



**Thursday, March 5, 2026**

**Presented by:**



## Acknowledgements

We gratefully acknowledge our collaborating organizations for their significant financial contribution in support of this conference as well as their support of planning committee members.



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The planning committee wishes to acknowledge and thank all our sponsors, speakers, presenters and attendees today. Your support for research knowledge sharing by our nurse-scientist community is greatly appreciated! Today's conference will be moderated by Sarah Moore-Vasram and Rachael Smith-Tyron.

## **On behalf of the Kingston Nursing Research Conference Planning Committee and collaborating organizations, thank you!**

We are honoured to celebrate 28 years of this forum for knowledge sharing, networking, professional development and learning more about research activities that are taking place right here in the Greater Kingston Area. We welcome more than 25 speakers and poster presenters to share some of their exciting and innovative nursing research.

This annual conference allows participants an opportunity to engage in the nursing research process and immerse themselves in a wide variety of topics, which will enable the exchange of both current clinical practice and innovative research.

We thank all participants joining this forum, from clinical practice, academia, and leadership positions in addition to nursing students from Queen's University and St. Lawrence College.

Our event also boasts keynote speakers Dr. Joan Almost presenting Canada's Nursing Workforce: Reflecting on the Past 25 Years and the Future and Dr. Jacqueline Galica presenting Research is a Team Sport: Meaningful Partnerships to Create Meaningful Change

We also have a variety of informative talks, posters and opportunities to network and experience invaluable professional development.

Thank you for joining us in what promises to be another rewarding and extraordinary event.

Nicole Chenier-Hogan & Anuson (Andy) Wijayaratnam  
2026 Kingston NRC Co-Chairs

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## Opening Remarks

- **Allison Philpot**, BA, MHA, Vice President System Innovation & Executive Director Medical Affairs and Research, Providence Care Hospital

## Welcome & Introductions

**Sarah Moore-Vasram**, NP, PhD

**Rachael Smith-Tryon**, MSc, BSc

## Keynote speakers

- **Dr. Jacqueline Galica**, RN, BScN, MSc, PhD, CON(C), Queen's University School of Nursing
- **Dr. Joan Almost**, RN, PhD, Professor, Queen's University School of Nursing

## Presenters

- **Fisseha Zewdu Amdie**, PhD
- **Shahirose Sadrudin Premji**, PhD
- **Brooklyn Martin**, RN, MNsc (student)
- **Sarah Moore-Vasram**, NP, PhD
- **Andrea Rochon**, RN, PhD
- **Oluwamisimi Oluwole**, Nursing Student, Research Assistant, Queen's University School of Nursing
- **Marian Lucktar-Flude**, RN, PhD, CCSNE, FCNEI, Associate Professor, Queen's University School of Nursing
- **Amanda Wilkinson**, BScN, RN, CNCC(C), MN-LPNP
- **Vidhi Patel**, Nursing Student, *and* **Shannon Cheah**, Nursing Student

## Closing Remarks

- **Jason Hann**, RN, BNSc, MBA, Executive Vice President, Patient Care and Chief Nursing Executive, and Regional Vice President Cancer Care, Kingston Health Sciences Centre

## Awards & Wrap-up

**Nicole Chenier-Hogan**, RN (EC), BA, BNSc, MSc, CNN(C), CON(C), NP Radiation Oncology, APN Oncology Team Lead and Co-Chair Kingston Nursing Research Conference, Kingston Health Sciences Centre

**Andy Wijayaratham**, RN, BSc (Biology), MSc (HQ), CPMHN, Clinical Educator, Providence Care

## Agenda – March 5, 2026

**0800 am**

**REGISTRATION/LOGIN and POSTER VIEWING**

**0830 am**

**Morning Welcome**

*-Sarah Moore-Vasram & Rachael Smith-Tryon*

**0835 am**

**Opening remarks**

*-Allison Philpot*

**0845 am**

**Feasibility of Virtual Simulation-Based Diabetes Foot Care Education in Patients with Diabetes in Ethiopia.**

*-Fisseha Zewdu Amdie*

**0905 am**

**Emotional Responses to Climate Change and Their Impact on Perinatal Mental Health: A Cross-Sectional Study**

*-Shahirose Sadrudin Premji*

**0925 am**

**Building Research Engagement Among Frontline Nurses**

*-Brooklyn Martin*

**0945 am**

**Programs and Interventions implemented to address the Behavioural and Psychological Symptoms of Dementia: A Focused Review**

