its potential to enhance learning is often overshadowed by concerns about overreliance and ethical implications. GenAI is a tool capable of creating new content using patterns from large datasets. This study explored the use of genAI, such as ChatGPT, among undergraduate nursing students in a 4-year nursing program in the U.S. The goal was to understand how students use artificial intelligence (AI) and whether its benefits are accompanied by risks to academic integrity and policy awareness. This study is in press in *Computers, Informatics, Nursing*.

Methods: This study used a quantitative, cross-sectional, descriptive survey to collect data from 4-year undergraduate students enrolled in a Bachelor of Science in Nursing (BSN) program in the United States. Participants were surveyed regarding their use of genAI and their knowledge of institutional policies on AI.

Results: In this study, 89% of students reported using AI, and more than half had started using it before nursing school. Moreover, 84% of the students said it improved their coursework, and 65% reported that it made their learning more efficient. Despite the benefits, nearly 20% were unaware of their school's AI policies, which raises concerns about plagiarism or cheating.

Conclusions: This shows that clearer guidance and education on ethical AI use are needed from institutions to prevent misuse. Future research should explore the long-term impact of AI on clinical performance. Overall, AI seems to be an important academic tool for nursing students, but its future implications remain unknown. To ensure competent nurses, training for both faculty and students on the appropriate use of AI is critical.

Acknowledgments: We thank Dr. Carolyn Sun, Director of Nursing Honors Scholars Program, for her support and guidance.

Keywords: artificial intelligence; education; students; technology; ethics

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Palliative care model impact on knowledge and attitudes

Alya Shor¹; Aliza Ben-Zacharia, PhD, DNP, RN, ANP-BC, FAAN^{1(F)}; William Samuels, PhD^{1(F)}; Stacyann Smith, MS, AGNP-C, MSCN^{2(F)}

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Background: Adults with multiple sclerosis (MS) face complex goals-of-care decisions. We piloted a randomized palliative care intervention, a video versus written material, to assess feasibility/acceptability and describe early effects on knowledge and decision preparedness. Understanding of decision planning was guided by the Ottawa Decision Support Framework. Outcomes were thus measured by Ottawa decision-support tools, including the SURE (Sure of myself, understand information, risk-benefit ratio, and encouragement) and Preparation for Decision Making (PrepDM).

Methods: We conducted a longitudinal randomized pilot comparing an advanced care planning video versus written materials, with outcomes assessed at baseline, immediately post-intervention, and at 3 months. Knowledge was measured by the Palliative Care Knowledge Scale (PaCKS), and the 4-item decisional conflict screen by the SURE. The ability for the given intervention to facilitate decision making was measured by the PrepDM. Actual preparedness for advance-care planning (e.g., 'How ready are you to talk about ACP') was measured by 16 ad hoc items.

Results: Eighteen participants enrolled (12 women, 6 men); 7 randomized to video, 10 to written, one completing demographics only. Mean MS duration was 7.56 years (SD 6.19). PaCKS scores improved from baseline (M = 9.11), more among video (M = 12.43) than written (M = 9.20). SURE scores improved similarly (video M = 2.86; written M = 2.90). PrepDM was nearly identical across groups (video M = 37.43; written M = 37.40). Care preferences remained heterogeneous. Three-month data available for two video participants; limited by small groups.

Conclusions: Preliminary results suggest the video material may increase palliative care knowledge relative to written material, with broadly similar decisional conflict reduction and decision preparation across groups. Confirmation awaits larger samples and complete 3-month follow-up data.

Acknowledgments: Thank you to Weill Cornell Medicine and the National MS Society for participant access, Dr. Samuels for the exceptional statistical analysis, and Dr. Ben-Zacharia for research mentorship and guidance.

Keywords: palliative and end-of-life care; chronic illness; technology and informatics; nursing education; decision support

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Spanish translation of the Household Emergency Preparedness Instrument

Sophy Chavez-Pesantez; Rubi Hernandez-Silva; Yolima Vergara, DNP, RN, AGPCNP-BC^(F); Tara Heagele, PhD, RN, FAAN^(F)

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Background: Climate-related disasters are increasing in frequency and intensity. Community members who do not speak the predominant language experience disproportionate morbidity and mortality during these events compared with other residents in the same area. As an upstream strategy to reduce morbidity and mortality, nurses are well positioned to prepare at-risk community members. A barrier to preparedness is limited education on preparation. Nurses can play a critical role in addressing this barrier through targeted preparedness interventions. Before implementing and evaluating interventions with community members with limited English proficiency, a reliable instrument is needed to assess baseline preparedness and measure intervention effectiveness.

Methods: The Household Emergency Preparedness Instrument (HEPI) was developed as a comprehensive tool to assess preparedness for disasters. This translation study enables nurses to evaluate preparedness among Spanish-speaking patients. The study field-tested a Spanish HEPI to examine its psychometric properties and generate evidence of reliability, validity, and cross-cultural equivalence. The HEPI was translated and field-tested following recommended instrument translation procedures. A symmetrical, decentered translation process was used, including independent forward translation by two bilingual participants, independent back translation by three additional bilingual participants, and evaluation by 32 bilingual participants who assessed item and instruction equivalence across English and Spanish versions.

Results: Field testers reported that the S-HEPI instructions were clear, the length appropriate, and the items accurately reflected essential household disaster preparedness actions and supplies.

Conclusions: The S-HEPI is ready for use in assessing preparedness and evaluating interventions among Spanish-speaking populations.

Acknowledgments: This study was funded by a grant from Sigma Theta Tau International Honor Society of Nursing's Alpha Phi Chapter in the amount of \$2,000.

Keywords: Emergency Preparedness; Disaster Planning; Language Barriers; Surveys and Questionnaires; Cross-Cultural Comparison; Translating

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The impact of polypharmacy among older adults and caregivers: A pilot study

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Background: Polypharmacy is defined as the concurrent, routine use of five or more medications. Polypharmacy places older adults at an increased risk of potential harm and adverse drug reactions. The King's Goal Attainment Theory served as a conceptual framework for this study.

Purpose: The purpose of this study is to examine the impact of polypharmacy on older adult patients and its indirect impact on caregivers.

Methods: This pilot study was conducted in two parts. The first portion consisted of five interviews with caregivers of older adults (65 and older) prescribed five or more medications, exploring their daily experiences, challenges, and attitudes toward managing multiple medications. The second part was a survey administered to 10 caregivers that included 5 questions about perceptions and beliefs about medications, comfort communicating with healthcare providers, awareness of side effects and interactions, and concerns about the long-term effects of multiple medications.

Results: The study identified four major themes: the prevalence and nature of polypharmacy, challenges in medication management, and the importance of strategies and tools for safe medication use. Survey participants were female, had a mean age of 60 years, and were predominantly non-Hispanic and Asian/Pacific Islander. Most participants were concerned about the long-term effects ($X=4.5$) and were overwhelmed by medication management ($X = 4.2$).

Conclusions: These findings highlight the importance of supporting caregivers, encouraging clear communication, and developing planned interventions such as medication reviews and deprescribing strategies to reduce medication burden.

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The transition of military veterans into civilian nursing education and the nursing workforce

ShiYang Gou; Elizabeth Sutton, PhD, RN^(F)

Department of Nursing, Queensborough Community College, CUNY

Issue: Military veterans transitioning into civilian nursing education face academic, psychological, and social challenges that may affect academic success, retention, and professional integration into the nursing workforce. With the ongoing nursing shortage in the United States, veterans represent a valuable population with leadership, discipline, and experience in high-stress environments that can contribute to the nursing profession. Understanding barriers and support systems affecting veteran nursing students is important to improve retention and workforce outcomes.

