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FÉDÉRATION EUROPÉENNE DES ENSEIGNANTS EN SCIENCES INFIRMIÈRES

BOOK OF ABSTRACTS

STRENGTHENING NURSING EDUCATION: INNOVATION, COLLABORATION AND FUTURE PERSPECTIVES

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INTRODUCTION

At its core, FINE is uniquely defined by the fact that it an organisation of nurse educators for nurse educators. This distinct identity shapes our mission to support nursing pedagogy across Europe, ensuring that those who teach are fully equipped to inspire, support, and transform the next generation of nurses. A main pillar of FINE seeks to contribute to nursing science; its development, synthesis, appraisal, evaluation dissemination and implementation.

The FINE Conference 2026, Strengthening Nursing Education: Innovation, Collaboration and Future Perspectives provided an excellent opportunity to do so because it saw nurse educators from across the globe come together to at the Parma University in Italy. This book of abstracts reflects the eclectic, reflexive, evidence-based, futuristic landscape of our discipline.

As environments in which nurses participate grow increasingly varied and complex, the role of the nurse educator has expanded accordingly. The insights and evidence shared in this book present a plethora of wisdom, information and experience to navigate the frontiers of contemporary nurse education and predicted future contexts. Technological innovation, humanistic elements and organisation strategies related to nurse education are addressed in these abstracts in the spirit of meaningful collaboration whereby we, nurse educators, may successfully bridge the gap between what we seek to achieve through nurse education and what learners are enabled to practice as a result of nurse education.

May these abstracts serve as a source of support for nurse educators and as a catalyst for ongoing collaboration, networking across nurse educator practices, and renewed policy and strategies of nurse education.

FINE is most grateful for the wonderful participation of all authors and delegates at the conference.

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ABSTRACTS INDEX

ABSTRACTS

Towards emotionally intelligent teaching: Nurse educators' experiences

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INTRODUCTION: Emotional intelligence (EI) is essential to nursing educators' professional competence and identity, shaping educational interaction, student development, and educator well-being. Yet, EI often remains implicit and taken for granted in teaching practice. While previous studies have addressed teaching methods and the modelling of EI, less is known about educators' own experiences, competence, and support needs in teaching EI. Aim was to explore nursing educators' experiences of emotional intelligence, their perceived competence in teaching it, and their needs for support in the context of nursing education.

MATERIAL AND METHODS: A descriptive qualitative design was applied. Data were collected remotely through three focus group interviews with eight nursing educators from universities of applied sciences, recruited through purposive and snowball sampling. The data were analysed using inductive content analysis.

RESULTS AND CONCLUSIONS: The findings revealed that EI is a central but often subconsciously embedded element of nursing education. It forms the foundation for both pedagogical and professional practice and is expressed through participatory and reflective teaching approaches. EI serves as a vital personal and social resource, supporting educators' resilience, well-being, and professional growth. Developing EI competence requires conceptual understanding, pedagogical expertise, self-awareness, and reflection, shaped by personal experiences. Educators emphasized the need for interpersonal, collegial, and structural support, such as collaboration and leadership commitment, to enhance their EI competence. However, the role of EI in teaching remains fragmented and inconsistently integrated. Strengthening EI requires institutional recognition and investment, positioning EI as a goal-oriented professional skill within curricula and teaching practice. Emotional intelligence emerges as both a cornerstone of professional identity and a key to sustaining leadership and educational quality. Further research should develop and evaluate strategies that promote educators' EI competence, particularly its pedagogical integration and instruction in digital and increasingly diverse learning environments.

KEYWORDS: emotional intelligence; nurse education; teacher competence; nursing education; higher education

"At the Heart of the Relationship": A Three-Year Experiential Pathway to Cultivate Relational Competence in Nursing Education

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INTRODUCTION: The relationship is the foundational dimension of nursing practice. Supporting the development of relational competence in students represents both an essential educational goal and a complex pedagogical challenge. Within this perspective, a structured three-year series of relational workshops was developed to foster empathy,

emotional awareness, and reflective capacity as core components of professional identity. The aim was to describe the structure, methodologies, and educational outcomes of a three-year relational workshop programme designed to promote self-awareness, empathy, and professional identity in undergraduate nursing students.

MATERIAL AND METHODS: The worksho ps were conducted by nurse tutors trained in helping relationships and narrative medicine, involving approximately 100 students over three academic years. The activities integrated narrative, reflective, and symbolic methodologies (reflective writing, close reading, guided film viewing, art-based and role-playing exercises). The pedagogical progression included: self-awareness and empathy (Year 1); confronting suffering, death, and self-care (Year 2); and professional identity, teamwork, and leadership (Year 3). Evaluation was performed through qualitative analysis of reflective writings and annual student satisfaction surveys.

RESULTS AND CONCLUSIONS: The workshops enhanced students' ability to recognise and manage emotions, engage in complex relationships, and critically reflect on care experiences. Students reported high satisfaction and perceived improvement in professional awareness and emotional resilience. This educational model—grounded in reflection, experience, and symbolic learning—emerges as a good practice for integrating humanistic and scientific dimensions in nursing education, contributing to the formation of compassionate, self-aware, and relationally competent professionals.

KEYWORDS: relational competence; humanistic education; narrative medicine; reflective practice; professional identity

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Charting New Paths: The Professional Landscape of Doctorally Prepared Nurses in Spain

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INTRODUCTION: Doctoral education in nursing strengthens research, leadership, and evidence-based practice. However, in Spain, limited evidence exists on the career pathways and institutional recognition of doctorally prepared nurses. Understanding their professional development and roles is key to enhance their contribution to health systems. The aim was to describe the professional development, roles, competencies, work environment, and recognition of doctorally prepared nurses in Spain.

MATERIAL AND METHODS: A national cross-sectional online survey was conducted among nurses holding a PhD (March 2023–April 2024). The validated questionnaire included five domains: sociodemographic data, postdoctoral development, competencies and leadership, work environment, and satisfaction. Data were analyzed using descriptive and multivariate statistics following STROBE guidelines.

RESULTS AND CONCLUSIONS: A total of 363 nurses participated; 58.1 % worked in academia and 35.8 % in clinical care. Despite high engagement in research, education, and leadership, only 21.3 % received salary recognition and 23 % experienced career advancement. Gender inequities persisted, with men more often in senior research or academic positions. Main barriers included lack of protected research time and institutional recognition, while motivation, teamwork, and research networks acted as facilitators. Doctorally prepared nurses substantially contribute to nursing research and education in Spain, but greater institutional support, structured career pathways, and mentoring programs are essential to maximize their impact.

KEYWORDS: doctoral nurses; professional development; nursing leadership; institutional recognition; Spain

Planning and ensuring clinical placements in undergraduate nursing programs across Europe: findings from a multi-method study

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INTRODUCTION: Availability and quality of clinical placements remain a critical challenge1. Post-pandemic changes in health care services and the nursing shortage have further reduced clinical placement availability for undergraduate nursing students. Describing issues and effective strategies to sustain placement capacity across European contexts is required to update the evidence in the field. The aim was to discuss European nursing academics' perceptions of the difficulties in securing clinical placements for undergraduate nursing students and the strategies they consider effective in overcoming these challenges.

MATERIAL AND METHODS: A multimethod study was conducted, beginning with a preliminary cross-sectional survey followed by a focus group within the UDINE-C network, which includes 15 countries. Key informants from the network were identified and asked to complete a questionnaire regarding (a) participants' profiles, (b) factors influencing availability, and (c) strategies implemented to improve internship capacity and safe placement. The questionnaire was administered via an EU survey. To assess difficulties, a list of factors identified in the literature was ranked from 0 (not significant) to 10 (very significant), while a list of strategies, also derived from the literature, was ranked from 0 (not effective) to 10 (very effective). Quantitative findings were discussed in depth at a face-to-face meeting in Udine, Italy, in October 2025, involving all members (see authors), and feedback was analyzed for content.

RESULTS AND CONCLUSIONS: A total of 15 key informants responded, primarily nurses (88.5 %), with a mean age of 50.1 years (SD 6.6) and an average of 26.5 years of experience (SD 8.9). Of these, 34.6 % reported increased difficulties in securing clinical placements post-pandemic. Key influencing factors (mean score ≥ 7/10) included challenges in relationships with clinical sites, ward leadership, and mentors. The most commonly used strategy was involving professionals in academic activities (mean 7.0, SD 2.6), followed by ensuring long internships (92.3 %; mean 6.7, SD 3.1) and opening placements in unconventional settings (mean 7.1, SD 2.2), with significant differences across countries discussed during the focus group. Integration of quantitative and qualitative findings highlights the importance of mentorship development, institutional partnerships, and innovation to maintain placement quality and accessibility in European nursing education.

KEYWORDS: availability, clinical placements, influencing factors, nursing education, strategy

Exploring the effect of a MOOC on Soft Skills, Cybersecurity, Sustainability, and Evidence-Based Practice knowledge for nurses: a translational pilot pre-post study

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INTRODUCTION: Nurses require continuous education to develop evidence-based practice (EBP), cybersecurity, sustainability and soft skills, that are essential for sustainable care delivery. Massive Open Online Courses (MOOCs) may offer an accessible model for lifelong learning, suited to evolving educational needs of healthcare professionals; however, their effectiveness have been limited assessed. The aim was to explore level of knowledge of nurses before and after completion of MOOC in EBP, cybersecurity, sustainability and soft skills. Satisfaction and perceived applicability of acquired competencies in clinical practice were explored.

MATERIAL AND METHODS: A translational pre-post pilot study was conducted with nurses employed in an Italian healthcare institution, as part of Erasmus+ Care4Health project. Variables were collected using multiple-choice questionnaires administered before and after MOOC about knowledge with a minimum score of 0 and maximum of 10 and satisfaction with Net Promoter Score (NPS). Participants' reflections and applicability were explored through open-ended questions and final focus group. Data was analysed through descriptive statistics and thematic analysis.

RESULTS AND CONCLUSIONS: 33 nurses were enrolled, 27 (81.8 %) of whom completed the MOOC. Mean age was 37.2 years (SD 11.5) and majority were female (88.8 %). Participants stated high satisfaction, the NPS was 7.0, suggesting a good recommendation of MOOC. Average score for knowledge of MOOC contents increased from 7.8 (SD 0.8) to 8.5 (SD 1.0). Contents were appreciated, particularly modules of EBP, soft skills and communication due to their importance for daily practice, highlighting need for more interactive learning opportunities in future. Nurses appreciated quality of cybersecurity content, but they perceived it as less innovative because topic had already been covered in previous learning experiences. Suggestions for improvement focused on facilitating easier access to platform, while maintaining high quality of course content. Nurses intend to apply acquired knowledge by improving patient communication, sharing insights with colleagues, and promoting innovative approaches.

KEYWORDS: education, lifelong learning, knowledge development

Determinants of Nursing Students' Professional Identity: A Systematic Review

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INTRODUCTION: The professional identity (PI) of nurses plays a key role in determining the quality of care delivered, while also influencing self-esteem, job satisfaction, and retention within the profession. The formative period of nursing education represents a crucial stage in the acquisition of professional identity, during which students are influenced by multiple factors that shape their sense of professional self. The aim of this systematic review was to identify the factors that influence the development of professional identity among nursing students.

MATERIAL AND METHODS: A comprehensive literature search was conducted in February 2025 across PubMed/MEDLINE, CINAHL, Embase, and Scopus databases, yielding 5,806 records. Following the screening process, 25 studies met the inclusion criteria. The review process followed the PRISMA guidelines. The methodological quality and risk of bias of the included studies were assessed using the Joanna Briggs Institute critical appraisal tools.

RESULTS AND CONCLUSIONS: The 25 included studies demonstrated a low risk of bias. The analysis identified several factors influencing the development of nursing students' professional identity, including the characteristics of the learning environment, role models, personality traits, demographic variables, perceived stress, challenges in transitioning from academic to clinical settings, social media use, professional interest, narrative competence, critical thinking, and caring. This review provides a comprehensive overview of the determinants shaping nursing students' professional identity. The findings highlight the essential role of academic programs in implementing educational strategies that positively impact these factors, thereby supporting the formation of a strong and resilient professional identity among future nurses.

KEYWORDS: professional identity, nursing students, systematic review, education

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Wisdom in Nursing Care: A Concept Analysis

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INTRODUCTION: Wisdom represents a core virtue in nursing practice, as it integrates knowledge, experience, empathy, and ethical judgment. Although the concept has been included within Nursing Informatics (NI) standards, its definition remains ambiguous and underexplored within the nursing discipline. The aim of this study was to conduct a concept analysis of wisdom in nursing care.

MATERIAL AND METHODS: A concept analysis was performed following the eight-step method proposed by Walker and Avant (1995). A literature search was conducted in PubMed and CINAHL databases using the keywords wisdom, phronesis, and nurs. Qualitative, quantitative, and theoretical studies addressing the concept of wisdom in nursing were included.