*-Sarah Moore-Vasram*

**1005 am** Refreshment Break & Poster Viewing

**1035 am**

**Keynote Introduction**

*-Sarah Moore-Vasram and Rachael Smith-Tryon*

**1040 am**

**Keynote Address**

**Research is a Team Sport: Meaningful Partnerships to Create Meaningful Change**

*-Jacqueline Galica*

**1125 am**

**Leading Change in Gerontological Nursing Education through a Long-Term Care Collaboration Model**

*-Andrea Rochon*

**1145 am**

**Addressing Inequities in Sickle Cell Pain Management Through Simulation-Based Interprofessional Education**

*-Oluwamisimi D. Oluwole*

**1205 pm** Lunch Break & Poster Viewing

**1305 pm**

**Afternoon Welcome & Keynote Introduction**

*-Sarah Moore-Vasram and Rachael Smith-Tryon*

**1310 pm**

**Keynote Address**

**Canada's Nursing Workforce: Reflecting on the Past 25 Years and the Future**

*-Joan Almost*

**1355 pm**

**Developing an AI Agent to Debrief Virtual Simulations in Nursing Education using a Design Thinking Approach**

*-Marian Luctkar-Flude, Agostinho Araujo, Jane Tyerman*

**1415 pm** Refreshment Break & Poster Viewing

**1445 pm**

**Regional Critical Care Education: Learning Needs and Education Delivery to Rural and Remote Community Hospitals**

*-Rebecca Marcoux and Amanda Wilkinson*

**1505 pm**

**Literature Review: Military and Veteran Volunteerism in Canada**

*-Vidhi Patel and Shannon Cheah*

**1525 pm**

**Closing Remarks**

*-Jason Hann*

**1530 pm**

**Awards Presentation**

*-Nicole Chenier Hogan and Andy Wijayaratham*

**1545 pm**

**Wrap Up**

*--Nicole Chenier Hogan and Andy Wijayaratham*

**Thank You to Our Sponsors...**

Visit in person 0800-0825 or during lunch/breaks at the back of the room!



...and to a sponsor of our afternoon break



**Abstracts**

### **Feasibility of Virtual Simulation-Based Diabetes Foot Care Education in Patients with Diabetes in Ethiopia**

Authors & Affiliations: Fisseha Zewdu Amdie \*1, 2,3, Marian Luctkar-Flude<sup>1</sup>, Monakshi Sawhney<sup>1</sup>, Erna Snelgrove-Clarke<sup>1</sup>, Kevin Woo<sup>1</sup>

1. School of Nursing, Queen's University, Kingston, Ontario, Canada
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3. Bruyère Health Academic Family Medicine, Ottawa, Ontario, Canada

#### Introduction:

Diabetes mellitus and its related foot complications are a growing public health issue in Ethiopia. Despite the rising prevalence of diabetes, care and education for patients remain limited, with formal and structured diabetes education programs mostly unavailable. Virtual simulation-based education offers an innovative and interactive way to provide relevant patient education in context. However, the feasibility of such interventions in resource-limited settings has not been sufficiently assessed.

#### Objectives:

The study evaluated the acceptability, practicality, and potential effectiveness of a virtual simulation-based Diabetes Foot Care Education (DFCE) program designed for adult patients with diabetes in Ethiopia.

#### Methods:

A parallel mixed-methods design was used. The study assessed the intervention's acceptability, practicality, and preliminary impact on participants' foot care knowledge, self-care behaviours, and self-efficacy, and also explored participants' experiences and perceptions of the intervention through semi-structured interviews. Quantitative data were analyzed using descriptive statistics, independent t-tests, and paired-sample t-tests, while qualitative data were analyzed through inductive content analysis. The two strands of data were integrated during interpretation to provide a comprehensive understanding of feasibility.

#### Results:

Findings from the quantitative analysis demonstrated that the virtual simulation-based DFCE program was both acceptable and practical. Participants showed statistically significant improvements in foot care knowledge ( $p < .001$ ), self-care behaviours ( $p < .001$ ), and self-efficacy ( $p < .001$ ) after the intervention. The qualitative findings complemented these results, revealing three overarching themes: (1) useful and informative, (2) engaging and easy to navigate, and (3) impactful and supportive of decision-making.