Description: This narrative literature review examined research on military veterans transitioning into nursing education and the nursing workforce. Databases searched included CINAHL, PubMed, and Google Scholar. Search terms included 'military veterans', 'nursing education', 'student veterans', 'transition', and 'nursing workforce'. Articles published between 2014 and 2024 were reviewed. Inclusion criteria included peer-reviewed articles focusing on military veterans in nursing or healthcare education, transition experiences, academic outcomes, or workforce integration. Exclusion criteria included articles not related to nursing education, non-U.S. veteran populations, and non-peer-reviewed sources. Three primary peer-reviewed studies were analyzed, with additional background

information obtained from the U.S. Department of Veterans Affairs and national workforce reports to provide context.

Results: Findings indicate that veteran nursing students benefit from structured academic support, mentorship programs, institutional support services, and access to mental health resources. However, veterans may experience transition-related stress, identity shifts, and difficulty adjusting to civilian academic culture, which can impact persistence, retention, and academic performance.

Conclusions and Recommendations: Developing veteran-informed support programs, mentorship opportunities, and mental health resources may improve retention, academic success, and workforce transition for veteran nursing students. Supporting veterans in nursing education may also help address the nursing shortage and strengthen the healthcare workforce.

Keywords: military veterans, nursing education, workforce transition, mental health

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Use of mobile health applications and their effects on undergraduate students' mental wellbeing: A limited literature review

Meiying Piao; Sukhamrit Hothi; Hapreet Kaur; Xiaojuan Yang; Jaskirat Singh; Bowen Su; Lizbeth Pauta; Samuel Asiamah; Randelle Sasa, PhD, RN-BC, CCRN, CNE, NEA-BC^(F)

Queensborough Community College, CUNY

Issue: The burden of mental illness among college students has grown substantially over the past decade and reaching a peak during the pandemic of 2020-2021, according to the national Healthy Minds study. Despite the downtrend noted in the years after the pandemic, mental health issues such as major depression, anxiety, suicidal ideations, and loneliness remain significantly higher among college students compared to the general population. The use of mobile health applications to reduce stress has grown in popularity especially during pandemic times when in-person therapy became limited.

Description: The foregoing led the proponents to ask: 'How does the use of mobile health applications affect the mental wellbeing of undergraduate students?' A limited literature review was conducted using relevant databases including CINAHL, Medline, PubMed, PsycINFO, and ERIC. The search was limited to peer-reviewed studies conducted in North America from 2016 to 2026. Article selection was based on relevance.

Results: Literature suggests that mobile health applications are accessible, low-intensity interventions that can modestly reduce stress especially through mindfulness and self-monitoring. However, the effectiveness of these interventions depend heavily on sustained user engagement and is best considered supplementary rather than standalone care.

Conclusions and Recommendations: More studies with larger sample sizes are needed to evaluate the effects of mobile health applications to college students' mental wellbeing.

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Factors that affect maternal mortality rates: A limited literature review

Jillian Rice; Randelle Sasa, PhD, RN-BC, CCRN, CNE, NEA-BC^(F)

Bronx Community College, CUNY

Issue: Data from the Centers for Disease Control and Prevention (CDC) show that Black women are three to four times more likely to die of pregnancy-related complications than White women, twice likely to experience non-fatal pregnancy conditions, and three times more likely to experience fetal loss.

Description: A limited literature review was conducted to explore factors that affect mortality rates among Black women. Relevant databases were searched, including CINAHL, Medline, PubMed, PsycINFO, and ERIC. The search was limited to peer-reviewed journals published in the United States from 2016 to 2026. Article inclusion was based on relevance. Selected articles were synthesized for common themes.

Results: Across studies, Black women reported dismissed symptoms, communication failures, and differential treatment even during emergencies. One study reported high blood pressure in 60% of Black women who were identified as 'low-risk' during pregnancy. Extant literature identified structural racism, limited access to care, and implicit bias as major contributors to the problem. Past interventions have not improved mortality and morbidity rates due to failure to address the root causes.

Conclusions and Recommendations: Maternal mortality in Black women is the result of structural inequities and harmful bedside practices. The literature indicates the need for anti-racist care models, improved postpartum surveillance, respectful patient communication, and systemic reforms to reduce maternal disparities.

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A practicum experience in a community-based immigrant center: Effects on nursing students' cultural humility and prejudice towards immigrants

Randelle Sasa, PhD, RN-BC, CCRN, CNE, NEA-BC¹; William Ellery Samuels, PhD²; Karen Arca-Contreras, DNP, RN-BC³

¹Bronx Community College, CUNY; ²Hunter-Bellevue School of Nursing, Hunter College, CUNY; ³College of Staten Island, CUNY

Background: Care of immigrants was central to nursing's development during the late 19th to early 20th century, when nurses provided community-based care in immigrant communities. By the 1920s, delivery of nursing care shifted away from the community, favoring hospital-based care instead. In the present era, immigrants comprise 14.2% of the U.S. population and is projected to increase. Nevertheless, contemporary nursing education offers very little to prepare students to care for new immigrants who comprise an important group who needs nursing care.

Methods: A nursing program in New York City forged a partnership with a nonprofit immigrant center to send registered nurses completing their bachelor's degree for a practicum. This collaboration provided healthcare access to uninsured immigrants and enhanced student learning in community health. A retrospective pretest-posttest was conducted to assess the effects of the practicum on the cultural humility (CH) and subtle and blatant prejudice (SBP) of students using valid and reliable instruments. Seven out of 16 eligible students participated, and the response rate was 44%. This project also explored the alignment of this practicum with established competencies of nursing education.

Results: Descriptive statistics revealed that participants' CH scores increased from baseline by 8%, while SBP scores decreased by 17%. Participants reported a 40% increase in sympathy, and 30% increase in admiration for Latinx immigrants after the practicum experience. Inferential statistics revealed that the changes in pretest and posttest scores for both CH and SBP scores were statistically significant. CH had a medium effect size, while SBP demonstrated a large effect size.

Conclusions: The practicum provided valuable experience to students, inculcated cultural humility, and decreased prejudice towards immigrants. A crosswalk between suggested student activities and established nursing education competencies was developed to provide cursory guidance for other nursing programs to replicate the practicum.

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#10 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

CLINICAL & COMMUNITY PARTNERS

Pressure injury identification and treatment improvements utilizing a clinical reminders checklist

Katelyn Waldvogel

Post-Baccalaureate RN Residency Program, VA New York Harbor Healthcare System

Background: Pressure injuries (PI) are localized damage to skin and underlying soft tissue that occur as a result of prolonged pressure and shear in combination with environmental factors and comorbid conditions. PI commonly affects a wide demographic of patients, leading to poor patient outcomes, placing additional cost burden on hospitals and physical burden on healthcare workers. Literature reviews have shown there are interventions to prevent, reduce and treat PI. Data collected by the wound care team revealed some PIs were missed on patient admission to the MICU, leading to delaying of treatment

Purpose: To enhance early identification and treatment of PIs by implementing a skin assessment tool for the MICU nurses at the Manhattan VA.

Methods: An evidenced based pressure injury assessment checklist with the mnemonic SKIN CARE used to measure compliance with the hospital's current pressure injury prevention bundle was made available to the MICU nurses. Education on how to use the checklist and the measurements that were necessary for complete documentation of a pressure injury was also provided to the nurses.

Results: Post intervention data showed significant increases in the number of community acquired pressure injuries that were identified and fully assessed upon admission. Prior to the implementation of the PI skin assessment checklist, data collected revealed that the number of community acquired pressure injuries that were identified and fully assessed upon admission to the MICU was below benchmark.

Conclusions: An increase in PI identified on admission, and increased staff engagement with the wound care team and resources was successfully demonstrated post implementation of the pressure injury skin assessment checklist. This project will be continuing and replicated in different unit settings and for a longer period to improve patient outcomes.