RESULTS AND CONCLUSIONS: A total of 16 studies met the inclusion criteria. The main defining attributes of wisdom identified were deliberation, ethical judgment, reflexivity, open-mindedness, empathy, perceptiveness, and morally informed action. Wisdom emerges as an ethical and relational praxis that integrates technical competence, self-awareness, and understanding of others, guided by the common good and the dignity of the person receiving care. The consequences of wisdom include enhanced clinical and moral judgment, improved quality of care and professional well-being, reduced burnout, and the strengthening of nursing disciplinary identity. Wisdom thus stands as an ethical and cognitive compass that harmonizes science, ethics, and empathy in

clinical practice, fostering conscious, humane, and transformative care.

KEYWORDS: wisdom, nursing, concept analysis, ethical judgment

Clinical learning environment and safety as perceived by students: a cross sectional study

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INTRODUCTION: Patient safety is considered a complex framework of organized activities encompassing culture, processes, procedures, behaviors, technologies, and the healthcare environment. The inclusion of patient safety and its culture in nursing curricula was recommendedsince the beginning of 2000s. Patient safety culture is crucial for nursing students as they participate in and directly impact care during clinical training. The aim was to investigate what is students' perception on the clinical learning environment, unfinished nursing care and patient safety competence.

MATERIAL AND METHODS: A cross-sectional study was performed including Bachelor's nursing students of a university located in North-East of Italy, who were attending the clinical practice and at the last week of the clinical practice were included. Different questionnaires were used: a sociodemographic data sheet; Clinical Learning Environment, Supervision, and Nurse Teacher assessment scale, assessing the clinical environment; H-PEPSS instrument, evaluating clinical aspects of safety and patients safety competencies; Unfinished Nursing Care Survey for Students, assessing care omitted during the internship; finally, patient safety data, regarding nursing students' perceptions and experiences regarding patient safety education and incidents during clinical practice. Descriptive statistic was used.

RESULTS AND CONCLUSIONS: Students agreeing on the fact that the learning environments in which they did internship were good and that the relationship with clinical tutors were good, allowing an improvement in competences and knowledge. Furthermore, they perceived to have a good level of patient safety competences, learned in the classroom but above all during clinical experiences. However, they found that it is not always easy to report incidents that have occurred for fear of negative repercussions. No Unfinished Nursing Care emerged as prevalent. Falls were the main adverse event reported. It is important to continue educating students on patient safety, aiming for future collaboration with clinical tutors who must support this learning area.

KEYWORDS: safety, students' competences, learning environment, adverse event

What do we mean by underperforming student? Finding from a qualitative study

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INTRODUCTION: Nursing education aims at preparing competent professionals capable of ensuring safe and quality care. However, a part of students do not reach the expected standards, becoming in some way underperformers, with potential repercussions on their educational pathway and the safety of care. The aim was to explore the perceptions of academic and clinical tutors regarding the concept of underperforming students by identifying implicit and explicit characteristics and indicators related to their identification.

MATERIAL AND METHODS: A descriptive qualitative approach was implemented using four focus group interviews involving 23 participants, including educational tutors and clinicians. A semi-structured interview was created and applied for all focus groups. Data analysis was conducted according to the reflective thematic analysis of Braun and Clarke (2022).

RESULTS AND CONCLUSIONS: Four main themes emerged from the analysis: 1) persistent conceptual and applicative fragility; 2) misalignment between personal competences and professional requirements; 3) disengagement from learning and low awareness; and 4) dysfunctional behaviors and ineffective relationships. The phenomenon of underperformance cannot be traced to a single cause, but rather emerges as an expression of a misalignment between the demands of the educational program and the student's personal resources. Factors such as the intrinsic characteristics of the student, their level of reflective competency, and the peculiarities of the clinical training setting prove crucial in supporting or, conversely, limiting professional growth. Underperformance is a complex and multifactorial phenomenon. It is necessary to develop shared training strategies and guidelines for the early recognition of students in difficulty, to support tutors, and to protect the safety of those receiving care.

KEYWORDS: education, underperforming students, tutorship, nursing students

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Frequency and Nature of Cybersickness: Pilot Study Results from the DDS-MAP Project

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INTRODUCTION: Virtual reality (VR) is an innovative tool in educational contexts, but it can cause physical and cognitive side effects that are often underestimated in teaching environments. This study aimed to explore the occurrence and characteristics of VR side effects on healthcare providers involved in an educational project, assessing associated risks and implications.

MATERIAL AND METHODS: In June 2025, as part of the European project Dynamic Digital Skills for Medical and Allied Professions in Health Services (DDS-MAP) (EASPD, 2024), a pilot evaluation of course content was conducted among researchers and teaching tutors from the Degree Courses in Health Professions at the University of Udine. The Simulator Sickness Questionnaire (SSQ) was administered before and after a 10-minute VR session using head-mounted displays. The SSQ evaluates 16 symptoms on a Likert scale from 0 (none) to 3 (severe) (Kennedy *et al.*, 1993). Further data collection and analysis are ongoing to validate the findings across larger sample.

RESULTS AND CONCLUSIONS: Ten participants (90 % female; mean age 35.5, SD 8.9) took

part. Six (60 %) reported cybersickness symptoms; the most common were vertigo (50 %; mild=3; moderate=2), nausea (30 %; mild=2; severe=1), eyestrain (30 %; mild=2; moderate=1), and dizziness with eyes open (30 %; mild=2; moderate=1). These symptoms were predominantly mild or moderate, yet they emerged despite the brief exposure duration, which aligns with existing literature on the prevalence of cybersickness during VR use. Short VR exposure can cause discomfort that may affect learning outcomes, even in brief sessions. Although limited by the scope of this pilot study, the data suggest the need for gradual exposure, symptom monitoring, controlled physical environments, and clear information for students and educators to protect their safety and well-being.

KEYWORDS: fully immersive virtual reality; head-mounted displays; cybersickness

Intention to leave among nurses: findings from an umbrella review

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INTRODUCTION: Nurse shortages undermine the quality and safety of care (World Health Organization, 2020). A substantial body of literature has documented the growing phenomenon of intention to leave (ITL) among nurses, along with the key factors contributing to this trend. Aim was to synthesise facilitators, barriers and strategies for addressing ITL among nurses, and to summarise patient outcomes associated with ITL.

MATERIAL AND METHODS: An umbrella review following the Joanna Briggs Institute guidelines (Aromataris *et al.*, 2020). Databases searched were PubMed, Scopus, Cochrane, and CINAHL. Eligible studies were secondary research focusing on ITL among nurses. No restrictions were applied regarding language or publication date. Methodological quality was appraised with the Joanna Briggs Institute tool. Data were narratively synthesised.

RESULTS AND CONCLUSIONS: Twenty reviews were included. Main facilitators of ITL were age relater (younger individuals), single status, constrained career development, poor work-life balance, adverse work environments, and limited leader support. Main barriers to ITL were gender related (female), strong individual characteristics, job satisfaction, pay adequate to the cost of living, positive leadership, a positive team climate, and organisational recognition supported by policy strategies ITL was associated with patient-level consequences reported more often in nursing than in other health professions, including compromised safety and quality, frequently related to missed care. Strategies with potential to reduce ITL included educator-led interventions such as mentoring, structured career-development and continuing professional development programmes; workload and staffing optimization; and supportive, participatory leadership. These findings should help identify nurses at higher risk of ITL, support the planning of targeted interventions in nursing education, promote a stronger professional identity, and inform strategies to improve retention.

KEYWORDS: intention to leave, facilitators, barriers, nurse education, umbrella review

PeerCards: a platform for conscious peer learning with artificial intelligence in interdisciplinary university education

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INTRODUCTION: The integration of artificial intelligence (AI) in nursing education represents an emerging pedagogical challenge that calls for innovative strategies to foster critical, ethical, and reflective use of technology. As AI increasingly influences clinical reasoning and decision-making processes, future nurses must develop the ability to engage with it consciously and responsibly. Within this framework, the PeerCards project was designed at the University of Turin to promote active and reflective interaction with AI in learning contexts relevant to healthcare education. The aim was to examine how a digital peer learning platform can enhance collaboration, critical thinking, and ethical awareness in nursing students when interacting with AI-based tools.

MATERIAL AND METHODS: A descriptive mixed-methods study was conducted during 2024 in nursing courses at the University of Turin, with participation from five partner universities. Students used the PeerCards platform to co-create, evaluate, and discuss learning flashcards related to clinical and ethical topics, both with and without AI support. Quantitative data were collected through pre- and post-intervention questionnaires, while qualitative reflections were analyzed thematically to explore perceptions and learning experiences.

RESULTS AND CONCLUSIONS: Findings indicate that PeerCards supports active engagement, collaborative learning, and deeper reflection on the use of AI in healthcare education. Nursing students reported enhanced awareness of AI's potential and limitations, perceiving it as a learning partner rather than an authoritative source. The platform fostered ethical reflection, peer interaction, and the development of transversal skills such as communication, self-regulation, and critical thinking. These outcomes highlight PeerCards as an innovative and adaptable tool for nursing education, capable of promoting responsible engagement with AI and preparing students for professional practice in digitally evolving healthcare environments.

KEYWORDS: artificial intelligence, peer learning, higher education, interdisciplinary education, nursing education

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Teacher integration program in higher education institution

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INTRODUCTION: The planning and implementation of integration programs for newly hired teachers in higher education institutions is an emerging need, aiming to promote their adaptation to the institutional context and the development of professional and pedagogical competencies. Aim was to promote the integration of newly hired teachers in a Nursing School and to contribute to the quality of student education through the structuring of the teacher onboarding and integration process.

MATERIAL AND METHODS: A teacher integration program was implemented in a Nursing School, with 25 hours distributed over five sessions. The program addressed topics such as institutional processes and resources; educational project; research and development; nursing graduate profile; curriculum and training model; teaching support tools; student learning in different types of classes; clinical supervision; and assessment of learning.

RESULTS AND CONCLUSIONS: In November 2025, the 5th edition of the teacher integration

program for newly hired teachers was held. The evaluation conducted at the end of each edition showed that participants considered the content appropriate to their needs, although they suggested a longer duration and the inclusion of additional topics. It was found that the program contributed to a more structured onboarding process and better adaptation of teachers, facilitated mastery of teaching support tools, and promoted the development of pedagogical, clinical supervision, and assessment competencies.

KEYWORDS: faculty, professional integration, program, professional competence, higher education

The Influence of Gender Stereotypes on Career Expectations in Nursing Students (GENSCARE): A Mixed-Methods Approach. A study protocol

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INTRODUCTION: Gender stereotypes and occupational segregation remain persistent issues in healthcare, particularly in nursing, a profession historically framed as feminine. These stereotypes shape students' perceptions, self-efficacy, and expectations, often reinforcing inequality. In Italy, limited research has explored how gendered perceptions influence the career intentions of nursing students, and no validated tools currently exist to measure these dynamics. This study aims to (a) explore gender stereotypes and perceived barriers among nursing students, (b) analyse the relationships between gender stereotypes, self-efficacy, Theory of Planned Behavior (TPB) constructs, and career intentions, and (c) investigate symbolic representations of professional identity through Photovoice. A secondary objective is to validate a newly developed questionnaire integrating these constructs.

MATERIAL AND METHODS: A sequential explanatory mixed-methods design will be used. The quantitative phase will involve approximately 600 third-year nursing students completing an 8-section questionnaire grounded in TPB, self-efficacy and gender role perception frameworks. Data will be analysed using descriptive statistics, confirmatory factor analysis (CFA), and structural equation modelling (SEM). The qualitative phase will use Photovoice methodology with three focus groups (6–8 students each), including image-based narratives analysed through SHOWED methods and thematic analysis. Methodological triangulation will integrate findings.

RESULTS AND CONCLUSIONS: Quantitative results are expected to confirm valid and reliable measurement of gender-related constructs and identify key predictors of career intention. Photovoice is expected to reveal symbolic barriers and lived experiences related to gender stereotypes. Together, findings will offer a comprehensive view of the factors influencing nursing students' professional identity and expectations. This study will provide new evidence on how gender stereotypes influence nursing students' self-efficacy and career intentions, supporting the development of training and mentoring strategies aimed at promoting leadership, gender equality and a strong professional identity in nursing education.

KEYWORDS: gender stereotype, gender bias, nursing student, leadership, career expectations

English for Nursing Purposes: Preliminary Findings (Estonian context)

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INTRODUCTION: The 2000 and 2021 Estonian censuses reveal two major social shifts: the rise of English as a foreign language and a significant increase in foreign residents. International tourists further stimulate multilingual healthcare practices. Although Estonia does not require it, societal changes have created a clear need for multilingual healthcare personnel. Aim was to identify the key areas in which nurses use English and tailor the English for Nursing Purposes course to train pre-service nurses.