#### Conclusion:

The results suggest that virtual simulation-based education is an acceptable, practical, and potentially effective approach for improving diabetes foot care knowledge and self-management among adults with diabetes in Ethiopia. This study provides preliminary evidence to inform the design of larger-scale randomized controlled trials and to support the integration of virtual simulation into patient education strategies in resource-limited healthcare settings such as Ethiopia.

Keywords: Virtual simulation games, diabetes mellitus, foot care, patient education, feasibility, Ethiopia.

### **Emotional Responses to Climate Change and Their Impact on Perinatal Mental Health: A Cross-Sectional Study**

#### Authors:

Presenting author: Shahirose Sadrudin Premji PhD1; Co-authors: Helen Ngozichukwuka Obilor PhD2, Gabriella Moraes Rae BHSc3, Ntonghanwah Forcheh PhD1

#### Affiliations:

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3. Bachelor of Health Sciences Program, Queen's University, Kingston, Ontario, CANADA

#### Background:

Pregnant women may be particularly vulnerable to mental health challenges related to climate change due to the unique physical, hormonal, and emotional shifts occurring during pregnancy. Despite this, few studies explore how perceptions of climate threats, emotional reactions, and coping behaviors relate to perinatal mental well-being.

#### Methods:

This cross-sectional descriptive study surveyed 27 pregnant women in Canada using an online questionnaire. Participants completed standardized measures assessing perceptions of climate change impact (4-point scale), emotional responses (Eco-Anxiety Scale, Solastalgia Scale), and pro-environmental behaviors. Mental health outcomes included depressive symptoms (Edinburgh Postnatal Depression Scale), general anxiety (GAD-7), and pregnancy-specific anxiety (Pregnancy-Related Anxiety Scale). Contextual factors such as social support, stress, resilience, intimate partner violence, and sociodemographic were also recorded. Mediation analyses examined whether emotional and behavioral responses mediated the relationship between climate change perceptions and mental health outcomes, with and without adjustment for contextual variables.

#### Results:

Emotional responses to climate change were more strongly associated with mental health symptoms during pregnancy than cognitive perceptions or environmental behaviors. Specifically, eco-anxiety correlated significantly with depressive symptoms, general anxiety, and pregnancy-specific anxiety; solastalgia was linked to pregnancy-specific anxiety. These associations persisted after adjusting for contextual factors.

#### Conclusions:

The findings highlight the critical importance of recognizing the emotional impact of climate change in perinatal mental health research and interventions. Addressing environmental stressors' emotional burden is essential to effectively support pregnant individuals in the context of increasing climate-related challenges.

## ORAL PRESENTATION

### **Building Research Engagement Among Frontline Nurses**

Author: Brooklyn Martin

#### Problem & Purpose:

Nurses are central to advancing evidence-based practice, yet frontline staff face barriers to engaging with and applying research. Limited capacity impacts innovation, leadership, and patient outcomes. This study explores research engagement among frontline nurses at Providence Care Centre, a mid-sized healthcare institution in Ontario, Canada, intending to build sustainable nursing research capacity.

#### Background & Evidence:

Frontline nurses often struggle to apply research due to constraints in time, resources, and leadership support. Strengthening research capacity is crucial for enhancing care quality, professional growth, and organizational sustainability. This study assesses nurses' experiences, attitudes, and perceived supports related to research engagement.

#### Methods & Approach:

A multimethod descriptive design will examine how nurses at PCC engage with research. Components include: (1) post-hoc analysis of workshop data from a Lego Serious Play (LSP) workshop, (2) a staff-wide survey, and (3) a focus group to disseminate findings. The study applies the Research Appreciation, Accessibility, and Application Model (RAAAM) as its conceptual framework.

Outcomes & Impact Findings will identify nurses' perceptions of research engagement, assess their capacity to participate in research, and pinpoint supports and resources needed. Results will inform evidence-based recommendations, highlight existing expertise, and guide interventions to strengthen nursing research capacity at PCC.

#### Innovation & Future Directions:

This study introduces LSP as a collaborative tool for nursing research engagement. Outcomes will inform future initiatives to build sustainable nurse-led research. Next steps include applying findings to diverse nursing contexts and exploring how these strategies can be adapted internationally to strengthen nursing research capacity and improve patient care.