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Maximizing the utilization of the AirTAP patient repositioning system to reduce pressure injuries

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Background: A pressure injury is an area of localized tissue damage against bony prominences of the body that were caused by periods of unrelieved pressure or friction. Such injuries can lead to negative outcomes, such as increased risk of infection and increased length of hospital stay. Literature reviews on preventing PI showed that a critical factor in patients is immobility and an effective prevention strategy is manual repositioning. The AirTAP patient repositioning system, a device with pressure-reducing wedges and an inflatable glide mat, was used for repositioning and to promote safety and efficiency for the staff during the process.

Purpose: To reduce incidence of PI for patients at risk in a medical-surgical telemetry unit by implementing a checklist to enforce the use of the AirTAP patient repositioning system.

Methods: A pre-survey highlighted barriers in awareness of the AirTAP repositioning system. A checklist was developed and introduced and educational sessions were provided. Then a mid- and post-intervention survey was collected to assess compliance with the checklists.

Results: There was no increase in PI incidence after 7 weeks of checklist intervention, and the unit staff demonstrated greater awareness of the AirTAP repositioning system and showed an increase in usage after the educational session.

Conclusions: No increase in PI incidence post implementation of the checklist successfully demonstrates a positive correlation between promoting awareness and reinforcement of the AirTAP Patient repositioning system amongst the staff and greater awareness of its use. Further implementation of the checklist and more education over longer periods should be considered.

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Fall prevention: Using a stoplight color-coding system to prevent falls

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Background: Falls are one of the most common adverse effects that cause injury among patients, negatively contributing to prolonged hospitalization, increased healthcare costs, and increased mortality rates. Despite implementation of various standard fall prevention strategies, falls continue to be an ongoing problem, highlighting the need for innovative interventions to help improve patient safety.

Purpose: To reduce the number of falls in the medical surgical unit by implementing a visual cue tool alongside with the Morse fall scale and utilizing color coded magnets to enhance identification of patients' fall risk status on the unit.

Methods: Need assessment of the nursing staff on the unit via pre-surveys was conducted, followed by staff education on the visual cue tool and corresponding color magnets. Patients were categorized as high risk (red), moderate risk (yellow) or low risk (green) to determine patients fall risk status and placed on the whiteboard for immediate visual identification. In-person surveillance and auditing were utilized to assess compliance of the color-coded magnets on the board. Post surveys were given to staff to determine post intervention compliance.

Results: A reduction of fall rate from 5.42 to 4.73, representing a 13% reduction was noted in the first 6 weeks after implementation, Although the total number of falls remains similar, the BDOC (bed days of care) increased from 369 in January to 423 in February, indicating a higher patient census and suggesting improved outcomes relative to exposure risk. Post surveys reveal nursing staff demonstrated improved awareness and usability.

Conclusions: The implementation of the visual cue tool and color magnets demonstrated a positive trend in reducing fall rates post implementation, further emphasizing its effectiveness in enhancing fall prevention measures and improving patient safety. This project will continue to be utilized to enhance patient safety and be sustained on the unit to improve fall prevention efforts.

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#13 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

CLINICAL & COMMUNITY PARTNERS

Falls prevention using the Falls TIPS Toolkit

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Background: Patient falls remain one of the biggest safety concerns in hospitals, often occurring on inpatient units where patients present with complex comorbidities. Falls can result in prolonged hospitalization, injury and increased healthcare costs. Despite existing preventive strategies, the incidence of falls continues to increase. Implementing the fall TIPS toolkit is an evidence based and patient centered approach that offers staff, patients, and their families a visual guide in preventing falls.

Purpose: To reduce patient fall rates and engage those at bedside with fall preventative strategies by implementing the Fall TIPS toolkit on a medical surgical telemetry unit. The toolkit kit is a visual guide which showcases patient specific risk factors for falls.

Methods: A pre-survey to measure baseline understanding of the TIPS toolkit were distributed to nursing staff on the unit. Then, staff received education on the Fall Tips toolkit, including instructions on how to use it at bedside. Data was collected over a six-week period including fall rates and staff perception of intervention. A post-survey was later administered to evaluate staff perception of and compliance of the toolkit.

Results: Fall rates remained unchanged over the six-week implementation period with no significant increase or decrease observed. Despite this, staff reported positive perceptions of the tool's usability and effectiveness. Most notably, patients also showed interest in the toolkit at bedside, indicating engagement with intervention.

Conclusions: The implementation of the Fall TIPS toolkit successfully demonstrated increased staff and patient engagement at bedside, showing a positive correlation between the tool implementation and stable fall rate during the six-week period. The positive response from staff and patient engagement highlights the toolkit's potential to support fall prevention efforts.

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Accuracy of the Wilson Sims Psychiatric Fall Risk Assessment Tool compared to the Morse Fall Scale in identifying fall risk in inpatient psychiatric unit: A literature review

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Issue: Falls during inpatient psychiatric hospitalization are a significant patient safety concern associated with injury, increased length of stay, higher healthcare costs, and emotional distress. Psychiatric patients have unique fall risk factors, including psychotropic sedation, withdrawal-related instability, and altered mental status. Traditional fall risk tools, such as the Morse Fall Scale (MFS), were developed for medical-surgical populations and may not fully capture psychiatric-specific fall risk factors. Evaluation of psychiatric-specific tools, such as the Wilson Sims Fall Risk Assessment Tool (WSFRAT), is necessary to determine whether they more accurately identify fall risk in inpatient psychiatric settings.

Description: We conducted a comprehensive review of databases to identify research on screening tools for fall assessment in the inpatient mental health population, with a specific focus on the Wilson-Sims Falls Assessment Tool (WSFRAT). The keywords 'Wilson Sims Assessment Tool', 'inpatient mental health falls', 'Substance use detoxification' 'Morse Fall Scale' were employed in the search engines PubMed, MEDLINE, PsycINFO, Joanne Briggs Institute, and EMBASE.

Results: The results included fifteen research studies that utilized the WSFRAT to identify fall risk during mental health hospitalization among adults aged 18 years or older. Inclusion criteria were articles and research published in English. No publication date limit was applied to capture all relevant literature. Both tools evaluate common fall risk factors, including fall history, gait instability, and mental status. However, the WSFRAT incorporates additional variables such as psychotropic medications, elimination issues, and detox protocol status, which provide a more comprehensive assessment for the psychiatric population.

Conclusions and Recommendations: The use of psychiatric-specific fall risk assessment tools is crucial for identifying patients at higher risk for falls in inpatient psychiatric settings. Implementing the WSFRAT may improve fall risk identification, support targeted fall prevention interventions, reduce fall-related injuries, shorten length of stay, lower costs, and promote patient safety and quality improvement initiatives.

Keywords: Wilson Sims Assessment Tool, inpatient mental health falls, substance use detoxification, Morse Fall Scale

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Managing bloodstream infection in hemodialysis patients with permcath: 5N Dialysis evidence-based project

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Background: Patients with permcaths on hemodialysis are at risk for developing blood stream infection (BSI) which may result in significant morbidity and mortality. Review of available literature showed that the types of dressings use, and nursing techniques can help to prevent BSI.

Purpose: The purpose of this evidence-based practice intervention is to decrease infection amongst dialysis patients with permcaths by making changes in permcath care.

Methods: The application of the Chlorhexidine Gel Dressing and the use of Tego needle free connector covered with Curoc disinfecting caps, compared to standard dressing previously used, that is, transparent dressing with Bio patch and Microclave Clear Neutral connector with swab cap. Daily tracking of care was done using a catheter & Tego log sheet. Staff and patients were educated about infection prevention strategies to help with the reduction of blood stream infection. We followed infection prevention technique using the acronym JUST BEAT IT.

Results: Over a period of two years our implementation showed a reduction in blood stream infection. Staff demonstrated more competencies in adherence to infection prevention techniques.