MATERIAL AND METHODS: Between May and September 2025, an online survey of pre- and in-service nurses in Estonia, Slovenia, Croatia, and Ukraine received over 500 responses on questions ranging from personal challenges to readiness to use English professionally, and suggestions for the English course.

RESULTS AND CONCLUSIONS: The preliminary analysis of the Estonian sample revealed several trends.

- Estonian dominated in colleague communication, with over half of nurses never using English with peers.
- When communicating with patients, over 80 % of nurses reported using English—about half occasionally and one-third frequently, aligning with students' respective expectations of about 85 %.
- Despite relatively frequent use, half of the nurses reported feeling from "somewhat" to "very unsure" when communicating with patients, compared to only one-quarter of student nurses.
- Both nurses and students reported equally high interest in deepening their English skills in such areas as human anatomy and physiology, diseases and symptoms, medical procedures and devices, with over half mentioning an interactive book as a preferred learning approach.

These findings highlight the understanding of growing linguistic diversity in healthcare. Further analysis will guide the international team in developing the course's learning outcomes, content, and interactive book, which will be offered to pre- and in-service nurses, ensuring English readiness, patient care, and healthcare provision. Co-funded by the European Union.

KEYWORDS: English for nursing purposes, language proficiency, efficient communication

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Empowering Future Nurse Educators in a Changing World through a Research-Based Degree Programme

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INTRODUCTION: The evolving healthcare and education landscapes require nurse educators who both train future nurses and advance nursing education. The University of Turku's Department of Nursing Science meets this need through its Health Pedagogy Research Programme and Health Sciences Educator Degree Programme. This abstract introduces the Health Pedagogy Research Programme and the Degree Programme in Health Sciences Educator as a combined effort to empower future nurse educators. The aim is to describe how research-based education supports the development of nursing education.

MATERIAL AND METHODS: The Health Pedagogy Research Programme at the University of Turku focuses on three core areas: 1) patient/client and population guidance, and the development of learning, competence, teaching, and supervision; 2) competence of healthcare

professionals, students, and educators; and 3) healthcare and educator education. The master's level Degree Programme in Health Sciences Educator includes 25 ECTS in education or adult education and 35 ECTS in pedagogical and didactic studies, qualifying graduates to teach in vocational and higher education institutions.

RESULTS AND CONCLUSIONS: The Health Pedagogy Research Programme regularly produces doctoral dissertations, contributing to the development of nursing education through advanced research. It has also generated validated tools and evidence-based solutions, many stemming from European research collaborations. The Degree Programme in Health Sciences Educator graduates 15–20 nurse educators annually, with a high employment rate in educational institutions. The programme also offers international opportunities, including the long-running "Empowering Learning Environments in Nursing Education" course (10 ECTS), which attracts both Finnish and European participants.
Empowering nurse educators through a research-based degree programme is essential for ensuring high-quality healthcare education. The University of Turku's Health Pedagogy Programme is a strong example of how academic institutions can lead the way in transforming nurse educator education.

KEYWORDS: nurse educator, nursing education, nursing education research

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Spiritual care competence of Portuguese Nurses caring for palliative care patients: an observational study

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INTRODUCTION: Strengthening nurses' spiritual care competence positively influences patients' well-being, promoting comfort, meaning, and inner peace, especially in moments of vulnerability and end-of-life care. Little is known about the perception of spiritual care competence of nurses caring for palliative care patients. Aim was to analyze the competence of nurses in spiritual care provision and correlate the level of competence with personal data and education in spirituality.

MATERIAL AND METHODS: This research employed a cross-sectional survey design using convenience sampling of eligible full-time nurses who cared for patients with palliative care needs. Data collection included personal and professional information, and the Portuguese version of the Spiritual Care Competence Scale. The Helsinki Declaration was followed, and the Ethics Committee approved the study.

RESULTS AND CONCLUSIONS: A sample of 178 nurses participated in the research. Most were female (91 %), married (59 %), 51.1 % held a bachelor's degree in nursing, 38.2 % a master's degree, and 2 % PhD. Most referred a religious affiliation (82.6 %) and education in spirituality (77.5 %). On average, nurses had a good perception of their spiritual competence (100/135). Scores were higher in the competence related to attitudes in spiritual care. We found a positive low correlation between age and spiritual care competence ($r=.151$; $p<.05$), not observed with professional experience. No differences were found regarding gender or religious affiliation. Nurses with education in spirituality demonstrated higher spiritual care competence compared to those with no education. Differences were significant for Factor 2 of Spiritual care competence Scale - Person-centered care and interprofessionality ($p<0.01$). Research indicates that education in spirituality produces differences in perceived spiritual care competence. Education and training in spiritual care competence should therefore encompass the curricula to enable

nurses to recognize and integrate the spiritual dimension into care, fostering presence, empathy, and meaning in supporting patients, while cultivating their self-awareness and own spiritual self-care.

KEYWORDS: spiritual care, competence, nurses, palliative care, nursing education

Fostering Collaboration: Educational Outcomes of a Simulation-Based Interprofessional Education Workshop for Final-Year nursing and medical Students

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INTRODUCTION: Effective and safety healthcare relies on interprofessional collaboration, but undergraduate training often lacks sufficient preparation for. Simulation-based interprofessional education (IPE) can foster collaborative behaviours among healthcare students. Simulation-based interprofessional integration in curricula is inconsistent, particularly in settings like Portugal, where formal IPE activities remain scarce. Aim was to evaluate the educational impact of a single-session, simulation-based IPE workshop (LINKS) on final-year medical and nursing students, focusing on changes in self-perceived interprofessional competencies and observed team performance.

MATERIAL AND METHODS: A quasi-experimental pre–post intervention study was conducted with 43 final-year students (17 medical, 26 nursing). The LINKS workshop consisted of a four-hour interprofessional session including two co-designed high-fidelity simulation scenarios followed by structured debriefings. Mixed teams engaged in scenarios targeting non-technical skills such as communication, leadership, and teamwork. Self-perceived competencies were assessed using the Interprofessional Education Collaborative (IPEC) Competency Self-Assessment before and after the workshop. All sessions were video recorded, and team performance was independently evaluated by experts across four behavioral domains: situation awareness, interaction/cooperation, leadership, and communication.

RESULTS AND CONCLUSIONS: Participation led to statistically significant increases in self-perceived interprofessional competencies across both IPEC domains and in total scores ($p < 0.001$). Initial differences between professional groups disappeared post-intervention, indicating attitudinal convergence. Expert ratings revealed significant post-workshop improvements in situation awareness, interaction/cooperation, and communication, with positive (but non-significant) trends in leadership. The overall team performance score improved significantly from Scenario 1 to Scenario 2 ($p = 0.001$), highlighting enhanced collaborative behaviors. A single, well-structured simulation-based IPE session produced measurable gains in both perceived and observed teamwork competencies among undergraduate students. These results support integrating such workshops into curricula to foster collaboration where longitudinal IPE is not yet feasible.

KEYWORDS: interprofessional education, simulation-based education, undergraduate healthcare students, teamwork competencies

Rethinking mentoring: Results from a Qualitative Study with Portuguese Nursing Students

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INTRODUCTION: Peer mentoring has emerged as an essential pedagogical strategy in nursing education, enhancing students' integration into academic and clinical settings while providing emotional support, and facilitating professional development. Investigating how student mentors perceive and navigate the most challenging aspects of their roles, and identifying areas they believe could be improved, yields valuable insights for optimizing mentoring programmes and fostering deeper reflective learning practices. Aim was to explore nursing students' reflections on the challenges they encountered and the lessons they learned during their participation in a peer mentoring programme.

MATERIAL AND METHODS: Qualitative study with undergraduate nursing students from a public nursing school in Portugal, all of whom participated in a peer mentoring programme. Data were collected through a questionnaire containing two open-ended questions that invited students to reflect on the most demanding aspects of their mentoring experience (Q1) and to suggest what they might do differently if given the opportunity (Q2). Thematic analysis, guided by Braun and Clarke's framework, was used to identify core themes, completed by descriptive frequency analysis to support interpretation of the findings. Ethical approval was obtained.

RESULTS AND CONCLUSIONS: A total of 130 student mentors participated in the study, 11 male and 119 females. Thematic analysis revealed that the most demanding aspects (Q1) were related to time management, and communication with mentees. Time management and balancing study with mentoring responsibilities emerged as primary challenges, alongside difficulties in interpersonal and group interactions. Regarding future improvements (Q2), students emphasized the importance of engagement and interaction. Responses reflected high self-awareness and a strong orientation toward personal and professional growth. Findings underscore the value of peer mentoring in fostering reflective and interpersonal skills and highlight the importance of structured preparation and continuous support to maximise its impact in nursing education.

KEYWORDS: mentoring, mentor, nursing education

Innovating Postgraduate Maternal Health Training through Virtual and Augmented Reality: Insights from the PROGRESSION Project

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INTRODUCTION: Recent studies have shown that virtual reality (VR) and augmented reality (AR) can create simulated, interactive and replicable environments that improve skills transfer and confidence in clinical decision-making, outperforming traditional learning methods. Immersive technologies boost student motivation and offer safe, controlled spaces for practising complex procedures, which are essential for developing advanced clinical skills. By replicating authentic scenarios and providing immediate feedback, VR and AR prepare healthcare professionals to respond to clinical challenges, thereby contributing to safer, higher-quality care. Aim was to design, implement and

evaluate a structured educational programme that uses AR/VR technologies to provide postgraduate nursing students with training in maternal and obstetric health.

MATERIAL AND METHODS: The PROGRESSION consortium comprises five higher education institutions from Portugal, Germany and the Czech Republic. Experts in informatics, nursing education and clinical simulation develop a training model that integrates VR/AR-based learning. The project comprises several phases: the conception of the pedagogical framework; the development of immersive VR/AR applications; iterative testing; pilot implementation; a comprehensive evaluation; and the dissemination of outputs through scientific publications and a pedagogical handbook.

RESULTS AND CONCLUSIONS: A 16-hour training programme has been developed as a learning concept for postgraduate students of maternal and obstetric nursing. The programme includes theoretical and practical components with AR/VR-based simulation activities. It includes a pre-test to evaluate initial knowledge, an online theoretical course, VR clinical simulation scenarios, a post-test 1 to evaluate knowledge, AR clinical simulation scenarios (two weeks after the VR experience) and a post-test 2 to evaluate knowledge immediately afterwards. The PROGRESSION project aimed to address a well-documented shortcoming in midwifery training: the lack of practical training in maternal positioning techniques during labour. This approach is consistent with research from other educational fields which suggests that immersive, visualisation-enhanced learning can facilitate a deeper understanding and the acquisition of higher-order skills.

KEYWORDS: virtual reality, augmented reality, midwifery training, maternal positioning

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Simulated Patients and Immersive Virtual Reality in Nursing Education: A Feasibility Pilot for Interpersonal Skill Training

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INTRODUCTION: The nurse–patient relationship is grounded in the effective use of nurses' interpersonal skills, such as verbal and non-verbal communication, active listening, and empathy, which have long been recognised as essential learning objectives in undergraduate nursing programmes. High-fidelity simulation using Simulated Patients (SPs) and Immersive Virtual Reality (IVR) has been shown to be effective in developing these skills among nursing students, owing to the high level of sensory and psychological immersion and the realistic, real-time feedback provided during interactions with patients exhibiting complex emotional needs, thereby enhancing students' emotional engagement. However, SPs involve high costs, extensive preparation time, and reliance on the actor's ability to standardise communication, whereas IVR requires a substantial initial financial investment in technology but appears to offer greater standardisation. Aim was to develop and conduct a pilot feasibility evaluation of a single high-fidelity simulation scenario delivered to undergraduate nursing students through both SPs and IVR, aimed at fostering the development of interpersonal skills.

MATERIAL AND METHODS: A pilot RCT will be conducted with a convenience sample of 30 second-year nursing students assigned to either the SP or IVR group. The intervention will be designed in accordance with international INACSL Standards of Best Practice. Feasibility outcomes will be assessed according to Tickle-Degnen's framework, considering study processes, resources, data management, and the simulation's acceptability, through checklists and validated questionnaires for satisfaction, self-efficacy, and perceived realism. Data will be analysed pre- and post-test using descriptive statistics, with between-group and within-group analyses performed.

RESULTS AND CONCLUSIONS: This study will determine the feasibility and acceptability of a high-fidelity simulation intervention using Simulated Patients and Immersive Virtual Reality to foster interpersonal skill development in undergraduate nursing students. Findings will inform the design and implementation of a subsequent multicentre RCT, should feasibility be confirmed.

KEYWORDS: high-fidelity simulation, simulated patients, immersive virtual reality, interpersonal skills, nursing students

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Digitalizing Clinical Practice Assessment in Master's Level Nursing: An Evaluation Study

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INTRODUCTION: In Norway, specialized master's degree programs in nursing include up to 30 weeks of clinical practice, as mandated by national educational frameworks. Effective collaboration between healthcare institutions and educational institutions is essential for ensuring quality. Historically, students have used a standardized PDF assessment form, which has been criticized for technological limitations and a lack of opportunities for continuous collaboration between students and supervisors. This study aims to present the development of a digital clinical assessment tool for master's-level nursing education and explore lessons learned in strengthening collaboration with the clinical field through this quality improvement initiative.