#### Learning Objectives:

1. Describe frontline nurses' perceptions of research engagement and utilization at PCC.
2. Identify individual and organizational barriers and facilitators to nursing research engagement.
3. Summarize recommendations for advancing nurse-led research engagement.

## ORAL PRESENTATION

### **Programs and Interventions implemented to address the Behavioural and Psychological Symptoms of Dementia: A Focused Review**

Authors: Sarah Moore-Vasram, NP, PhD<sup>1,2</sup>, Mariia Karizhenskaia IMG MD, RPN-Student, <sup>1,3</sup>, Abdul K. Pullattayil MSt., AHIP<sup>4</sup>, Kiana A. Barfeh, RN, BScN<sup>1,2</sup>, Barbara Robinson, RN, MScN<sup>1</sup>

#### Affiliations:

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- 2) School of Nursing, Queen's University, Kingston, ON
- 3) School of Nursing, St. Lawrence College, Kingston, ON
- 4) Queen's University Library, Queen's University, Kingston, ON

#### Aim:

This review synthesized evidence on programs, models of care, and interventions implemented in hospital and long-term care settings to manage the behavioural and psychological symptoms of dementia (BPSD).

#### Objectives:

The objectives of this review were to identify inpatient-based programs, models of care, and interventions used to manage behavioural and psychological symptoms of dementia (BPSD), and to evaluate their reported efficacy in improving patient-related outcomes, with the aim of informing clinical practice.

#### Methods:

A focused literature review was conducted to identify hospital-based interventions for BPSD. Review questions were developed with leadership at Providence Care Hospital. With librarian support, a structured MEDLINE search identified studies published from January 1, 2010, to March 18, 2025. Two reviewers independently screened and extracted data using Covidence software.

#### Results:

Eighteen studies met inclusion criteria, representing pharmacological, non-pharmacological, environmental, educational, and specialty unit interventions. Non-pharmacological and person-centered approaches—such as music therapy, virtual reality, and environmental modifications—reduced agitation and aggression. Deprescribing antipsychotics was feasible and safe when guided by structured protocols. Staff education improved confidence and communication, though consistent patient outcome improvements were not established.

#### Conclusion:

Managing BPSD in hospital settings is complex. Individualized, interdisciplinary, and person-centered interventions show promise, but further work is needed to adapt evidence-based strategies to patient populations, settings, and available resources.

## **KEYNOTE PRESENTATION: Research is a Team Sport: Meaningful Partnerships to Create Meaningful Change**

Dr. Jacqueline Galica

A nurse researcher whose work focuses on partnering with patients and clinicians as core members of research teams. Her research uses collaborative and co-design approaches to align lived experience and clinical insight with applied research questions. She has led and contributed to partnered projects that prioritize relevance, feasibility, and real-world application. Their work highlights how research conducted with, rather than on, patients and clinicians can lead to outputs that are both clinically meaningful and system-relevant.



### **Leading Change in Gerontological Nursing Education through a Long-Term Care Collaboration Model**

Authors: Dr. Andrea Rochon, RN, Blaise Fuh, RN Student, Mariia Karizhenskaia, PN Student, Julie Dyke, RN, MScN, Sarah Knapp, RN Student (St. Lawrence College)

#### Background:

The increase in demand for long-term care (LTC) in Canada exposes gaps in gerontological nursing education and workforce preparedness. Projected shortages of nurses and prolonged LTC waitlists demonstrate the need for educational approaches that better align nursing education with system realities. Despite the workforce demand, nursing students frequently report negative perceptions of LTC placements such as inconsistent learning environments, limited mentorship, and unclear academic practice expectations. Academic practice partnerships and the integration of Equity, Diversity, and Inclusion (EDI) principles can enhance placement quality and student engagement in LTC.

#### Purpose:

The purpose of this project is to develop a collaborative model between nursing education programs and LTC homes in Ontario to strengthen gerontological nursing education, improve clinical placement experiences and increase nurses' interest in pursuing and sustaining careers in LTC.