Conclusions: The type of dressing used at the site, closure of the dialysis port and technique used helped in the preservation of the catheter sites with reduction in bloodstream infections. Care must be taken to maintain integrity of the catheter exit site and ports when patient is prepared for connection to the machine and post treatment disconnection.

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Intraoperative anesthetic requirements in cannabis users: A RE-AIM-guided comprehensive literature review

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Issue: As cannabis use becomes increasingly prevalent among surgical patients, concern has emerged regarding potential pharmacologic cross-tolerance to anesthetic and analgesic agents. This systematic review evaluates whether cannabis use in adults undergoing elective surgery under general anesthesia is associated with increased intraoperative anesthetic and/or analgesic requirements.

Description: A comprehensive literature review was conducted using PubMed, CINAHL, MEDLINE (Ovid and Complete), Web of Science, PsycINFO, Scopus, and Embase. Search terms yielded 66 articles, of which 12 met criteria. Controlled vocabulary and keyword combinations addressed 'cannabis exposure', 'general anesthesia', 'adult populations', and 'intraoperative anesthetic' or 'analgesic dosing'. English-language human studies comparing cannabis users with non-users were included. Eligible designs included randomized control trials, retrospective cohorts, case-control studies, prospective observational studies, and propensity-matched analyses. Studies limited to postoperative outcomes were excluded unless intraoperative dosing was reported. Cannabis exposure definitions and confounder adjustment strategies varied.

Results: Five observational studies report increased intravenous anesthetic requirements in cannabis users, particularly propofol, with reported increases ranging from 14% to >200%, largely in endoscopy-based cohorts. However, evidence is limited by heterogeneous exposure definitions, polysubstance use, and procedural variability. Data for inhalational agents remains sparse; one propensity-matched cohort demonstrated a statistically significant but clinically modest increase in volatile anesthetic requirement (mean difference 0.04 MAC).

Conclusions and Recommendations: Observational studies suggest cannabis use is associated with increased intravenous anesthetic requirements; however, causal inference is limited by exposure misclassification, residual confounding, and heterogeneous dosing definitions. Clinically meaningful

increases in inhalational anesthetic needs are not consistently demonstrated, and evidence does not support empiric dose escalation. From a RE-AIM perspective, the high prevalence of perioperative cannabis exposure supports systematic screening and standardized documentation, while individualized physiologic titration remains appropriate. Practice modification should await prospective, dose-stratified research.

Keywords: intraoperative anesthetic requirements; perioperative cannabis use

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#17 (RESEARCH)

NURSING FACULTY SCHOLARSHIP

Predictors of adherence to physical activity among adults with diabetes

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Background: Physical activity is an important component of diabetes management. The combined impact of demographic characteristics, disability status, average sleep duration, and self-rated health on adherence to physical activity guidelines among individuals with diabetes remains under explored. This study examined factors that predict adherence to physical activity guidelines among adults with diabetes.

Methods: This study was a retrospective secondary data analysis using the National Health and Nutrition Examination Survey (NHANES) 2021–2023. The data were analyzed using bivariate and multivariate logistic regression.

Results: Only 36.8% met the physical activity guidelines. Male sex (OR= 1.794; CI: 1.194 - 2.694; p = .008); Age <65 years (OR= 1.538; CI: 1.003 - 2.357; p = .049); Self-rated good, very good, or excellent health (OR= 1.595; CI: 1.030 - 2.470; p = .038); Adequate sleep duration (>7 hr per night, on average) (OR= 1.342; CI: 1.002 - 1.797; p = .049); No disability (OR= 1.681; CI: 1.053 - 2.684; p = .032) were significant predictors of meeting physical activity guidelines.

Conclusions: Recognizing modifiable factors such as self-rated health and sleep duration, and understanding functional limitations are essential when implementing multifaceted strategies to promote physical activity. Nurse practitioners can address modifiable individual characteristics, such as self-rated health and sleep hygiene, to increase physical activity among adults with diabetes. While disabilities themselves may not be modifiable, nurse practitioners can develop inclusive care plans that accommodate individual limitations, thereby providing comprehensive support for those individuals with diabetes.

Keywords: disability, sleep, duration, self-rated health, physical activity, adults, diabetes, NHANES

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An updated integrative review of nonpharmacological interventions to improve sleep among adults with advanced serious illness

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Issue: To summarize the literature related to non-pharmacological interventions to improve sleep among adults with advanced serious illness.

Description: Sleep disturbance is a prevalent and distressing symptom in individuals with advanced serious illnesses, impacting morbidity and quality of life. The etiology and management of disrupted sleep are complex. Commonly used drugs are limited by side-effects. Non-pharmacological interventions, although safe and more sustainable, are often underutilized in clinical practice. This integrative review is an update of one conducted in 2016.

Results: Searches were conducted across multiple databases from 2016-July 2025, following PRISMA guidelines. Two reviewers screened at the title/abstract, full-text, data extraction and quality appraisal stages. 7830 articles were screened, 180 underwent full-text review, and 53 met inclusion criteria. Most of the studies evaluated single interventions (n=38), with the rest examining multicomponent interventions (n=15). The same categories as the previous study were applied: sleep hygiene (3), environmental (15), physical activity (8), complementary health practices (14), and mind-body practices (30). Of the 53 studies, 23 demonstrated a statistically significant, positive impact on sleep. Risk of bias varied substantially across studies.

Conclusions and Recommendations: Many non-pharmacological interventions demonstrated potential to improve sleep among patients with advanced illness: however, study designs and methodological quality varied. Tailoring these interventions to patient preferences may potentially reduce use of hypnotic medications. A frequent reason for study exclusion was the failure to report results by disease stage. Future studies should address this gap by reporting results by disease to strengthen the evidence base for targeted, stage-specific interventions.

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Nurses at the intersection of SDOH (Social Determinants of Health) and lifestyle medicine

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Issue: This project explores the intersection of Social Determinants of Health (SDOH) and Lifestyle Medicine (LM), emphasizing their shared potential to address persistent health disparities. The article underscores the essential role of nurses as educators, as they engage with community partners, gatekeepers and stakeholders to improve health outcomes. Nurses are individuals who have a long history and commitment to promoting self-care, wellness and health promotion. we are positioned to make a difference in the lives of people who are disproportionately impacted with health disparities.

Description: Design structured community outreach approaches to engage individuals and community gatekeepers and stakeholders. The focus is for nurses (the most trusted profession) to use generational concepts of lifestyle medicine and social determinants of health to further explore how to improve, self-care, and wellness.

Lessons Learned: (1) Increase Education Efforts: Health professionals, educators, and administrators should prioritize health literacy programs to empower individuals and communities. (2) Embrace self-care efforts as informed and knowledgeable advocates and consumers of best practices. (3) Advocate for Policy Reform: involvement in electoral politics at the level of lobbying elected officials at the local, state and federal levels to pass bills and appropriate funds to eliminate social determinants of health. (4) Promote Lifestyle Medicine: Integrate the six pillars into community and clinical practice.

Next Steps: Create a structured plan to support collaboration with community partners, stakeholders and individuals to seek buy-in to start nurse led education.

Keywords: wellness, health promotion, role of nurses as health educators, lifestyle medicine, social determinants of health

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#20 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

CLINICAL & COMMUNITY PARTNERS

Strengthening nurse retention through interprofessional meet-and-greet engagement strategies

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Background: Nurse retention is a critical issue in healthcare, particularly during the first year of employment, when feelings of disconnection and lack of belonging significantly increase the risk of turnover. Nearly 30% of new nurses report feeling disconnected from their teams, contributing to early attrition, workforce instability, and increased organizational costs. In response, a tertiary hospital launched monthly interprofessional Meet and Greet events to foster connection, strengthen support networks, and reduce turnover among newly onboarded nurses.

Purpose: The purpose of this meet and greet initiative is to create a welcoming, supportive environment where new nurses could build professional relationships with peers, leaders, and organizational resources, thereby enhancing engagement, fostering group cohesiveness, and reducing early turnover risk.