MATERIAL AND METHODS: A digital platform (run by a private company) was chosen to host all relevant documents for the clinical practice period. Following a thorough review of assessment tools, the Assessment for Clinical Education-master (AssCE for master's programs) was implemented in the platform alongside other necessary documents. A new "self-reflection" form was also introduced, requiring students to provide reflections twice during the practice period, which are then reviewed by supervisors and educators. The development process involved collaboration with the company responsible for the digital platform, educational personnel, the department for teaching, learning and IT support, and clinical practice representatives.

RESULTS AND CONCLUSIONS: The digital solution is currently being piloted with 12 students, 24 supervisors, and 3 educators in a master's program for operating theatre nursing at two hospitals. A standardized evaluation form will be completed by participants in December 2025 to assess their experiences, alongside extracting additional data from the digital platform. Future plans include further development and implementation across other master's programs in nursing.

KEYWORDS: clinical practice assessment, digital tools, nursing education, master's programs

Educational strategies in first aid: extension actions in professional qualification courses in civil construction

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INTRODUCTION: In order to promote knowledge acquisition among students in training within the field of civil construction and, at the same time, to contribute to the development and improvement of society, different educational strategies focused on first aid were proposed as extension activities linked to a University Extension Project. Aim was to present the process undertaken by undergraduate nursing students in the development of educational strategies on first aid for students enrolled in vocational training courses.

MATERIAL AND METHODS: This is a methodological study with a longitudinal design and a qualitative approach, aimed at the development and content validation of educational strategies associated with a university extension project.

RESULTS AND CONCLUSIONS: The following learning strategies were implemented: informational videos and educational brochures focused on first aid practices. It is noteworthy that the project team included professionals from the fields of nursing, social communication, and audiovisual production, and that the content was evaluated by experts in the field between June and December 2024. The strategies stimulated creativity and engagement with different learning styles, as well as raised awareness regarding emergency responses to accidents such as electric shock, falls, and burns—incidents commonly associated with occupational activities in the construction industry. For content validation, three expert professionals were consulted: two were nurses with doctoral degrees and at least five years of teaching experience, and one held a degree in International Relations with professional experience in communication and audiovisual production. This study highlights the relevance of the topic and the need to consider diverse learning strategies. The development of these tools fostered creativity and engagement with different learning modalities, given the challenge of addressing the same content through both video series and brochure formats. For the target audience, these materials may raise awareness and support learning through diverse teaching approaches.

KEYWORDS: education, first aid, community–institution relations, assistive technology, health strategies

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Exploring Clinical Placement Education Unit experiences from the nursing bachelor's degree program at the University of Parma

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INTRODUCTION: Clinical placement is an essential element of nursing education, providing valuable opportunities to bridge theoretical learning with hands-on practice. The clinical tutoring model, in particular, has a major impact on the development of core competencies. This study aims to assess the impact of the Dedicated Education Unit (DEU) model on the quality of nursing students' teaching and learning experiences at the Piacenza Hospital, a clinical training site affiliated with the University of Parma. A secondary objective is to examine the influence of this placement model on job.

MATERIAL AND METHODS: After obtaining approval from the appropriate Ethics Committee, a mixed-methods study was conducted between June 2023 and June 2024. The participants consisted of nursing students and registered nurses working in the neuro-rehabilitation unit. Qualitative data were collected through semi-structured interviews and analysed using Braun and Clarke's thematic analysis framework. Quantitative data were gathered through the Clinical Learning Quality Evaluation Index (CLEQI) and the Clinical Tutor Competence Scale (CTCS) questionnaires and analysed using descriptive statistical techniques.

RESULTS AND CONCLUSIONS: The qualitative findings indicate that this innovative placement model fosters greater autonomy, team integration, and the enhancement of interpersonal skills. Quantitative results show that the absolute median scores for both the CTCS and CLEQI questionnaires were higher among participants in the DEU group compared with those who experienced the traditional clinical placement model. Overall, the DEU model has proven effective in improving learning outcomes and strengthening the connection between theory and practice. Nevertheless, challenges such as high student-to-staff ratios and resistance to change were identified. Further research is warranted to address these limitations and to optimise the implementation of the DEU model.

KEYWORDS: nursing students, clinical placement education unit, clinical placement

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Supporting Family Caregivers Through a MOOC: Safe Care Strategies in the Context of COVID-19

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INTRODUCTION: The COVID-19 pandemic posed significant challenges to healthcare systems, particularly affecting vulnerable populations such as the elderly and those with chronic conditions. Informal family caregivers became crucial in providing care for these individuals, often without sufficient training. In response, Massive Open Online Courses (MOOCs) emerged as a valuable tool to empower caregivers by offering them essential knowledge and skills to deliver safe home care while promoting their well-being and that of their loved ones.
The primary objective was to develop and validate a MOOC aimed at empower family caregivers with essential skills in personal and household hygiene measures to be adopted in self-care related activities, surveillance and monitoring, to enhance care quality and prevent infection during the COVID-19 pandemic.

MATERIAL AND METHODS: The study followed a two-phase methodological approach. The first phase, content for the MOOC was developed and validated by experts to ensure that the information was accurate and practical for family caregivers. In the second phase, a pilot study was conducted with a convenience sample of 33 family caregivers. Participants completed a series of assessments, including a pre- and post-MOOC knowledge questionnaire, the Family Caregiving Factors Inventory (FCFI), a sociodemographic questionnaire, and an evaluation of the course based on the Technology Acceptance Model (TAM).

RESULTS AND CONCLUSIONS: Caregivers showed a notable improvement in knowledge, with the average score rising from 14.94 (SD = 2.72) to 16.52 after completing the MOOC. The TAM evaluation indicated high levels of user satisfaction, with participants finding the course useful and easy to follow. The FCFI results demonstrated that caregivers generally had adequate knowledge, personal, and social resources to handle caregiving challenges effectively. The MOOC successfully empowered family caregivers by improving their knowledge of hygiene and infection prevention, enhancing care quality, and promoting safer caregiving environments during the pandemic. Participants reported high satisfaction and positive outcomes.

KEYWORDS: caregivers, education, mooc, covid-19, education, distance

There Is Something In Between: Theoretical Models to Interpret and Mitigate the Transition

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INTRODUCTION: Transition from university to clinical practice represents a highly emotional and transformative phase for nursing students. Frequently perceived as a shock, this period is marked by confusion, insecurity, and overload, often resulting in unsafe practices, emotional distress, and organizational challenges. Understanding theoretical frameworks and related factors is crucial to support nurses' well-being and ensure safe, high-quality care. Although multiple models describe professional transition, a systematic synthesis of theoretical approaches applied to nursing transition is still lacking. This work aimed to map and describe theoretical models and associated factors explaining the transition from nursing student to newly graduated nurse.

MATERIAL AND METHODS: A scoping review was conducted following the Joanna Briggs Institute methodology. The search strategy combined keywords and indexed terms (MeSH and specific thesauri), adapted for PubMed, CINAHL, PsycINFO, ERIC, and Scopus. Studies were eligible if they included conceptual or theoretical models applied to the transition from student to novice nurse, focusing on adaptation stress, professional identity formation, and the development of context-specific competencies. Publications in English and Italian, from 2000 onwards, were included regardless of study design, provided they were relevant to the phenomenon of transition.

RESULTS AND CONCLUSIONS: The synthesis shows that theoretical models are essential for understanding and mitigating the challenges of early professional transition. Integrating these frameworks into educational and organizational strategies can enhance professional adaptation, well-being, and retention while supporting safer care environments. Nursing education programs should adopt theory-informed approaches that accompany learners through the transition to practice, acknowledging the complexity of emotional and contextual adaptation. The findings provide a foundation for future research and simulation-based interventions aimed at reducing transition shock and fostering healthier organizational cultures.

KEYWORDS: new graduate, newly hired, nurse, transition shock, theoretical model

Unshocking the New Ones: How Simulation Supports Transition in Newly Hired Nurses. A Scoping Review

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INTRODUCTION: Transition shock (TS) describes the initial and emotionally intense phase that new graduate nurses (NGNs) and newly hired nurses (NHNs) experience when entering the workforce, characterized by uncertainty, stress, and insecurity while adapting to new responsibilities and organizational cultures. Simulation-based learning (SBL) is widely used to bridge the gap between education and practice, yet its specific contribution to mitigating TS has not been systematically examined. Existing literature highlights factors influencing transition to practice, such as socialization, professional identity, and organizational support, while undergraduate SBL studies show improved competence and confidence. However, evidence on how SBL mitigates transition shock in early professional practice remains limited. This scoping review aims to identify and describe SBL interventions designed to support transition to practice among NGNs and NHNs, to map outcomes related to TS, and to analyze theoretical, educational, and methodological approaches applied in these interventions.

MATERIAL AND METHODS: This scoping review follows Joanna Briggs Institute (JBI) methodology and PRISMA-ScR reporting standards. Extracted data will be summarized through a descriptive and narrative synthesis.

RESULTS AND CONCLUSIONS: This review will outline the main conceptual trends across the literature, examining how SBL is primarily framed to mitigate TS. The findings are expected to illustrate how different SBL modalities have been embedded within orientation and residency programs, and how they contribute to creating psychologically safe and supportive learning environments. The review aims to offer a structured overview of how SBL currently supports the reduction and mitigation of TS and to identify key directions for future research and for the development of theory-informed, organization-wide strategies to strengthen workforce adaptation and well-being.

KEYWORDS: new graduate, newly hired, nurse, transition shock, simulation

The problem-based learning applied to emergency and critical care professionals: a scoping review

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INTRODUCTION: The education processes designed for healthcare professionals, aim to facilitate the acquisition and maintenance of knowledge and skills that are found to be constantly evolving in a context of rapid and substantial changes of health organizations. Among the teaching strategies characterized by active participation of learners, the problem-based learning methodology emerges, known as Problem Based Learning (PBL). Among the clinical care areas that require and develop robust edication courses, the area of intensive care and critical area where the skills of professionals are significantly related to clinical outcomes stand out. This scoping review, aims to identify the studies of the quantitative, qualitative, mixed method desigh in which the PBL method has been used in critical and emergency area in order to identify education processes of proven effectiveness.

MATERIAL AND METHODS: This scoping review was conducted in accordance with the JBI methodology for scoping reviews. The review of literature focused between 1995 and 2025 through databases MEDLINE, CINAHL, Scopus, Web of Science, PsycINFO Google Scholar, ClinicalTrials.gov, ProQuest, ERIC and medRxiv.

RESULTS AND CONCLUSIONS: 276 articles were found and in the final step 6 were included from which the following thematic areas emerge: PBL is a methodology with high learner involvement that facilitates the retention of teaching contents, the problem to be addressed with PBL must start from realistic and authentic situations coming from field experiences, PBL facilitates cooperation between the group with a view to feeling like a multiprofessionals team. The Problem Based Learning method applied to

intensive and emergency care settings, turns out to be a way of strong involvement of learners that starting from a clinical care problem, through self-learning and group discussion, tends to hypothesize and arrive at the resolution of the problem, facilitating its application in clinical practice.

KEYWORDS: problem based learning, emergency care, intensive care, effectiveness

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Dialogues on Death and Dying: An Analysis of Nursing Students' Perceptions Using Gamification: A Cross-sectional Study

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INTRODUCTION: The end of life is a particularly delicate and complex stage, where medical, nursing, ethical, emotional, social, and spiritual aspects converge. The WHO defines palliative care as "an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, correct assessment, and treatment of pain and other problems, whether physical, psychosocial, or spiritual".
At the curricular level, palliative care occupies a small part of educational programs, sometimes even being an optional course. It is therefore necessary to provide students with spaces for reflection that allow them to work on aspects related to death to foster competencies such as communication, empathy, and compassion. In this regard, the Go Wish Cards have positioned themselves as a useful, simple, and adaptable tool for initiating conversations about values and priorities at the end of life. These cards allow students to reflect on what would be important to them in a terminal situation and, at the same time, acquire skills to explore these topics with patients in a structured and respectful manner.

MATERIAL AND METHODS: Our research seeks to analyze end-of-life values and beliefs among nursing students using the Go Wish gamification resource. This descriptive cross-sectional study utilized the Go Wish Cards (36 culturally and linguistically adapted items) as the primary gamification tool to assess end-of-life values. Sociodemographic data, spirituality/religiosity values scale (Duke Religion Index), information on previous experiences with death/terminal illness, and students' perception of the tool's utility (5-point Likert scale) were collected.

RESULTS AND CONCLUSIONS: The Conference will serve as a platform to present our results that will be further developed to construct a curriculum plan from the students' perspective and thus improve the nursing degree's curricular itinerary, and facilitate their acquisition of competences related to palliative care and their capacity to respond and sustain current and future challenges on this area as future professionals.