#### Methods:

This study will use a phased mixed methods design. LTC homes are positioned as primary study partners and participants, due to their central role in shaping placement quality and workforce integration. Interviews will be conducted with leaders and staff from participating LTC homes to examine organizational, leadership, and practice environment influences on placement quality. Surveys will capture LTC homes' perspectives on student integration, supervision, and workforce readiness. Qualitative data will be analyzed using thematic analysis, while quantitative data will be analyzed descriptively for model refinement.

#### Results:

Preliminary results from the initial phase of the study will be presented.

#### Conclusion:

This research, funded by NSERC through the CCSIF grant, will generate an EDI informed collaboration model to inform sustainable academic practice partnerships, enhance student learning in LTC settings, and contribute to addressing gerontological nursing workforce challenges.

### **Addressing Inequities in Sickle Cell Pain Management Through Simulation-Based Interprofessional Education**

Author: Oluwamisimi D. Oluwole

Affiliation: School of Nursing, Faculty of Health Sciences, Queen's University.

#### Background:

Sickle cell disease (SCD) is a genetic haematologic condition characterized by recurrent vaso-occlusive pain crises that require timely and adequate analgesia. Despite well-established clinical guidelines, Black patients with SCD continue to experience delayed, inadequate, and biased pain management within acute care settings. Health professional education often underemphasizes the structural and interpersonal factors contributing to these disparities.

#### Methods:

A high-fidelity clinical simulation was developed for nursing and medical students to examine pain management, racial bias, and advocacy in the care of a patient presenting with a sickle cell pain crisis. The simulation required learners to assess severe pain, initiate evidence-based interventions, and navigate interprofessional communication. Debriefing emphasized reflection on bias, power dynamics, and moral distress. Qualitative and quantitative feedback were collected through pre- and post-simulation reflections.

#### Results:

Learners reported increased awareness of implicit bias in pain assessment, greater confidence advocating for adequate analgesia, and improved understanding of systemic barriers faced by patients with SCD. Learners identified discomfort with hierarchical escalation but recognized advocacy as a professional responsibility rather than an exceptional action. Reflections highlighted the emotional and ethical dimensions of caring for marginalized patients experiencing pain.

#### Conclusion:

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

## **KEYNOTE PRESENTATION: Canada's Nursing Workforce: Reflecting on the Past 25 years and the Future**

Dr. Joan Almost

A Professor in the School of Nursing at Queen's University. She holds a BScN and MScN from Western University and a PhD from the University of Toronto. Her research focuses on partnering with healthcare leaders and policymakers to strengthen the nursing profession and improve quality practice environments. She has collaborated with national nursing organizations, including the Canadian Nurses Association, the Canadian Federation of Nurses Unions, and the Canadian Principal Nursing Advisors Task Force. She also serves as an Editor for the Canadian Journal of Nursing Leadership and contributes to advisory groups with Health Workforce Canada and the Canadian Institute for Health Information



### **Developing an AI Agent to Debrief Virtual Simulations in Nursing Education using a Design Thinking Approach**

Authors: Marian Luctkar-Flude<sup>1</sup>, Agostinho Araujo<sup>2</sup>, Jane Tyerman<sup>3</sup>

#### Affiliation:

1. Queen's University, School of Nursing, Kingston ON Canada
2. University of Sao Paulo, Ribeirao Preto College of Nursing, Brazil
3. University of Ottawa, Ottawa ON Canada

#### Background:

Artificial intelligence (AI) offers new opportunities to enhance learning in nursing education. Simulation debriefing is foundational to developing clinical judgment, reflective practice, and professional identity; however, debriefing quality remains inconsistent across educators and institutions. This methodological study describes the development of DebrAI, an AI-driven conversational agent designed to support consistent, emotionally safe debriefing for virtual simulation.

#### Purpose:

To describe the design and development process of an AI-driven debriefing agent grounded in Design Thinking and established simulation debriefing frameworks.

#### Methods:

A Design Thinking methodology guided five iterative phases: empathize, define, ideate, prototype, and test. Nurse educators with a minimum of three years of simulation experience participated in focus groups to inform user needs and ethical considerations. Prompt engineering emphasized contextual framing and conversational scaffolding. Debriefing with Good Judgment and the Gather–Analyze–Summarize (GAS) framework structured reflective dialogue. A low-fidelity visual prototype was developed and pilot tested with two faculty members and two undergraduate nursing students.