Methods: Meet and Greet sessions are held monthly on the second Wednesday and scheduled annually. Invitations are extended to new nurses across all service lines, including off-tour staff to promote inclusivity. Each one-hour session includes networking, icebreakers, and facilitated discussions of onboarding experiences. Interprofessional leaders from human resources, nursing units, and professional development teams share wellness, education, and support resources. Participant feedback is collected in real time, documented, escalated to leadership, and followed up through post-session communication.

Results: Between 2024 and 2025, 106 newly onboarded nurses participated. Feedback from these sessions informed organizational improvement efforts and onboarding enhancements. Early findings indicate that structured Meet & Greet sessions improve the onboarding experience, strengthen professional connections, and foster a sense of belonging and group cohesiveness among new nurses. Long-term retention outcomes are currently under evaluation.

Conclusions: Monthly Interprofessional Meet & Greet sessions function as an effective nurse retention strategy by promoting early engagement, enhancing communication, and reinforcing a sense of belonging. This scalable and replicable model may support healthcare organizations seeking to improve nurse satisfaction, workforce stability, and retention during the critical first year of employment.

Keywords: nurse retention, interprofessional engagement, meet and greet sessions, new nurse onboarding, workforce stability

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Community integration and wellness in psychiatry: A literature review

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Issue: Community integration is a key component of recovery for individuals living with serious mental illness (SMI). Recovery-oriented care extends beyond symptom stabilization to include participation in meaningful social, occupational, and community activities. Community integration includes three domains: physical integration (engagement in community activities), social integration (relationships and social networks), and psychological integration (sense of belonging). The purpose of this literature review is to explore the evidence about community integration among patients with SMI.

Description: A literature search was conducted using PubMed and CINAHL databases to identify peer-reviewed studies examining community integration among adults with SMI. Search terms included 'community integration', 'serious mental illness', 'recovery', and 'community participation'. The search was limited to English-language articles published within the past five years. The initial search yielded 238 articles. After screening abstracts based on relevance and inclusion criteria, 21 studies were selected for full review, including systematic reviews, randomized controlled trials, and observational studies.

Results: Research in Mental Health consistently emphasizes that community integration is a critical component of recovery for individuals with SMI. The literature stresses that evaluating and supporting community participation should be a routine part of comprehensive mental health care, as successful integration is strongly associated with improved quality of life, increased independence, and sustained recovery. Studies recommend the use of structured assessment tools such as the Community Integration Questionnaire to systematically measure domains including social relationships, employment, and engagement in community activities. Programs such as peer support services, and community-based rehabilitation have been shown to improve individuals' ability to obtain and maintain employment, build social networks, and engage in meaningful daily activities. These interventions address common barriers faced by people with SMI, including social isolation, stigma, and limited access to community resources.

Conclusions and Recommendations: Promoting community integration may improve quality of life, reduce social isolation, and support long-term recovery among individuals with SMI.

Keywords: community integration, serious mental illness, recovery, community participation

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Outpatient behavioral health screening for alcohol use disorder

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Background: Alcohol Use Disorder (AUD) frequently co-occurs among individuals receiving psychiatric and behavioral health treatment, resulting in increased morbidity and reduced treatment adherence. Approximately 40% of psychiatric patients are affected, and globally, alcohol accounts for 5.3% of all deaths. AUD exacerbates psychiatric symptoms and reduces the efficacy of psychotropic medications. Despite these risks, alcohol use is often under-identified due to inconsistent screening practices. Early alcohol screening within psychiatric populations is critical for improving detection and timely referral to treatment.

Purpose: The purpose of this project is to improve early identification of AUD in outpatient behavioral health settings by implementing standardized screening using AUDIT-C and CDT biomarker testing.

Methods: A systematic literature search was conducted using PubMed, CINAHL, and PsycINFO. Keywords included alcohol use disorder, AUDIT-C, alcohol screening, behavioral health alcohol screening, and carbohydrate-deficient transferrin. Peer-reviewed articles published in English between 2021 and 2026 were included. Forty-nine full-text articles were screened, and twenty-one studies met the inclusion criteria.

Results: The literature supports structured alcohol screening in outpatient psychiatric settings to enhance early identification of AUD. Studies show systematic screening increases detection and facilitates earlier intervention. AUDIT-C is a validated three-item tool assessing drinking patterns, while CDT biomarkers improve diagnostic accuracy when used together.

Conclusions: Evidence supports multimodal alcohol screening approaches. Integrating AUDIT-C and CDT into behavioral health may improve early identification, referral to treatment, and overall clinical outcomes.

Acknowledgments: I would like to acknowledge Dr. Aliz Ben-Zacharia, PhD, DNP, ANP, FAAN, my faculty advisor, along with my clinical mentor and the behavioral health team, for their guidance and support.

Keywords: alcohol use disorder, AUDIT-C, CDT, screening, behavioral health, psychiatric care, early detection

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HCC surveillance in veterans using risk-based stratification and Liver Care Passport

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Issue: Hepatocellular carcinoma (HCC) is the most common primary liver cancer and a leading cause of cancer-related mortality in the United States. Because HCC often develops in patients with chronic liver disease and may remain asymptomatic until advanced stages, early detection through routine surveillance is critical for improving treatment outcomes and survival. This literature review examines current evidence on HCC screening and prevention strategies.

Description: A PubMed search was conducted using keywords related to hepatocellular carcinoma risk and screening, chronic liver disease and cirrhosis education, patient education, HCC risk prediction models, and Veterans. Inclusion criteria were peer-reviewed English-language studies involving human subjects published within the past five years, with a 10-year look-back applied for studies on HCC risk prediction models. Of 483 identified records, twenty-one met inclusion criteria for HCC screening and intervention, including four systematic reviews, eight cohort or prospective studies, seven meta-analyses or umbrella reviews, one case report, and one quasi-experimental study.

Results: HCC risk reflects interacting viral (HBV/HCV), metabolic, environmental, and socioeconomic factors, with metabolic dysfunction-associated steatosis liver disease and cardiometabolic comorbidities. Despite guideline recommendations, fewer than 10% of eligible patients receive semiannual surveillance, highlighting the need for systematic screening and patient education. Validated risk models enable risk-stratified surveillance, and emerging biomarkers may further enhance early detection.

Conclusions and Recommendations: Hepatocellular carcinoma remains a leading cause of cancer-related mortality in the United States, driven by viral, metabolic, and socioeconomic risk factors. Although effective surveillance strategies exist, HCC screening remains underutilized among eligible patients. Strengthening HCC screening programs through systematic, risk-stratified approaches and enhanced patient education is essential to improve early detection, enable timely treatment, and reduce HCC-related mortality.

Acknowledgments: Thank you Dr. Aliza Ben-Zacharia for the encouragement and guidance in our studies.

Keywords: hepatocellular cancer risk, screening, education, cirrhosis, veterans

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Cardiac disease progression: A literature review

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Issue: Cardiac disease progression has a major impact on patient health and well-being. Patients with cardiac disease require specialized care, although progression varies and may be slowed by managing modifiable risk factors such as hypertension and dyslipidemia.

Description: The purpose of this literature review was to examine current evidence on cardiac disease progression and complications, risk assessment strategies, and management approaches, including referral practices. A literature search was conducted using PubMed, CINAHL, and MEDLINE with the keywords 'cardiac disease risk assessment', 'hospitalization', 'complications', and 'referral'. The search was limited to articles in English, published within the last five years involving adult participants aged 18 years and older. The search yielded 508 studies. After screening and eligibility review, 21 studies met inclusion criteria, including 10 systematic reviews and 11 randomized controlled trials.