KEYWORDS: palliative care education, end-of-life values, nursing students

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The Role of Exercise in Fall Prevention Among Older Adults

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INTRODUCTION: As populations age, falls among older adults represent one of the most pressing public health challenges, affecting both physical independence and quality of life. Approximately one-third of adults aged 65 and older, and half of those over 80, experience at least one fall annually. Falls are the leading

cause of injury-related hospitalizations and mortality in this age group. They often result in loss of autonomy, social isolation, and reduced confidence, underscoring the importance of preventive interventions. This study aimed to explore the relationship between aging, fall risk, and the preventive role of structured exercise programs—specifically strength and balance training—on the health and independence of older adults.

MATERIAL AND METHODS: A narrative literature review was conducted using peer-reviewed sources focusing on aging physiology, risk factors for falls, and evidence-based exercise interventions. Research emphasizing strength, balance, and multimodal training was analyzed to identify effective approaches to fall prevention in community-dwelling older adults.

RESULTS AND CONCLUSIONS: Findings indicate that targeted strength and balance training significantly reduce fall risk by improving proprioception, coordination, and postural control. Exercise interventions also enhance psychological well-being by increasing confidence and reducing fear of falling. Multimodal training programs combining physical, cognitive, and sensory stimulation appear most effective in supporting functional independence and active aging. The integration of such evidence-based exercise principles into nursing and health education curricula can strengthen preventive competencies among students and future healthcare professionals.

KEYWORDS: falls, older adults, balance training, strength training, fall prevention

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Development of a Digital Toolkit for Advanced Practice Nursing Educators

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INTRODUCTION: The increasing complexity of healthcare systems and the expanding scope of advanced practice nursing (APN) require well-prepared APN educators for the programme delivery and quality. APN educators play a key role in developing students' clinical reasoning, leadership, and evidence-based practice competencies. Developing educators' specific competencies in APN requires informed and strategic approaches that address the educational demands of teaching advanced practice and supporting the transition from the general nurse role to the role of APNs. However, APN programmes are often designed and launched in countries and universities without prior faculty or national expertise in APN. Aim was to collaboratively develop a digital toolkit for APN educators to enhance educational quality and support teaching and learning.

MATERIAL AND METHODS: Planning of the Toolkit for APN educators began in October 2023, followed by several online network and small group meetings and editing and transferring the content to a website. The Toolkit for APN educators was published and received with positive feedback in spring 2024 at an event involving APNs, APN students, educators, local healthcare managers, and policymakers.

RESULTS AND CONCLUSIONS: The toolkit includes background materials, pedagogical tools, good practices, networking opportunities, and a brief guide on implementing APN education and promoting or evaluating APN roles in health care. It presents a framework for continuing professional development, an overview of APN roles and core competencies, guidance for curriculum design, APN-specific teaching methods and techniques, and assessment and evaluation approaches. The sustainability of APN education and future recommendations are also discussed. The toolkit is freely available online for all interested APN educators. The collaboratively developed toolkit provides practical guidance on APN roles, curriculum design, teaching strategies, and assessment

methods for APN educators. It reflects the collective expertise of its contributors and offers forward-looking strategies to ensure the continued relevance and sustainability of APN education.

KEYWORDS: APN, ANP, educator, Advanced Practice Nursing, teaching

Impact of multidisciplinary training on caregivers' skills and care burden in patients with acquired brain injury: a prospective observational study

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INTRODUCTION: Patients with severe acquired brain injury (SABI) often present disabilities that significantly affect their caregivers' well-being, exposing them to high levels of stress. A lack of specific caregiving skills may lead to psychological distress; training is a key factor in maintaining caregivers' physical and mental health in the long term. Aim was to assess the perceived preparedness of SABI patients' caregivers at the end of a multidisciplinary training program, and to evaluate perceived caregiver burden over 12 months following hospital discharge.

MATERIAL AND METHODS: This prospective observational study included caregivers aged ≥ 18 years who were involved in home care and provided written informed consent. During inpatient care, caregivers participated in a structured, multidisciplinary training program developed by an interprofessional team of physicians, nurses, physiotherapists, psychologists, and occupational therapists to enhance shared learning and collaboration. Caregiver preparedness was assessed using the Preparedness for Caregiving Scale (PCS), and caregiver burden was evaluated at 1 to 12 months post-discharge using the Caregiver Burden Inventory (CBI). Additionally, the healthcare team assessed caregivers' autonomy in performing care procedures using a structured checklist. Descriptive statistics and paired Student's t-tests were performed.

RESULTS AND CONCLUSIONS: 31 caregivers were enrolled (mean age 50.9±12.9 years; 58.1 % female; 54.8 % spouses). The average training duration was 2.8 hours (SD = 3.67); 71 % felt prepared to manage physical needs, 65 % emotional needs, and 80.6 % organizational aspects. Overall, 61.3 % achieved autonomy in performing care procedures. The mean CBI score decreased significantly from 23.48 ± 19.62 to 18.09 ± 16.30 ($p < 0.05$), indicating a reduction in caregiver burden. The results highlight improved caregiver adaptation and competence, along with a gradual decrease in care burden associated with multidisciplinary training.

KEYWORDS: severe acquired brain injury, caregiving, teamwork

Interprofessional assessment of exercise tolerance after allogeneic transplantation: an observational study

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INTRODUCTION: Allogeneic Haematopoietic Stem Cell Transplantation (HSCT) represents a curative treatment strategy; however, it entails a physical and psychological burden, leading to an increased risk of complications

and a reduced quality of life. In this complex care setting, interprofessional collaboration is essential to ensure continuity of care and effective rehabilitation. Aim was to assess exercise tolerance and the severity of depressive symptoms associated with hospitalisation in HSCT patients, from the first day of admission to the pre-discharge phase.

MATERIAL AND METHODS: In this observational study, patients aged 18-70 years undergoing HSCT at a hospital in Northern Italy were enrolled. Patients affected by psychiatric disorders or unable to maintain an upright posture were excluded. Functional status was jointly assessed by a nurse and a physiotherapist at hospital admission (T0) and pre-discharge (T1, day 28) using the 1-Minute Sit-to-Stand Test (1MSTS) and the Borg Scale (BS). Depressive symptoms were evaluated with the Hospital Anxiety and Depression Scale (HADS). Statistical analysis included descriptive evaluations and comparisons between T0 and T1 using the paired Student's t-test or Wilcoxon test, according to data distribution.

RESULTS AND CONCLUSIONS: The study is ongoing. To date, 18 patients have been enrolled (9 females; mean age: 58.8 years). The 1MSTS showed a decline in performance from T0 (mean repetitions: 23.1) to T1 (mean repetitions: 18.7; $p < 0.00025$), corresponding to a 19.05 % reduction. Linear regression analysis indicated that gender and baseline performance influenced T1 results. The Borg Scale also showed significant differences between T0 and T1 ($p < 0.0021$). HADS scores did not reveal clinically relevant changes. Preliminary data support the importance of early and joint functional assessment. Strengthening multidisciplinary collaboration within complex care settings is essential to promote shared decision-making processes and optimise patient-centred care.

KEYWORDS: stem cell transplantation, rehabilitation, teamwork

Simulated Patient Education (SP) for Active Learning of Communication Skills in Nursing Education

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INTRODUCTION: Simulated Patient (SP) Education is a simulation-based educational strategy that enables the active involvement of standardized and/or simulated patients. SP represents an effective educational strategy to promote the development of non-technical skills. Thus, this project aims to present the development and implementation of an SP-based educational experience designed to evaluate the effectiveness of SP in enhancing communication competence among nursing students at the University of Pavia (Italy). This project has two main objectives: a) to improve nursing students' self-assessment of their communication competence through SP experiences; and b) to enhance the quality of students' learning environments. Validated and reliable instruments will be: the Global Interprofessional

Therapeutic Communication Scale (GITICS) and the Simulation-Based Training Quality.

MATERIAL AND METHODS: The project is structured in three phases: education (Plan), implementation (Do), and evaluation (Check).

- In the education phase (November 2025 – January 2026), four training sessions will be provided to facilitators (n=20) and actors (n=4) involved in the SP, following the COMCARE Framework and principles of therapeutic communication.
- In the implementation phase (February – May 2026), four scenarios will be developed focusing on situations with high emotional demands where communication competence is essential, developing all materials useful for SP, like scripts. A total of 160 final-year nursing students will participate.
- In the evaluation phase (June 2026), debriefing and dissemination activities will be conducted to assess learning outcomes.

RESULTS AND CONCLUSIONS: Communication will be considered therapeutic when the evaluations from facilitators, nursing students, and simulated patients/actors converge in a shared assessment during the SP experience. Therefore, this will be measured using both qualitative and quantitative approaches, respectively through debriefing activities and by computing inter-rater agreement among facilitators, nursing students and simulated patients. The results of this pilot study could be scaled up to other national simulation centers, promoting the development of communication competence in nursing education.

KEYWORDS: communication; simulation; simulated patient; self-assessment; education

All Together Stronger

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INTRODUCTION: One of the fundamental principles of medicine is the principle of "first, do no harm." One of the indicators that enhances patient safety and the quality of healthcare is teams of healthcare professionals who work collaboratively. Safe working processes are only possible through collective, rather than individual, work awareness (1). The ability to work in teams that support high-quality patient care requires possessing certain skills. In this context, Hacettepe University developed program to raise awareness about interprofessional collaboration and patient safety, specifically within the health sciences faculties. The aim in the initial phase was to ensure that medical school students gained knowledge and awareness about ICPS and were able to demonstrate the appropriate attitudes and behaviors for their roles and responsibilities in environments requiring collaboration. Simulation-based education is conducted to facilitate learning among Nutrition and Dietetics students and medical students, enabling them to learn from each other and about each other. The aim of this study is to gather the opinions of third-year medical students and final-year dietetics students who participate in practices, which are part of ICPSP, regarding the program.

MATERIAL AND METHODS: Since this study will address students' current opinions on the ongoing program, it is a descriptive research design. A student opinion survey and focus group interviews prepared by the researchers will be used as data collection tools.

RESULTS AND CONCLUSIONS: Data continues to be collected from students in two separate departments. The systematic process of collecting and evaluating information about the effectiveness and quality of educational programs is defined as program evaluation (2). This dynamic process, which includes many components, requires periodic evaluation. The evaluation of this program, which has been running for ten years and has been a pioneer in many areas, is critical for supporting the development of interprofessional collaboration programs.

KEYWORDS: collaboration, interprofessional learning, learning together, students, curriculum

Evaluating a Continuing Education Programme on Climate and Health

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INTRODUCTION: Climate change presents major health challenges that require new competencies in nursing. Nurses need evidence-based knowledge and practical tools to recognise and manage climate-related health impacts and to implement sustainable care practices. To respond to these emerging educational needs, a research-informed continuing education programme on climate and health was developed in LAB university of applied sciences. This study evaluated the programme's effectiveness in developing climate–health competencies and explored participants' experiences of its structure, pedagogy, and relevance to professional practice.

MATERIAL AND METHODS: A mixed-method design was applied, combining a baseline survey (n = 34), classroom observations, and semi-structured interviews (n = 6). Quantitative data were analysed descriptively, and qualitative data through thematic analysis focusing on knowledge, attitudes, emotional engagement, and practical application.

RESULTS AND CONCLUSIONS: The programme enhanced participants' understanding of the health impacts of climate change and strengthened their ability to apply evidence-based knowledge in professional contexts. Participants valued the course's structured design, expert-led lectures, and reflective tasks that linked theory with practice. Active and collaborative learning methods supported ethical reflection and motivation to integrate sustainability into nursing practice. Challenges included limited organisational support and time constraints in applying new competencies at work. Findings highlight the importance of coherent, research-informed continuing education in ensuring quality and relevance in nursing curricula. Integrating climate–health content into accreditation and professional development frameworks can advance evidence-based, future-oriented nursing education across Europe.

KEYWORDS: climate change, planetary health, nursing education

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A Framework for Teaching Climate Change and Health in Nursing

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INTRODUCTION: Climate change poses an increasing threat to health and challenges the nursing profession to adapt its education and practice. Nursing education must equip future professionals with the knowledge, skills, and transversal competencies needed to address complex, interprofessional, and sustainability-related health challenges. This study aimed to develop a framework to guide the integration of climate change and health content into nursing education.

MATERIAL AND METHODS: A multi-method research design was employed, including
1) a qualitative study of Finnish nurses' experiences of climate-related health effects
2) a scoping review of global nursing education on climate and health, and
3) a cross-sectional survey comparing climate–health literacy among Finnish and U.S. nursing students. Findings were synthesized into the Climate Change and Health Framework for Nursing (CCHF-N).