#### Results and Discussion:

Focus group participants identified lack of standardized debriefing as a persistent challenge. DebrAI was conceptualized as a facilitator rather than an evaluator of learning, using advocacy–inquiry questioning and non-judgmental language across three GAS-aligned conversational phases. Pilot testers reported positive perceptions of the agent's voice, relational tone, and visual design, describing it as approachable and psychologically safe. A duration of five to ten minutes was considered optimal for a personalized debrief.

#### Conclusion:

DebrAI offers a design-centered framework for integrating AI-supported debriefing into virtual simulation and advancing innovation in nursing education.

### **Regional Critical Care Education: Learning Needs and Education Delivery to Rural and Remote Community Hospitals**

Authors: Marley Gregorio<sup>1</sup> BScN MScN RN CNCC(C), Brian Jessome<sup>1</sup> RRT, Whitney Kendall<sup>2</sup> BScN RN, Shona Kroeker<sup>3</sup> BScN PME RN, Michel Lapierre<sup>4</sup> BScN RN CCNC(C), Rebecca Marcoux<sup>5</sup> BScN MPH RN, Stacy Quick<sup>6</sup> RN, Dhanram Raghunandan<sup>4</sup> BSc RRT RPSGT & Amanda Wilkinson<sup>7</sup> BScN RN CNCC(C), MN-LPNP

Affiliations: <sup>1</sup>London Health Sciences Centre, <sup>2</sup>Thunder Bay Regional Health Sciences Centre, <sup>3</sup>Brant Community Healthcare System, <sup>4</sup>Health Sciences North, <sup>5</sup>The Ottawa Hospital, <sup>6</sup>Windsor Regional Hospital, <sup>7</sup>Kingston Health Sciences Centre

#### Purpose:

To determine critical care learning needs of rural and remote hospitals in Ontario to influence the development of a regional critical care education program.

#### Background:

Education delivery to interprofessional teams in rural and remote hospital settings is complex. Although current evidence suggests that supporting healthcare workers in their own context is integral to successful learning, rural and remote communities continue to experience inequitable access to critical care education tailored to their practice settings. The Regional Critical Care Educator (RCCE) role was developed in Ontario to strengthen healthcare teams within their context and to provide a mechanism for regional critical care nursing education delivery using a hub-and-spoke model.

#### Methods:

RCCEs conducted learning needs assessments in their respective regions to identify stakeholders and determine the existing structures that influence education delivery. Information on the learning needs of interprofessional team members, including nurses and respiratory therapists, was collected through surveys and in-person site visits. Informed by this data, creative education strategies were developed to disseminate current and best practice information to interprofessional team members.

#### Results:

Data from the learning needs assessment revealed that, while learning needs for rural and remote sites were like those of larger academic centres, their ability to deliver education diverged significantly. Rural and remote hospitals in Ontario reported minimal to no formal education processes in place to support onboarding of healthcare staff or continuing education and development. Based on these findings, the RCCEs developed comprehensive education plans tailored to the unique circumstances of their regions.

#### Conclusions:

The RCCE program has the potential to significantly enhance critical care nursing education regionally by leveraging clinical expertise and resources from educators at academic centres. Adopting a similar hub-and-spoke model may benefit education delivery in other areas facing similar challenges.

Keywords: Critical care, education, rural and remote communities

### **Literature Review: Military and Veteran Volunteerism in Canada**

Authors: Vidhi Patel<sup>1\*</sup>, Shannon Cheah<sup>1\*</sup>, Christina Godfrey<sup>1</sup>, Kim Sears<sup>1,4</sup>, Amanda Ross-White<sup>2,4</sup>, Ashley Williams<sup>1</sup>, Kayley Perfetto<sup>1</sup>, Pia Brinkschulte<sup>3</sup>, Alyson Mahar<sup>1,2</sup>

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4. Queen's Collaboration for Health Care Quality, Queen's University, Kingston, ON, Canada

\*Contributed equally

#### Background:

Volunteering may help military and Veterans populations navigate military-to-civilian transition (MCT) by reducing isolation, fostering purpose, and enhancing well-being.

#### Objectives:

This study explored the literature focused on volunteering among military and Veteran populations to identify volunteering preferences and its potential impacts on well-being.