Results: The reviewed studies demonstrate that structured cardiac risk screening and risk stratification support early identification of modifiable cardiovascular risk factors and enable timely secondary prevention. Systematic monitoring of clinical indicators including blood pressure, lipid levels, glycemic control, and lifestyle behaviors improves risk factor management and facilitates earlier interventions to slow disease progression and reduce cardiovascular complications and hospitalizations. Several studies also reported gender-related differences, with male patients experiencing higher rates of adverse cardiovascular outcomes. Despite these findings, variability in screening practices and inconsistent implementation of standardized risk assessment tools remain persistent gaps in clinical care.

Conclusions and Recommendations: Comprehensive cardiac risk assessment and targeted risk factor modification are essential components of effective cardiac disease management. Evidence suggests that early identification of risk factors, patient education, and appropriate referrals may improve disease control and reduce complications.

Keywords: cardiac disease, risk assessment, complications, referral, patient education

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Nurse-driven protocol in ED triage to reduce door-to-needle time

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Background: Acute ischemic stroke is a leading cause of morbidity and mortality, and timely administration of intravenous thrombolytic therapy is essential for improving patient outcomes. Door to needle (DTN) time is a critical quality metric in emergency departments (EDs); however, delays frequently occur during initial evaluation and triage. The purpose of the literature review was to explore the evidence of using nurse driven protocols in ED triage to reduce DTN times for adult patients presents with symptoms of acute ischemic stroke.

Purpose: To decrease DTN times in patients who present with symptoms of acute ischemic stroke.

Methods: A focused literature review was conducted using PubMed and CINAHL databases, Search terms included acute ischemic stroke, nurse-driven protocol, stroke triage, and door-to-needle time. Inclusion criteria consisted of peer-reviewed studies published in English within the last five years that

examined emergency department-based interventions aimed at reducing DTN time. The search yielded 22 studies comprised of systematic reviews, randomized control trials, and observational studies evaluating nursing-led stroke workflows and standardized triage pathways.

Results: The literature consistently demonstrated that nurse-driven stroke triage protocols were associated with significant reductions in DTN time. Key elements contributing to improved outcomes included early stroke identification at triage, rapid activation of stroke alerts, standardized assessment tools, and improved interdisciplinary communication. Several studies also reported increased adherence to evidence-based guidelines without an increase in adverse events.

Conclusions: Nurse-driven triage protocols represent an effective, evidence-based approach to reducing DTN time in patients with acute ischemic stroke. Implementation of such protocols may enhance timely care delivery and improve clinical outcomes in the emergency department setting.

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#26 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

NURSING DNP FINAL CAPSTONE PROJECT

Utilization of the Wilson Sims Fall Risk Assessment Tool for identification of high-risk fall patients in the behavioral health inpatient unit

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Background: Falls are a major health event that can lead to health issues. In behavioral health units, falls happen 3-4 times more often than in medical units.

Purpose: The purpose of this Quality Improvement (QI) project was to improve fall-risk screening and nursing education in behavioral health falls in the inpatient setting through implementation of the Wilson-Sims Fall Risk Assessment Tool (WSFRAT).

Methods: This QI Project used the Plan-Do-Study-Act (PDSA) method to develop, test, study the results, and refine the PDSA cycle until successful. The General Systems Theory guided this project, stating that systems must interconnect, as reflected in healthcare, where the multidisciplinary team must collaborate to address fall risk. The interventions include a standardized fall risk assessment for adult behavioral health patients and educational materials. Data collection involved medical record reviews, high-risk fall assessments and referrals, fall outcomes, and staff surveys. Outcomes were analyzed using descriptive and comparative data models to explore the connection between fall risk screening and fall rates.

Results: The pre-implementation fall rate averaged 3.13 falls per 1,000 patient-days, rising modestly to 3.32 falls per 1,000 patient-days after WSFRAT implementation. Across the implementation period, 29 high fall-risk scoring events were identified, most frequently associated with psychotropic medication use (antipsychotics and mood stabilizers) and the application of nursing judgment. Nursing education on fall-risk assessment and prevention also improved following the intervention.

Conclusions: This QI project demonstrates that medication-related adverse effects, nursing judgment, and clinical assessment contribute substantially to high fall-risk classification. Incorporating population-specific tools such as the WSFRAT into behavioral health practice may strengthen fall-risk identification and support coordinated interdisciplinary prevention efforts.

Acknowledgments: Nicole Chatelain, Dr. Jeannette Safford, Dr. Ben-Zacharia, my fellow classmates, and Ardley.

Keywords: behavioral health falls, behavioral health fall tools, fall prevention tools

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Frailty screening and referrals in the geriatric multiple myeloma population

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Background: Frailty and aging significantly affect outcomes in oncology populations. By 2030, approximately 80% of individuals diagnosed with multiple myeloma (MM) will be over age 65. Studies estimate 40–50% of older adults with cancer are considered frail, increasing risk for treatment-related toxicity, hospitalization, functional decline, and mortality. Despite oncology guidelines recommending routine frailty screening and geriatric assessment, these evaluations are often underutilized in clinical practice due to barriers such as limited time, resources, and lack of familiarity with screening tools.

Purpose: This project introduced a unit-based frailty screening quality improvement (QI) initiative to improve outcomes for geriatric MM patients. The Geriatric 8 (G8) screening tool was implemented for patients 70 years and older prior to initiation of anti-myeloma therapy, with standardized referral algorithms to geriatrics and nutrition services.

Methods: The project utilized the Plan–Do–Study–Act (PDSA) to implement and evaluate a unit-based practice change and was guided by Lippitt’s Phases of Change Theory to support systematic adoption and interdisciplinary engagement. Interventions included integration of the G8 tool into the electronic medical record, provider education, and development of a referral-based algorithm. A pre- and post-implementation provider survey evaluated changes in perceptions and utilization of frailty screening and its impact on treatment decision-making.

Results: From September to December 2025, 28 frailty screenings and 7 geriatric referrals were completed, compared with none during the same months in 2024. Screening at new patient visits increased from 0% to 22%. Provider surveys indicated frailty screening positively influenced treatment decision-making ($p = 0.039$).

Conclusions: The G8 Frailty Screening Tool, strongly supported by oncology guidelines and evidence, is recommended for routine use in oncology practice. This QI project increased both frailty screening rates and referrals to geriatrics. Providers reported that frailty screening can meaningfully inform treatment decisions and optimize care for the geriatric MM population.

Acknowledgments: Special thank you to Dr. Ben-Zacharia and Dr. Samuels (Hunter College) and Dr. Sanchez and Dr. Chow (Mount Sinai Hospital) for their mentorship and collaboration.

Keywords: geriatric assessment, frailty screening, Geriatric 8 Screening, oncology

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Delirium screening and caregiver engagement in oncology: A quality improvement project

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Background: Delirium is associated with poor clinical outcomes, caregiver distress, and increased healthcare costs, yet it remains underrecognized in oncology populations.

Purpose: This quality improvement (QI) project aimed to enhance delirium identification and management by integrating the Single Question in Delirium (SQiD) into advanced practice provider (APP) evaluations and nursing workflows, supported by standardized documentation, staff education, and caregiver engagement.

Methods: This QI project followed the Plan–Do–Study–Act method. The General Systems Theory views delirium as a multifactorial, reversible syndrome resulting from disruptions within a patient-environment system. Participants included APPs from the psychiatry service and registered nurses from an oncology inpatient unit. Interventions included standardized protocols, smart phrases, a delirium escalation algorithm, staff education, and caregiver engagement strategies. Data collection included pre- and post-implementation surveys, Confusion Assessment Method (CAM) and SQiD results, psychiatric consultation metrics, use of one-to-one companions, behavioral emergencies, length of stay, and caregiver engagement indicators. Outcomes were analyzed using descriptive and comparative analysis.