RESULTS AND CONCLUSIONS: The CCHF-N identifies five interrelated domains essential for teaching climate change and health:

understanding climate-related health impacts, curriculum and pedagogy, climate awareness and motivation, sustainable nursing practice, and cultural and contextual responsiveness. Together, these domains provide a pedagogical structure for integrating planetary health perspectives into nursing curricula and fostering interprofessional and reflective learning. The framework offers a foundation for embedding climate change and health into nursing education in a coherent and competence-oriented way. It supports educators in developing learning environments that prepare nurses to respond collaboratively and effectively to the health challenges of a changing planet.

KEYWORDS: climate change, planetary health, nursing education, framework

The reflective learning portfolio as a tool to foster resilience skills in nursing education

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INTRODUCTION: Nursing education exposes students to multiple stressors that challenge their emotional balance and perseverance. Strengthening resilience is therefore essential to sustain well-being and learning engagement. Reflective writing within learning portfolios may promote the development of resilience by helping students process difficult experiences and mobilize adaptive mechanisms. This study aimed to explore how the reflective learning portfolio contributes to the development of resilience competencies among preparatory health-science students aspiring to a nursing bachelor's degree.

MATERIAL AND METHODS: A qualitative design based on six semi-structured interviews was conducted with first-year preparatory students at a Swiss University of Applied Sciences. Thematic analysis, supported by NVivo, identified resilience mechanisms, competencies, and defense processes emerging from students' reflections. Ethical standards for confidentiality and informed consent were observed.

RESULTS AND CONCLUSIONS: Findings revealed that reflective portfolios facilitated emotional regulation, self-awareness, and mentalization processes through mature defense mechanisms such as rationalization, sublimation, and humor. Students described enhanced communication, flexibility, and problem-solving skills, reinforcing their confidence and adaptive capacity. However, the pedagogical guidance of educators was crucial to prevent potential emotional overload. The study highlights reflective writing as a humanistic and psycho-spiritual pedagogical practice that transforms vulnerability into personal growth and professional resilience. Further longitudinal research should examine how these competencies evolve throughout nursing training.

KEYWORDS: reflective writing, resilience, nursing students, learning portfolio, qualitative research

Interprofessional education programmes with a public health objective for health students around the world: A Scoping Review

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INTRODUCTION: 21 November 1986 the international health promotion conference adopted the Ottawa Charter. It has defined guidelines for public health promotion for the 2000s. Since then, each country has developed health promotion programs in their political plans, because the population is aging with degenerative diseases, there is a resurgence

of cancer, also zoonosis and an increase of natural disasters. The World Health Organisation (WHO) estimates that there will be a shortfall of 10 million healthcare professionals by 2030. One of these solutions is to work together for better health. Interprofessional education (IPE) for carers is the first step to reduce health issues by enabling effective collaboration to improve patient outcomes. The WHO has defined IPE as when two or more students learn together to collaborate and improve health. In France, a national IPE program exists. Students of medicine, nursing, pharmacy, physiotherapy, midwifery and dentistry must collaborate to develop a health action plan for a specific public. This scoping review aims to map all interprofessional education programmes where healthcare students implement a public health action, and to list the associated challenges and facilitators.

MATERIAL AND METHODS: The scoping review protocol is registered on open science framework (https://osf.io/jh2nw). We have developed a comprehensive search strategy for Medline, CINAHL, APA PsycArticles, Global Health, Education Sources Ultimate et EMBASE.

RESULTS AND CONCLUSIONS: 113 articles were included. Different countries were represented, mostly northern countries like the USA, Australia. The actions focused on varied public health themes (chronic diseases, community health, geriatrics). Not all programs are mandatory; they include students from between 2 and 15 different fields and can last between 2 hours and 4 years. The authors note difficulties in implementing these programs with schedules, communication, and pedagogical commitment.

KEYWORDS: interprofessional education programmes, health students, public health

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Impact of the SARS-CoV-2 Pandemic on Student Success in a Brazilian Federal University Nursing Program

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INTRODUCTION: The current professional nursing education curriculum in Brazil must encompass the profession's trajectory as both an assisting action and a social practice in the health field—integrating teaching, research, and outreach. This training must be committed to humanized care within the scope of the Unified Health System (SUS) and Public Health Policies. Aim: To analyze the indicators related to the Graduation Success Rate (GSR) of students enrolled in the undergraduate nursing program.

MATERIAL AND METHODS: This is a descriptive, correlational, quantitative study conducted in the undergraduate nursing program of a Federal University. Data was accessed from the institutional student registration system. The probabilistic sample included student data from the 2020 to 2024 cohorts. Students with insufficient data and those who dropped out in the first semester were excluded.

RESULTS AND CONCLUSIONS: Between 2020 and 2024, the program registered a total of 574 incoming students and 337 graduates. The Overall Graduation Success Rate (GSR) varied over the years, reflecting the impact of academic and institutional conditions during the period. The rates were: 2020 – 42.51 %, 2021 – 75.92 %, 2022 – 43.08 %, 2023 – 70.75 %, and 2024 – 58.7 %. GSR variation indicates that non-completers' university withdrawal may be associated with the SARS-CoV-19 pandemic period. Conclusions: The research highlights the effects of SARS-CoV-2 on a Brazilian institution, notably the pedagogical challenges that necessitated new routines. Impact mitigation on the Overall Success Rate, despite observed fluctuation, suggests effective

faculty adaptation. These findings underline the importance of multifaceted variables (individual, institutional, socioeconomic, and academic) in evaluating student achievement and developing inclusive educational policies.

KEYWORDS: education, nursing, unified health system, academic success, pandemics

Transforming Lives: Professional Qualification and Empowerment of Women in Vulnerability in Rio de Janeiro, Brazil

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INTRODUCTION: In Brazil, women face significant social vulnerability, particularly regarding situations of violence. Over the past five years, there has been an increase in all forms of non-lethal violence and a 13 % rise in femicide, with financial dependence as a major contributing factor. In this context, the Caravana + Qualifica Rio project, from IBRATEC, was created to provide professional training for women in situations of vulnerability and victims of violence in the state of Rio de Janeiro. Aim: To describe the extensions activities and analyze the social, educational, and economic impacts of professional qualification courses offered to young and adult women in vulnerable situations.

MATERIAL AND METHODS: Descriptive, exploratory, cross-sectional research with a mixed-methods approach. The project was implemented in 24 municipalities and three fixed centers in the city of Rio de Janeiro, each offering four courses. Participants were adult women enrolled in the qualification programs.

RESULTS AND CONCLUSIONS: A total of 1,711 women completed professional training courses and participated in weekly extension activities covering topics such as women's health, empowerment, digital inclusion, social rights, and public policies. The actions were conducted by a multidisciplinary team of professors and students from Nursing, Administration, Law, and Library Science programs at undergraduate and graduate levels. The project strengthened local assistance and human rights networks, expanding access to professional training policies for vulnerable populations. Health education activities promoted improvements in quality of life through guidance on sexual and reproductive health, rights awareness, and self-care practices. These initiatives fostered empowerment, autonomy, and self-esteem among participants, contributing to their social inclusion and financial independence.

KEYWORDS: violence against women, professional training, women's health, empowerment, interdisciplinary research

Effectiveness of a Composite Educational Intervention on Evidence-Based Practice Learning among Nursing Students: A Quasi-Experimental Study

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INTRODUCTION: Evidence-Based Practice (EBP) has been recognized by major health organizations as a key element to ensure quality of care and a core professional competence for nurses. However, EBP teaching within nursing curricula remains highly variable. Recent literature highlights the limited effectiveness of traditional lecture-based models and the potential of innovative, student-centered approaches such as Flipped Classroom and Team-Based Learning (TBL). Aim was to evaluate the effectiveness of a composite educational

intervention, combining TBL and other active learning methods, on EBP learning outcomes among undergraduate nursing students.

MATERIAL AND METHODS: A quasi-experimental pre-post study was conducted in a Northern Italian Bachelor of Nursing programme during the 2023–2024 academic year. The educational intervention consisted of 30 hours of in-class teaching and 40 hours of individual study, integrating interactive lectures, group exercises, seminars, and TBL sessions. Data were collected using the Italian validated version of the Evidence-Based Practice Competence Questionnaire (EBP-COQ), assessing attitudes, skills, and knowledge.

RESULTS AND CONCLUSIONS: A total of 119 students completed both the pre- and post- intervention assessments and were included in the analysis. Statistically significant improvements were observed across all three EBP-COQ dimensions: attitudes (mean pre 48.29±6.5; post 52.98±7; p<.001), skills (pre 16.55±3.9; post 20.76±3.6; p<.001), and knowledge (pre 14.92±3.8; post 22.08±3.7; p<.001). Effect sizes indicated medium to large improvements across all EBP-COQ domains (Cohen's d = 0.59–1.43). The findings support the effectiveness of blended, interactive teaching strategies in enhancing EBP competences in nursing education. This approach may guide nurse educators in designing learning experiences that promote critical thinking, evidence-based reasoning, and lifelong learning skills.

KEYWORDS: evidence-based practice, nursing education, flipped classroom, team-based learning, student-centered pedagogy

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Compassionate engagement and action among nursing students: a descriptive study

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INTRODUCTION: Compassion is characterized by a deliberate sensitivity to suffering, accompanied by a drive and determination to alleviate it, which can positively influence persons' emotional and psychological well-being. Compassionate care reduces treatment durations, enhances provider well-being, elevates nurses' sense of worth and drive to deliver superior care, and positively influences patients' health experiences. This study aimed to examine the levels of death attitudes, self-compassion, compassion for others, compassion received from others, and their association among nursing students.

MATERIAL AND METHODS: A cross-sectional correlational study was conducted at the Faculty of Nursing, Polytechnic University of Leiria, in Portugal. Participants were selected based on the following criteria: (a) engaged in undergraduate studies, and (b) being a four-year nursing student. The instrument of data collection includes the Portuguese versions of the Death Attitude Profile-Revised (DAP-R) and the Compassionate Attributes and Actions Scale (CAAS), which aim to assess compassion in three directions: self-compassion, compassion for others, and compassion received from others. Each dimension contains two sections: attributes and actions.

RESULTS AND CONCLUSIONS: A total of 210 senior nursing undergraduates, aged 20 to 38 years (mean 22.58±3.06), participated in the study. The higher mean score for CAAS was found in the dimension "compassion for others" in terms of attributes and actions, with values between 7.46 and 7.24, respectively. Regarding attitudes towards death, the overall mean value was 121.98±20.74 (range: 32-224), revealing positive attitudes. The total score of CAAS was positively correlated with students' age, self-compassion, compassion for others, and the compassion received from others ($p < 0.001$). Otherwise,

the total of CAAS was negatively correlated with death attitudes ($p<0.001$). Development programs aimed at cultivating compassion training are recommended to mitigate nursing students' negative attitudes towards death and to elevate their compassion competence. Besides, interventions aimed at alleviating nurses' fear of death may enhance their skills in this area.

KEYWORDS: compassion, self-compassion, attitudes to death, nursing students

"Twin a Nurse": How mentoring empowers nursing students at the University of Luxembourg

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INTRODUCTION: The nursing profession faces a critical shortage, with an estimated six million nurses missing worldwide. This shortage impacts healthcare systems everywhere and is worsened by an aging workforce, rising retirements, and high levels of burnout. Stress and workload affect not only practicing nurses but also students, threatening their motivation, well-being, and future careers. To address these challenges, the University of Luxembourg launched "Twin a Nurse" — a mentoring program providing students with personal and professional support. Its goals are to help students manage stress and fatigue through one-on-one mentorship, enhance language skills for Luxembourg's multilingual healthcare context, and recognize mentors' experience, allowing them to guide and inspire future nurses. The program strengthens student resilience while giving mentors a rewarding way to share their knowledge and contribute to the profession.

MATERIAL AND METHODS: This mixed-methods pilot study evaluated the program's impact on students' self-esteem and overall experience. Questionnaires measured self-esteem, while qualitative interviews with students and mentors explored perceptions of the program and its effects.

RESULTS AND CONCLUSIONS: Students report that having a mentor helps them feel more confident and better equipped to face both academic and clinical challenges. Many say that this support was crucial to completing their studies and managing feelings of exhaustion. Mentors, in turn, describe the experience as deeply rewarding. They feel valued and proud to share their experience and knowledge that once guided them as students. For many, mentoring awakens their sense of purpose and helps them see their professional experience as part of the solution to the nursing shortage. Overall, "Twin a Nurse" helps reduce burnout and strengthens the resilience of nursing students. By building supportive, multilingual connections between generations of nurses, the program fosters a sense of belonging and professional pride — offering a model that could inspire similar initiatives worldwide to help ease the global nursing crisis.