#### Methods:

A scoping review (2000–2024) was conducted using JBI methods and reported per PRISMA-ScR. Articles were retrieved from MEDLINE (PubMed), CINAHL, Embase, and APA PsycInfo (Ovid), as well as Google Scholar and Veteran-serving agencies and organizations. Two reviewers independently screened studies and extracted data. The findings were synthesized narratively and consultations with Veterans informed interpretation.

#### Results:

Fourteen studies met inclusion criteria: 13 from the United States and one from the United Kingdom. None included military members or Canadian populations. Most examined Veteran-specific programs (e.g., The Mission Continues, Team Rubicon). Volunteering was linked to better mental health, reduced loneliness, stronger social support, greater purpose, and, in some cases, benefits for families and employment readiness. Veterans volunteered more often than civilians, often motivated by a desire to continue serving and contribute to their communities.

#### Conclusion:

Volunteerism may help Veterans connect with and serve their communities while enhancing well-being and supporting reintegration during the MCT. Organizations should assess needs and evaluate programs to ensure alignment with Veterans' goals and values. More research, particularly Canadian research, is required to inform national and international volunteering programs, services, and policy.

Key words: Veterans, Volunteerism, Military

Funding Sources: True Patriot Love Foundation

## Thank you to those who shared their research posters:

- **Behavioural and Psychological Symptoms of Dementia KHSC ED Pathway Development**  
Authors & Affiliations: Janet Obre RN(EC) CPMHN (c) Nurse Practitioner Mental Health and Addiction Program, Kingston Health Sciences Centre
- **Catching Falls Before They Happen: KHSC's Journey to Standardized Risk Assessment**  
Authors Laura Mitchell, Claire Brown, Heather Mackulin  
Affiliations: Kingston Health Sciences Centre
- **Developing a Structured Mentorship Education Program to Strengthen Nursing Practice at KHSC**  
Authors & Affiliations: Rebecca Gill, RN, BScN, MSc(HQ), CCNE – Kingston Health Sciences Centre (KHSC), Kingston, Ontario, Canada Jennifer Kasaboski, RN, BScN, MScN – Kingston Health Sciences Centre (KHSC), Kingston, Ontario, Canada Amanda Aird, RN, BScN, MEd – Kingston Health Sciences Centre (KHSC), Kingston, Ontario, Canada
- **Exploring feasibility and acceptability of using neurofeedback interventions to manage mild cognitive impairment: A pilot study research proposal.**  
Authors & Affiliations: Marian Luctkar-Flude<sup>1</sup>, Sarah Moore-Vasram<sup>2</sup>, Jane Tyerman<sup>3</sup>, Ian Chen<sup>4</sup>, Meera Joshi, Michela Fierro<sup>1</sup>, Maya Stricker<sup>1</sup>  
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- **Exploring Mental Health Service Use After Physical Workplace Injury: A Data Platform to Enhance Nurse Injury Prevention and Return-to-Work Strategies.**  
Authors: Katherine St. Cyr (1), Victoria Kao (1), Aleksandra Zuk (1), Sarah Moore-Vasram (2), Peter Smith (3), Joan Tranmer (1), Joan Almost (1), Henrietta Van Hulle (4), Jackie Potter (2), Joanna Noonan (5), Catherine Goldie (1) \*, Alyson Mahar (1)\*  
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- **Evaluating Emergency Department Transfers from Sub-Acute and Long-Term Care Settings: A Multi-Site Retrospective Study Protocol.**  
Authors: Sarah Moore-Vasram NP, PhD<sup>1,2</sup>, Heather White PhD<sup>1,2</sup>, Tareq Moh'd MD-Student<sup>3</sup>, Katherine Poser, RN, MScN<sup>1</sup>, Alyssa Muchmore RN<sup>1</sup>, Kaitlyn del Rosario RN, BScN<sup>1</sup>, Cheryl Knott NP, BScN<sup>1</sup>, Mariia Karizhenskaia IMG MD<sup>1,4</sup>  
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- **Evaluating Portable Simulation Labs to Enhance Clinical Preparedness and Knowledge Retention in Healthcare Providers: A Pilot Study**  
 Mariia Karizhenskaia IMG MD, RPN-Student<sup>1,4</sup>, Alysa Lafleur RN, BScN<sup>1</sup>, Tareq Moh'd MD-Student<sup>2</sup>, Kiana A. Barfeh RN, BScN<sup>1,3</sup>, Jordan Harry MSc, RN-Student <sup>1,4</sup>, Olivia Manning PT, PhD<sup>1</sup>, Abdul K. Pullattayil MSt., AHIP<sup>5</sup>, Sarah Moore-Vasram NP, PhD<sup>1,3</sup>.  
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- **Filling the Gaps: Nursing Responses to Structural Barriers in Healthcare Access for Unhoused Populations in Kingston, Ontario**  
 Authors & Affiliations: Serena Adekokuronile, BNSc (Student), Queen's University
- **From Missed to Managed: Improving Delirium Recognition in Acute Care.**  
 Authors & Affiliation: Heather Mackulin, Professional Practice Director and Operational Director of Allied Health (Interim), Laura Mitchell, Professional Practice Director and Operational Director of Allied Health, Tanis Proulx, Interprofessional Learning Specialist (Interim), and KHSC's Nursing Practice Council
- **Implementing the Safer Nursing Care Tool in Acute Care: A Qualitative Evaluation of Staff Experience**  
**Affiliation: Kingston Health Sciences Centre**  
 Author: Heather Mackulin, RN, MScN; Thomas Hart, RN, MScN; Jason Hann, RN, MBA; Heather Braund PhD, OCT, Laura Mitchell RN, MScN
- **Keeping Resuscitation Skills Current: Piloting a Novel Training Model in an Acute Care Center**  
 Authors: Heather Mackulin, Lindsay Fitzgerald, Michelle Brosso, Brittany Elford  
 Affiliations: Kingston Health Sciences Centre
- **Proof of Concept Study of the use of an airbag vest on elderly in-patients with and without neurocognitive disorders to reduce hospital visits due to post-fall injuries.**  
 Authors and Affiliations:  
 Principle Investigator: Angela Dickieson RN, BScN, Clinical Educator Providence Care Hospital  
 Co- Investigators: Dr. Najat Khalifa, MD, MBChB, FRCPsych, FRCPC, Professor of Psychiatry, Providence Care Hospital  
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 Kara Asselstine PT, MHQ, Director Mental Health and Specialized Geriatrics, Providence Care Hospital  
 Dr. Qingguo Li, Ph.D., P. Eng., Professor and Associate Head, Department of Mechanical and Materials Engineering, Smith Engineering, Queen's University
- **Providence Care Seniors Mental Health Outreach: Fostering Collaboration for Innovative Senior Care**  
 Authors: Kaitlyn Battaglia, Maggie Doran, Christine Trinh, School of Nursing, Queen's University
- **Purposeful Rounding.**  
 Authors & Affiliations: Amanda Aird, Professional Practice Leader – Nursing, Jennifer Kasaboski, Interprofessional Learning Specialist, Tanis Proulx, Interprofessional Learning Specialist (Interim), Christine Brown, Oncology Program Manager, Drew Conway, Medicine Program Manager, Jennifer McCarthy, Medicine Program Manager