Results: 118 patients diagnosed with delirium, SQiD identified 78 cases compared with 25 identified by RN-administered CAM. APPs engaged 140 caregivers and 137 (97.8%) reported confidence supporting delirium interventions. Among 1,072 RN entries, 471 caregivers agreed to notify about delirium symptoms (42 declined and 559 unavailable). Hospital-wide CAM-positive identifications increased from 122 to 284 compared with the prior year, while unit screenings increased from 31 to 39. RN confidence in delirium identification significantly improved ($t(80) = -2.248, p = .027$). No significant changes occurred in RN knowledge, behavioral emergencies, length of stay, or one-to-one observations.

Conclusions: SQiD facilitated delirium screening and caregiver engagement but was insufficient as a standalone screening tool and limited by caregiver unavailability. Although CAM is validated, findings suggest it may not address organization-specific needs, highlighting the importance of evaluating alternative delirium screening tools using multifactorial interventions.

Keywords: delirium, quality improvement, Single Question in Delirium, family engagement, oncology

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Prediabetes screening among high-risk cardiac adult patients

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Background: Pre-diabetes remains substantially under diagnosed among individuals with cardiovascular risk factors, despite robust evidence linking impaired glucose regulation to increased cardiovascular morbidity and progression to type 2 diabetes mellitus (T2DM). Failure to identify pre-diabetes represents a critical gap in preventive care, resulting in missed opportunities for early education and timely intervention.

Purpose: The aim of this quality improvement (QI) project was to establish a systematic screening approach to increase pre-diabetes identification and referral for preventive intervention in patients receiving cardiovascular care.

Methods: This QI project utilized the Plan-Do-Study-Act method. The Health Belief Model explains that individuals with pre-diabetes will engage in screening and lifestyle changes if they perceive themselves susceptible to T2DM, recognize its' severity, believe in benefits of action, and have self-efficacy. The intervention included a standardized screening protocol featuring hemoglobin A1C testing (HbA1c), risk-factor evaluation, and referral paths to endocrinology and nutrition services. The data collection encompassed computerized monitoring of screening completeness, HbA1c outcomes, referral trends, and staff member surveys. Outcomes were evaluated by descriptive and comparative approaches to examine alterations in screening rates, pre-diabetes detection, and referral frequency.

Results: The protocol's implementation correlated with increased screening compliance among eligible high-risk patients by 98.4%, greater detection of previously undiagnosed prediabetes, and higher referrals to preventive intervention services. Of the 62 patients (n=62) eligible for screening, 25 (40.3%) were normoglycemic, 33 (53%) were found to be prediabetic, and 4 (6.45%) were found to be diabetic.

100% of the patients identified as prediabetic or diabetic were referred for intervention. The findings indicate that incorporating standardized screening protocols into standard clinical practice could diminish missed chances for early identification in individuals with heightened cardio-metabolic risk

Conclusions: Pre-diabetes screening techniques integrated into standard clinical workflows can improve early detection, enable prompt intervention, and aid in the management of cardio-metabolic risk. Sustainability strategies, including integration into clinical workflows, interdisciplinary collaboration, and ongoing staff education, support scalability across clinical settings and strengthen broader preventive health initiatives.

Acknowledgments: Dr. Aliza Ben-Zacharia, Dr. Hugo Rosero & Staff, Mentor: Lena Chang

Keywords: pre-diabetes, early screening, cardiology

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#30 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

NURSING DNP FINAL CAPSTONE PROJECT

Flu vaccination rates in 9/11 first responders: A quality improvement project

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Background: Flu vaccination rate in the US was 44.9% for adults 18 years old or older in 2023-2024 flu season. Despite a federally mandated benchmark of 70%, the clinic's influenza vaccination rate among 9/11 first responders was 58.3% during the 2023–2024 flu season.

Purpose: The purpose of this project was to improve the influenza vaccination rate among 9/11 first responders at the Mount Sinai World Trade Center Clinical Center of Excellence (WTC CCE).

Methods: This quality improvement (QI) project followed the Plan-Do-Study Act method. The Health Belief Model guided the flu vaccine uptake through five main perceptions: susceptibility (risk of getting flu), severity (seriousness of flu), benefits (effectiveness of the vaccine), barriers (costs/side effects), and cues to action (reminders). The interventions of this QI comprise standardized communication strategies and evidence-based interventions including text message reminders and tailored patient education. Evaluation methods included comparisons of pre- and post-intervention flu vaccination data, survey data, and staff feedback.

Results: A total of 18,325 patients received the cohort-wide text reminders. A total of 3,672 reminders were delivered to patients with scheduled appointments. The total number of flu vaccines provided in clinic during the intervention period was 516. The pre- and post-education surveys showed an increase in knowledge, with the mean score increasing from 5.79 pre-education to 7.17 post-education. Flu vaccine rates decreased from 58.3% to a preliminary 52.3%. Vaccine reminders and patient education increased awareness of the importance of flu vaccination.

Conclusions: Increased influenza vaccination coverage significantly reduces influenza-related infections, hospitalizations, and mortality, even with moderate vaccine effectiveness, making it a critical public health priority. This project has important implications for population health, evidence-based nursing practice, and quality improvement within occupational health care settings.

Acknowledgments: Dr. Ben-Zacharia, Dr. Thompson

Keywords: flu vaccine, text reminders, patient education, first responders

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Climate anxiety among nursing professionals in New York State

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Background: Climate anxiety is one of several eco-emotions linked to climate change. It refers to anxiety arising from perceived climate-related hazards, even among individuals without direct exposure.

Although research on climate anxiety is expanding, little is known about the level of climate anxiety among nursing professionals in New York State. The study aimed to measure the levels of climate anxiety among nursing students, licensed practical nurses, registered nurses, and advanced practice registered nurses in New York State and explore associations and relationships.

Methods: A quantitative, cross-sectional survey was conducted among nursing professionals in New York State using an online battery of instruments. Climate anxiety was measured using the Hogg Climate Anxiety Scale, a 13-item instrument that measures four dimensions: Affective symptoms, Rumination, Behavioral Symptoms, and Personal Impact Anxiety. Higher scores indicate higher levels of anxiety.

Results: The survey was completed by 305 nursing professionals. Consistent with previous research, climate anxiety scores were low among the sample. Highest scores were reported in the Affective (M=2.01; range 0-12) and Personal Impact (M=1.42; range 0-9) dimensions, indicating that climate anxiety is experienced greatest as general worry about climate change and how personal behaviors contribute.

Conclusions: Nurses encounter climate change through direct and indirect experiences, media exposure, and patient care. Climate anxiety may result in motivation to engage in activism and action. Education on strategies to reduce personal and professional climate impacts can capitalize on this motivation and position nurses as climate leaders.

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Attitudes, perceptions, and knowledge of nurses toward the use of artificial intelligence in the workplace: A literature review

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Issue: Artificial intelligence (AI) has the potential to transform nursing care delivery; however, successful integration depends on nurse engagement in selecting, implementing, and using these technologies.

Nurses' acceptance, workflow alignment, and commitment to safe, high-quality care are central to effective adoption. Understanding nurses' views on AI is therefore essential.

Description: A systematic search of Medline, CINAHL and PsycINFO was conducted from inception to February 2026. Eligible studies included primary research examining nurses' attitudes, perceptions, and knowledge about AI across practice settings. Search terms included artificial intelligence, attitudes, perceptions, and nurses. The search yielded 50 studies, and 16 were selected for this review. These studies included mixed methods, observational studies (cross-sectional studies) and qualitative research.

Results: Nurses generally expressed positive attitudes toward AI integration. Knowledge level about AI ranged from limited to moderate, with greater familiarity with AI associated with increased openness to its use. Demographic factors influenced nurses' perspectives. Common concerns included ethical implications, data privacy, diminished human interaction, role transformation, and resistance to change.

Conclusions and Recommendations: AI can significantly reshape nursing practice, making it essential that nurses are included in collaborative decision-making about its adoption and use. Targeted education and structured engagement strategies are essential to support uptake. Longitudinal research is needed to examine how nurses' attitudes, perceptions and knowledge evolve over time to better inform strategies for successful adoption and to identify best practices for interdisciplinary collaboration during AI implementation.