KEYWORDS: mentoring, resilience, self-esteem

Evolving meanings of nursing care: a phenomenological hermeneutic study on how Italian nurse educators redefine nursing over time

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INTRODUCTION: Nursing care is a historically and culturally situated concept that evolves alongside societal changes, professional development, and educational frameworks. Nurse educators play a pivotal role in shaping and transmitting the meaning of nursing, acting as interpreters of both disciplinary evolution and cultural transformation. In Italy, recent social, educational, and legislative changes, together with the impact of the COVID-19 pandemic, have stimulated renewed reflection on what nursing care truly represents today.
Aim was to explore how nurse educators perceive the meaning of nursing care and how this meaning has changed over time, tracing its evolution through personal and professional narratives.

MATERIAL AND METHODS: This study adopted a phenomenological hermeneutic design following Cohen's approach. Twenty-seven nurse educators teaching disciplinary courses at two Italian universities were interviewed through in-depth, semi-structured interviews. Data were transcribed verbatim and analyzed inductively, through iterative coding and interpretive reflection. Rigour was ensured through reflexivity, triangulation, and participant validation. This abstract presents preliminary findings from the second analytical objective of the RINATI study.

RESULTS AND CONCLUSIONS: Preliminary analysis suggests a dynamic redefinition of nursing care across three historical-cultural transitions: (1) From dependency to autonomy, the shift from a subordinate technical role to professional decision-making; (2) From doing to being with, an emerging emphasis on relational and ethical dimensions; (3) From task to meaning, a progressive re-conceptualization of nursing as a moral and intellectual practice integrating science, care, critical thinking and responsibility. Across narratives, educators also highlighted the impact of recent cultural and technological changes which challenge but also enrich the contemporary meaning of nursing care. The narratives of nurse educators reveal how the concept of nursing care has evolved in dialogue with historical changes and educational paradigms. These preliminary findings will be presented, highlighting implications for strengthening professional identity and for the renewal of nursing education frameworks.

KEYWORDS: professional identity, evolution of care, nurse educator, nursing definition, phenomenological research

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Developing competencies for interprofessional collaboration in nursing students: a mixed-methods evaluation of a longitudinal core curriculum (interEdu)

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INTRODUCTION: Interprofessional education (IPE) is considered essential to prepare healthcare professionals for collaboration. A longitudinal core curriculum was developed to systematically foster interprofessional competencies in vocational training and first-cycle higher education in nursing. The curriculum contained three modules (higher education) and nine units (vocational training) and was made available to educational institutions for implementation and evaluation. This mixed-methods pre-post study explored nursing students' perceived learning outcomes at Kirkpatrick level 2.

MATERIAL AND METHODS: Three universities with Bachelor's degree programs in nursing and four vocational nursing schools

implemented the curriculum over 12 months. Data on IPE experience in the last 12 months, interprofessional socialization and valuing (ISVS-21), as well as competencies for interprofessional collaboration and person-centeredness were collected at baseline (T0), six (T1), and twelve months (T2) using standardized surveys. Implementational activities were documented by the study team during implementation. Subjective learning achievements were assessed via open-ended questionnaires after IPE courses. Quantitative data were analyzed using t-tests and linear regression. Qualitative data underwent content analysis with response quantification.

RESULTS AND CONCLUSIONS: While all three modules for higher education were implemented, only four of nine units were realized in vocational training. In total, 116 (T0) and 154 (T2) students participated in the surveys. t-tests for unpaired samples showed that in comparison of T0 to T2 competencies for interprofessional collaboration (-2.7 [-3.3, -2.1], $p < .001$) and competencies for person-centeredness (-8.4 [-9.0, -7.7], $p < .001$) improved significantly. In contrast, ISVS-21 scores showed no significant change (-0.1 [-0.4, 0.2], $p = .53$). Linear regression showed that the extent of IPE experience influenced all outcomes. Following IPE courses students most frequently reported gains in role awareness, including perspective-taking and reducing prejudices. In conclusion, the interEdu curriculum could not be implemented in its entirety but lead to a small improvement in students' interprofessional competencies.

KEYWORDS: interprofessional education, nursing education, curriculum evaluation, online survey, mixed methods

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Development and Validation of a Mobile Application for Clinical Nursing: A Three-Phase Study

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INTRODUCTION: Clinical placements are a fundamental component of nursing education, as they enable students to integrate theoretical knowledge with practical skills. However, the management and documentation of clinical experiences are often based on heterogeneous or paper-based systems, which can hinder effective feedback, reflective practice and communication between students and mentors. Mobile learning (m-Learning) technologies offer a promising solution, providing a structured and ubiquitous platform to planning, documentation (e.g., e-logs) and just-in-time educational support, potentially improving both the pedagogical quality and the overall effectiveness of nursing placements. Aim was to design and develop a validated prototype of a mobile application for clinical training, that supports learning path planning, encourages critical reflection and enables two-way communication between students and mentors, establishing a rigorous protocol to assess its educational impact.

MATERIAL AND METHODS: The pilot study is structured in three phases: (1) participatory co-design with students and mentors to identify learning needs and desired features; (2) iterative prototype development using an agile methodology, with Flutter (front-end) and Firebase (back-end); (3) implementation of a quasi-experimental research protocol to evaluate the App's usability, students engagement and educational impact. Methods include qualitative thematic analysis (phase 1), validated technical (unit, integration, functionality) and usability testing (e.g., System Usability Scale) of the prototype (phases 2 and 3).

RESULTS AND CONCLUSIONS: The co-design phase has been completed, providing preliminary insights into key functional and pedagogical requirements. A functional prototype ("Demo") is currently under development and undergoing

initial usability testing. Phase 3 is in preparation, following a quasi-experimental design aimed at assessing the potential impact of the application on active learning, reflective practice, and mentor-student communication. This ongoing project lays the groundwork for developing digital tools based on the assessment of educational and pedagogical needs within nursing placements, promoting the sustainable integration of technologies into nursing education.

KEYWORDS: nursing education, clinical clerkship, digital learning, reflection, user-centered design

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E-Portfolio in Healthcare Professional Education: Structure, Functionality and Educational Value. A narrative review

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INTRODUCTION: In healthcare professional education, promoting critical thinking and reflective writing is key to developing clinical competencies. However, many students struggle to use writing as a tool for learning and self-assessment. E-portfolios, digital platforms designed for documentation and structured reflection on learning experiences, are increasingly used in nursing and healthcare education. Despite this growing popularity, there is little scientific evidence on how their design and pedagogical integration influence learning outcomes and curriculum innovation. Aim was To explore the structure, functionality and educational applications of e-portfolios in healthcare professional training, emphasizing their role in supporting critical reflection and the achievement of learning outcomes.

MATERIAL AND METHODS: A narrative literature review was conducted according to SANRA guidelines. The bibliographic search carried out in the PubMed, Web of Science, Scopus and CINAHL databases, including articles published between 2014 and 2024. The search terms used were: "healthcare students", "electronic portfolio", "reflection" and "learning outcomes". From the initial selection of 424 articles, 56 were selected for full-text reading and 12 were included in the final analysis. The data were narratively summarized, focusing on the structure of the e-portfolio, pedagogical functions and educational outcomes.

RESULTS AND CONCLUSIONS: Text for content presentation Results and Conclusions. The studies examined describe e-portfolio models characterized by customizable templates, spaces for guided reflection, feedback mechanisms and assessment rubrics. The main advantages include improved critical thinking, professional identity building and greater student engagement. The main challenges relate to technological barriers, variability in use and superficial reflections. E-portfolios prove to be effective tools for enhancing reflective learning and professional growth when they are based on pedagogically principles, user-friendly and integrated into structured educational strategies. Their adoption supports innovation in curriculum and requires adequate preparation of both students and educators. These findings provide useful guidance for nurse educators and directions for future research to define best-practice models in diverse educational contexts.

KEYWORDS: electronic portfolio, reflective practice, clinical competence, educational innovation, logbook

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Reflective Ability as a Foundation for Professional Development in Nursing

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INTRODUCTION: Reflective ability is essential for continuous learning, clinical judgement, and professional identity formation in nursing. It enables nurses to review their actions, integrate new insights, and enhance patient care. Supporting the development of reflection is therefore considered an important educational and organisational responsibility. The aim of this study was to assess the level of reflective ability among registered nurses and explore associations with selected demographic and professional variables.

MATERIAL AND METHODS: A cross-sectional descriptive study was conducted among 132 registered nurses employed in secondary healthcare services in Slovenia. Reflective ability was measured using the 19-item Reflective Ability Scale (three dimensions: Recall, Reflect, Expand). Data were collected online. Due to non-normal distribution, non-parametric tests were applied: the Mann–Whitney U test and Kruskal–Wallis test for group comparisons, and Spearman's rho for correlations. Statistical significance was set at $p < 0.05$.

RESULTS AND CONCLUSIONS: Participants demonstrated moderate to high overall reflective ability (Median = 72.0; IQR = 10.3). The highest scoring dimension was Recall (Median = 4.0), followed by Expand (3.8) and Reflect (3.6). Nurses with ≥10 years of experience had significantly higher reflective ability compared with less experienced colleagues ($U = 1287.0$, $p = 0.016$). Those who had previously participated in reflective training or clinical supervision scored higher on the Reflect dimension ($p = 0.009$). No significant differences were found between clinical settings ($H = 3.12$, $p = 0.210$). The findings emphasise the need to embed structured reflection and clinical supervision as standard components of continuing professional development in secondary healthcare services. Strengthening reflective ability may support better decision-making, emotional resilience, and safer patient care. Investing in nurses' reflective competence is therefore essential for sustaining professional growth and maintaining high-quality nursing practice.

KEYWORDS: reflective ability, reflective practice, professional development, nursing workforce, clinical learning

Capacity for Compassion and the Risk of Burnout in the Residential Care Workforce

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INTRODUCTION: Compassion is a fundamental ethical principle in nursing and contributes to person-centred care in residential long-term care settings. It is also regarded as a key element of nurses' professional identity. However, prolonged exposure to emotional demands may compromise compassion and increase the risk of burnout. The aim of this study was to assess the level of compassion capacity and burnout among care staff and to explore the association between these variables.

MATERIAL AND METHODS: A quantitative, non-experimental cross-sectional study was conducted among staff employed in five Slovenian residential care facilities. The sample comprised 128 participants (77.3 % female; mean age 41.8 ± 10.6 years), including nurses, nursing assistants and other care providers. The Capacity for Compassion Scale (17 items; four dimensions) and the Maslach Burnout Inventory – Human Services Survey were used. Data were collected online. Normality was assessed, and appropriate non-parametric tests were applied. Statistical significance was set at $p < 0.05$.

RESULTS AND CONCLUSIONS: Participants demonstrated moderate levels of compassion capacity ($M = 67.9 \pm 7.4$), with the highest scores in the presence dimension. Burnout levels were moderate overall, with emotional exhaustion showing the highest mean ($M = 24.6 \pm 10.2$). A significant negative correlation

was found between compassion capacity and burnout ($r = -0.32$, $p = 0.001$), indicating that lower compassion capacity is associated with higher burnout levels. Staff with more than ten years of experience reported significantly higher compassion capacity than less experienced colleagues ($p = 0.012$).
Conclusions: These findings highlight the need for organisational strategies that actively sustain compassion and reduce the risk of burnout in residential care. Integrating compassion-enhancing initiatives, supportive leadership, and reflective supervision into daily practice may strengthen resilience and preserve the core values of nursing in long-term care settings.

KEYWORDS: compassion, burnout, long-term care, nursing staff, professional values

Detection and reporting of accidental falls at home: introduction of a validated form in the AUSL of Piacenza

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INTRODUCTION: Accidental falls are a critical event, especially for elderly individuals or those with chronic conditions, and can have significant consequences for the patient. Therefore, it is essential to develop effective strategies to monitor and prevent such incidents, thus ensuring the safety and well-being of patients. The prevention of falls in hospitals is regulated at the national and regional levels, but not for community or home settings. This study aims to analyze the context of Piacenza using a validated scale in order to manage and prevent falls even at the patient's home.

MATERIAL AND METHODS: A prospective observational study was conducted in the Piacenza area using a validated tool from Piemonte. The study was approved by the Ethical Committee and the Company Authorization and involves the enrollment of 550 patients.

RESULTS AND CONCLUSIONS: The study revealed that the implementation of the validated scale demonstrated significant adaptability to the home care context of Piacenza. Feedback from nursing personnel indicated that the tool effectively identified risk factors for falls and improved reporting of actual falls, both minor and severe. The analysis highlighted key risk factors, including environmental factors, previous fall history, mobility with aids, and polypharmacy. The results of this study have raised awareness among nursing staff regarding fall risks and have improved the reporting of falls and near misses. The validated tool can be integrated into the home care practice, facilitating documentation and guiding preventative interventions. Training for staff on proper use of the tool and basic fall prevention principles is crucial. Future research should focus on the effectiveness and completeness of the tool's indices, as well as its impact on practice, organization, and health outcomes. This initiative could lead to personalized care strategies aimed at reducing fall recurrence, ultimately enhancing patient safety in the home setting.