- **Regional Critical Care Education: Learning Needs and Education Delivery to Rural and Remote Community Hospitals**  
Authors: Marley Gregorio<sup>1</sup> BScN MScN RN CNCC(C), Brian Jessome<sup>1</sup> RRT, Whitney Kendall<sup>2</sup> BScN RN, Shona Kroeker<sup>3</sup> BScN PME RN, Michel Lapierre<sup>4</sup> BScN RN CCNC(C), Rebecca Marcoux<sup>5</sup> BScN MPH RN, Stacy Quick<sup>6</sup> RN, Dhanram Raghunandan<sup>4</sup> BSc RRT RPSGT & Amanda Wilkinson<sup>7</sup> BScN RN CNCC(C), MN-LPNP  
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- **Sustaining Indigenous Knowledge in Health Education Pathways in the Western James and Hudson Bay region**  
Authors: Wilson, RA (Queen's School of Nursing; DesRochers, J (QWHEP); Cass, J (QWHEP, Queen's Family Medicine)
- **Transforming Nursing Human Resources: Practice-Focused Strategies in an Academic Health Sciences Centre**  
Authors: Jason Hann, RN, MBA; Thomas Hart, RN, MScN; Kardi Kennedy, RN, MN; Tyler Hands, RN, MA; Heather Mackulin, RN, MScN Affiliations: Kingston Health Sciences Centre, Kingston, Ontario, Canada

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**Thank you for joining us!**