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#33 (LITERATURE REVIEW)

NURSING PHD STUDENT SCHOLARSHIP

Digital symptom management interventions for older oncology patients

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Issue: Oncology care requires close monitoring due to the severity, complexity and quantity of symptoms that may occur between clinic visits. This is especially challenging for older adults, who may under-report symptoms or delay reporting, potentially leading to emergency department visits and increased hospital utilization. Digital symptom management tools have been developed to support remote monitoring; however, technology may not be effective for all populations.

Description: A literature review was performed using PubMed, CINAHL, and OVID Medline databases. Searches were limited to primary studies using the search terms 'electronic', 'elderly', 'oncology', and 'symptom management'. The search yielded 600 articles, results included 12 studies who met the criteria including randomized control trials (RCT), secondary analysis of a larger RCT study, implementation studies, and feasibility trials.

Results: Most studies included newly diagnosed patients with cancer initiating anti-neoplastic treatment. Overall, digital symptom management tools demonstrated significant improvements in symptom resolution, reductions in emergency department visits, and feasibility for use in oncology care. One study emphasized the importance of integrating digital reporting tools with the oncology team to optimize patient self-management.

Conclusions and Recommendations: These findings suggest that digital symptom management tools can improve symptom monitoring and support self-management among cancer patients. However, additional age stratified studies are needed to better understand outcomes among older adults and to evaluate the financial impact of these technologies on hospital utilization.

Keywords: elderly; oncology; symptom management, electronic

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#34 (LITERATURE REVIEW)

NURSING PHD STUDENT SCHOLARSHIP

Speaking up and feeling heard: Psychological safety in nursing

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Issue: Nursing is consistently regarded as the most trusted profession, yet nurses often face barriers to voicing concerns in clinical settings. Psychological safety, the ability to speak up freely without fear of reprisal, is increasingly recognized as an important factor influencing communication and teamwork in healthcare. This literature review examines the role and effects of psychological safety specifically within the nursing profession.

Description: This systematic search of the research literature was conducted using MEDLINE, CINAHL, and PsycINFO. Search terms included nurse, nursing, psychological safety, voice, and silence. Included

studies were cross-sectional, published within the last 10 years, and utilized validated tools to measure psychological safety among nurses.

Results: Although findings varied, these studies suggest that higher levels of psychological safety are associated with improved quality of care, enhanced patient safety, and greater nursing retention. Leadership style was consistently identified as a contributing factor.

Conclusions and Recommendations: Healthcare settings that prioritize psychological safety may experience benefits across multiple domains, including improved patient safety and nursing retention. Future research should standardize outcome measures and incorporate longitudinal designs to establish relationships between psychological safety and outcomes. Quality improvement efforts, such as leadership training and initiatives to promote open communication, represent promising upstream approaches to fostering psychological safety in nursing practice.

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#35 (LITERATURE REVIEW)

NURSING PHD STUDENT SCHOLARSHIP

Artificial intelligence in oncology: A systematic review of stakeholder attitudes and perceptions

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Issue: Stakeholders, including patients, caregivers, clinicians, and administrators, often lack a comprehensive understanding of Artificial Intelligence's (AI) capabilities, risks, and limitations regarding cancer care. Evidence regarding stakeholder perspectives on AI in oncology is limited.

Description: To solve this, a systematic review was conducted utilizing PRISMA guidelines. PubMed, CINAHL, and Embase were searched for studies examining attitudes and perceptions of AI in cancer care among healthcare professionals, patients, and caregivers. Search terms included cancer, AI, surveys, questionnaires, and focus groups. Systematic reviews, editorials, clinical trial registrations, and expert opinion pieces were excluded.

Results: The literature reveals limited perspectives on cancer-related AI, with a focus on diagnostics in dermatology (n=12) breast imaging (n=33), and radiation treatment planning (n=23). Significant gaps remain regarding key perspectives in management of common cancer diagnoses like lung, gastrointestinal, genitourinary, leukemia, lymphoma, and myeloma.

Conclusions and Recommendations: Future research should prioritize these stakeholder populations to better inform ethical, clinical, and implementation strategies for AI integration in cancer care.

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#36 (LITERATURE REVIEW)

NURSING PHD STUDENT SCHOLARSHIP

Women's perception of cardiovascular disease (CVD) risk during the menopausal transition (MT)

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Issue: CVD is the main cause of death in women in the United States, causing more deaths than all cancers combined. The loss of estrogen during MT and moderate-severe vasomotor symptoms (VMS) are associated with an increase in CVD and mortality. About 80% of perimenopausal women experience VMS, but fewer than 25% receive treatment. This review examines women's perception of CVD risk during the MT.

Description: A systematic search was conducted using CINAHL, Medline, and Google Scholar. Keywords included menopause, perimenopause, attitudes, perceptions, opinions, understanding, knowledge, beliefs, heart disease, cardiovascular disease, and CVD. Results included cross-sectional and epidemiological surveys.

Results: No studies specifically addressed women's perception of CVD risk during MT. However, findings indicate that most women underestimate their risks, lack knowledge of MT associated CVD risks, and are unsure when to seek medical attention. MT remains under-researched, and women of color are especially underrepresented. Social determinants of health are associated with worse symptoms and higher CVD risk, and cultural attitudes influence care-seeking decisions.

Conclusions and Recommendations: MT is associated with a higher CVD risk, yet awareness remains low. Research is needed to assess women's understanding of their risk during MT and develop MT-specific CVD risk assessment tools. Healthcare providers must improve education and address cultural barriers to enhance prevention and early intervention.

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The structural determinants of sexual and reproductive healthcare for women with female genital cutting living in the United States

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Issue: Over 230 million girls and women globally have undergone female genital cutting (FGC). In the United States, 513,000 women and girls have been cut or are at risk. Many migrate to the urban centers of California, Maryland, Minnesota, New Jersey, New York, Texas, Virginia, and Washington. Although FGC is recognized as a human rights and public health issue, affected women experience inequities in accessing sexual and reproductive healthcare. This places cut women at increased risk for poor health outcomes. This literature review examines how structural determinants shape access to healthcare for women with female genital cutting (FGC) in the United States and identifies directions for future research aimed at improving health outcomes.

Description: A systematic scoping review was conducted using PubMed/MEDLINE, CINAHL, Scopus, PsycINFO, Web of Science, and ProQuest. Search terms combined variations of 'female genital cutting' with 'healthcare access', 'structural determinants', 'health disparities', and 'reproductive or sexual health'. U.S.-based studies of any design published from 2016 onward were included. Of 1,873 records identified, 31 studies met inclusion criteria after screening.

Results: Findings suggest that U.S. healthcare systems remain inadequately equipped to address the health needs of women with FGC. Structural barriers, including fragmented services, provider knowledge gaps, limited institutional guidance, and stigma undermine trust, continuity, and quality of care. National estimates highlight that women affected by or at risk for FGC are concentrated in urban areas with significant immigrant populations. Yet, healthcare systems in these regions often lack coordinated referral pathways and specialized services to support their needs. Collectively, the literature underscores that inequities in care are not solely the result of individual or cultural factors but are produced by systemic limitations within healthcare infrastructure, policy frameworks, and provider preparedness.

Conclusions and Recommendations: A structural determinants of health framework is essential for reorienting research, policy, and clinical practice toward the root causes of inequitable care for women affected by FGC. Future research must move beyond individual and culture-focused explanations to critically examine how healthcare financing, resource allocation, institutional bias, and regulatory standards shape access to reproductive and sexual healthcare. Equally imperative is elevating nursing leadership and strengthening nurse education in trauma-informed care and culturally responsive practice, which will be central to advancing equitable care delivery.

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