KEYWORDS: accidental falls, nurse assessment, home, risk management, reporting

Electrocardiogram Interpretation Skills Among Nursing Students and Critical Care Nurses: A Cross-Sectional Study

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INTRODUCTION: Early and accurate electrocardiogram (ECG) interpretation is a critical nursing competence, particularly in the management of life-threatening cardiac conditions. Despite its relevance across care settings, variability in ECG interpretation skills among nursing students and practicing nurses persists. Incorporating ECG-related learning strategies into nursing curricula is essential to ensure safe clinical practice. The aim is to evaluate the competence in ECG interpretation among nursing students across the three academic years and to compare the performance of final-year students with that of experienced critical care nurses.

MATERIAL AND METHODS: A cross-sectional observational study was conducted using a validated, two-part instrument to assess theoretical knowledge (15 true/false questions) and practical ECG interpretation skills (11 ECG tracings). Participants included nursing students from the first, second and third years of their degree, as well as nurses working in emergency and critical care settings. Data were analysed using non-parametric tests (Chi-square/Fisher's exact and Mann-Whitney). A p-value <0.05 was considered significant.

RESULTS AND CONCLUSIONS: A total of 124 responses were analysed, from 83 students and 41 nurses. Progressive improvement in median scores was observed from first- to third-year students (from 11.5 to 15 correct answers), indicating positive learning progression throughout the curriculum. Critical care nurses achieved significantly higher scores than students from all academic years ($p \leq 0.0002$), highlighting a gap between academic training and real-world practice. The findings highlight the need for reinforced pedagogical strategies, such as simulation, blended learning and recurrent competency-based assessments, to enhance ECG interpretation skills and ensure readiness for complex clinical environments.

KEYWORDS: nursing education, ECG interpretation, clinical competence

Validation of a tool for assessing transversal operational competencies among healthcare professionals

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INTRODUCTION: Assessing healthcare professionals' competencies is essential to ensure quality and safety in healthcare. Existing tools are predominantly monoprofessional and rarely capture transversal, interprofessional competencies required for effective teamwork, communication, and accountability. The increasing complexity of care contexts highlights the need for reliable and standardised tools to evaluate shared operational competencies across professions. Assessing healthcare professionals' competencies is essential to ensure quality and safety in healthcare. Existing tools are predominantly monoprofessional and rarely capture transversal, interprofessional competencies required for effective teamwork, communication, and accountability. The increasing complexity of care contexts highlights the need for reliable and standardised tools to evaluate shared operational competencies across professions.

MATERIAL AND METHODS: A cross-sectional, monocentric validation study is planned. The tool was developed through a multiprofessional consensus process involving experts from different health professions and educational backgrounds. Initial domains and items were generated through a literature review and iterative focus groups, followed by content

review and refinement by a panel of senior educators and clinical managers. The resulting instrument includes 22 items grouped into five domains: technical skills; communication and relational competencies; ethical and intercultural aspects; professional responsibility; and evidence-based practice. Middle managers will assess professionals using a four-level scale ranging from "minimal autonomy" to "benchmarking." Data will be collected electronically, and subsequent analyses will examine the tool's reliability and construct validity.

RESULTS AND CONCLUSIONS: This study is expected to produce a validated tool capable of evaluating transversal operational competencies across health professions. The instrument will support consistent and objective assessment of professional performance while promoting reflection, mentoring, and targeted development pathways. By providing a shared framework applicable to diverse clinical and educational settings, it fosters interprofessional collaboration and contributes to the quality and coherence of healthcare education. The tool's implementation will strengthen organisational learning and nurture a culture of continuous improvement within complex care environments.

KEYWORDS: transversal competencies; interprofessional education; competency assessment; validation study; healthcare professionals

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Instruments to assess nursing competence in perioperative care - a literature review

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INTRODUCTION: Nurses working in operating rooms (ORs)—that is, in perioperative care—need specialized competence. As for instance, strong collaboration skills with various professional groups, and a broad set of both technical and non-technical abilities. In order to provide adequate education for OR nurses and to develop nursing curricula that meets future needs, their competence must be evaluated using valid instruments. However, there is a lack of synthesized knowledge regarding previously developed instruments for this purpose. The aim of this literature review was to identify instruments used to asses nursing comptence in perioperative care.

MATERIAL AND METHODS: This review is a part of larger intergrative literature where previous knowledge of nursing comptence in perioperative care is synthetized. This review aimed to answer the following research questions: (1) What instruments are used to assess nursing competence in pereioperative care? (2) How valid are those previously developed instruments? The predetermined search strategy was applied, and original studies were selected based on inclusion and exclusion criteria aligned with the PCC (population, concept, context) framework. Literature search was conducted in February 2025 using the CINAHL, Ovid MEDLINE, ERIC and Web of Science databases. The thematic synthesis was used to analyse the data.

RESULTS AND CONCLUSIONS: Of the 1627 original articles searched through, 31 met the inclusion criteria. A total of 10 instruments were identified. Those instruments measured either clinical competence or non-technical skills—for instance, those needed in OR team collaboration. Most of the instruments were developed for self-assessment purposes. The results of this review will be presented as a whole in the conference presentation. Based on the preliminary results, it can be stated that assessing multidimensional nursing competence in perioperative care requires the consideration of more than one measurement instrument.

KEYWORDS: nursing, perioperative, competence, instrument, assessment

Integrating OSCE-Based Evaluation into a Corporate Wound Care Training Programme: A Mixed-Methods Study protocol

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INTRODUCTION: Clinical competence assessment is a cornerstone of healthcare education and continuing professional development. Traditional evaluation methods often fail to capture the complexity of real clinical reasoning and decision-making. The Objective Structured Clinical Examination (OSCE) provides a structured and evidence-based format to assess technical, cognitive, and relational skills through simulation of realistic care scenarios. Within the corporate training programme for Wound Care referents of a large Italian research hospital, the OSCE was introduced as tool to evaluate clinical competence and foster reflective learning. The aim is to explore healthcare professionals' and educators' experiences and perceptions regarding the use of the OSCE for assessing clinical competence in wound care management within an institutional training pathway.

MATERIAL AND METHODS: A convergent mixed-methods design will be adopted. Quantitative data will be collected using the Debriefing Assessment for Simulation in Healthcare (DASH) scale, validated in Italian, to evaluate participants' perceptions of the post-simulation debriefing quality. Qualitative data will be obtained through semi-structured interviews with both participants and educators, exploring satisfaction, perceived strengths and weaknesses of the OSCE, and suggestions for improvement. The study sample includes 24 corporate Wound Care referents who attended a 34-hour blended course (3.5 h classroom, 30 h self-learning, 0.5 h OSCE assessment). Data collection and analysis will follow independent and integrated phases to ensure interpretive depth.

RESULTS AND CONCLUSIONS: Data collection is currently ongoing. Preliminary expectations suggest that integrating OSCE within professional training will enhance learners' self-awareness, consolidate technical and relational competencies, and support organizational standardization of practices. Moreover, the project is expected to contribute to workforce development. Overall, the study aims to generate insights into the feasibility, educational value, and perceived impact of the OSCE in corporate healthcare settings, contributing to evidence-informed curriculum design and assessment innovation.

KEYWORDS: OSCE; clinical competence, evaluation, simulation-based education, professional development

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Mandatory education for German Registered Nurses

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INTRODUCTION: Rhineland-Palatinate is one of sixteen federal states in Germany and the first with a nursing board. The federal state's healthcare law has been obligating the nursing board to establish an order of mandatory education for registered nurses in Rhineland-Palatinate. The presentation provides an overview of the democratically established mandatory education of registered nurses in Rhineland-Palatinate, who were confronted with the challenges of lifelong learning for the first time, as well as their reactions and those of their employers.

MATERIAL AND METHODS: From 2022 to 2023, a group of registered nurses working in nursing education, management, science, and practice met every month to develop the basic document for an order of mandatory education for registered nurses in Rhineland-Palatinate. The framework covered national

aspects of working conditions in German nursing, theoretical aspects of broad knowledge of German nursing didactics, and international standards or obligations for the education of registered nurses.

RESULTS AND CONCLUSIONS: A two-year renewal cycle for nursing training was developed, with an easy-to-understand points system. Rhineland Palatinates' nurses can choose and categorize their education in eight training classes, e.g., nursing diagnoses, nursing fields, or global health issues. In a difficult political process involving many challenges and changes, the obligation to educate was published in July 2025. Some nurses view the obligation as supporting lifelong learning and as an argument they can use with employers. Another group of nurses is resisting the obligation because it changes their knowledge. Some employers have exploited their nursing staff's limited knowledge to spread fake news, e.g., the obligation to participate in training courses in their free time rather than during working hours. It must be noted that the decades-long absence of mandatory education after nursing apprenticeship poses a major obstacle to expanding the knowledge of registered nurses in their work environment. The argument that the quality of healthcare improves through the education of registered nurses is not yet convincing enough to persuade nurses themselves and their employers.

KEYWORDS: Mandatory training, Registered Nurses, Nursing Board, Renewal Cycle, Lifelong Learning

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Promoting Professional English Language Proficiency in Nursing and Allied Health Professionals Postgraduate Students: Preliminary Results of a Mixed-Method Study

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INTRODUCTION: English language proficiency is increasingly essential for healthcare professionals to meet contemporary challenges and contribute to future advancements in the field. While the integration of English language education into postgraduate programs has demonstrated clinical and methodological benefits, such opportunities remain limited. This gap may compromise the quality of learning, restrict international mobility, and hinder the clinical competence of healthcare practitioners. This study aims to evaluate the impact of a newly designed Professional English Language Workshop on postgraduate students' teaching and learning experiences in healthcare post-graduate programs.

MATERIAL AND METHODS: The four hours Professional English Language Workshop was implemented during the 2024–2025 academic year. Delivered online via Microsoft Teams by a university English professor, the workshop incorporated diverse teaching and learning strategies tailored to healthcare professionals. This mixed-method study explores students' perceptions of their educational experience. Participants are recruited on a voluntary basis. Quantitative data are collected through the R-SPQ-2F questionnaire (Barattucci *et al.*, 2012), while qualitative insights are generated through focus groups. Each focus group session is video-recorded, transcribed, and analyzed thematically.

RESULTS AND CONCLUSIONS: The study is ongoing. Preliminary qualitative findings might suggest that participation in the workshop may enhance students' confidence in applying professional English within clinical practice and increase motivation to further develop language skills. Interactive approaches—including role-plays, clinical scenario discussions, and listening and comprehension activities—appear to be particularly well received by participants.

KEYWORDS: professional english, teaching and learning experience, postgraduate education, nursing, allied health professionals

Developing patient education competence with videoconferencing

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INTRODUCTION: Patient education is a complex intervention to teach and learn in bachelor nursing education, requiring development of patient education competence. As the demand for technology-enhanced learning environments grows, videoconferencing offers promising method for teaching and learning patient education. However, empirical evidence on the connection between videoconferencing as a pedagogical method and patient education competence remains limited. The aim is to describe patient education competence of bachelor nursing students in group-level after videoconferencing teaching and learning.

MATERIAL AND METHODS: This descriptive study utilised three real-life and real-time patient education sessions in Finland, which bachelor nursing students followed through videoconferencing in 2021-2022. The patient education competence was self-rated by the students before the first and after all three sessions with the Competence in Empowering Patient Education (©Virtanen, Hupli & Leino-Kilpi 2019) instrument with 84 items (VAS scale 0-10, higher value indicating very high level of competence). The data was analysed with descriptive statistics. Fundamental principles of research integrity were followed.

RESULTS AND CONCLUSIONS: The group of students in the third sessions of videoconferencing had higher self-rated level of patient education competence (n=11, M=6.5, SD=1.0) compared to the groups with no sessions (n=120, M=5.4, SD=1.7). The competence was rated higher after the first session (n=48, M=6.2, SD=1.5), yet lower after the second one (n=51, M=6.0, SD=1.3). These findings suggest that repeated exposure to videoconferencing in teaching and learning patient education can develop patient education competence but randomised controlled follow-up or intervention studies are needed to establish this finding.

KEYWORDS: nursing education; patient education as topic; professional competence; self-evaluation programs, videoconferencing

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Developing Leadership and Governance Competence through the Master's in Nursing Management: A Pedagogical Model Centered on Student Empowerment

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INTRODUCTION: Governance and leadership are essential dimensions in nursing education, shaping professional identity and decision-making within complex health systems. In response to contemporary challenges in nursing management and education, the Polytechnic Institute of Setúbal Nursing Department is developing a Master's that integrates an innovative pedagogical model designed to strengthen leadership, governance, research, and ethical competencies, while promoting autonomy, critical reflection, and the ability to address complex managerial challenges. Aim: To present the pedagogical model that

underpins the Master's in Nursing Management, focused on developing leadership and governance capacity through active, student-centered, and digitally supported learning.

MATERIAL AND METHODS: From a constructivist educational approach, we conceptualized and co-created the model, structured around five interrelated dimensions: (1) Teaching–learning management, entirely student-centered, promoting autonomy, reflection, and problem-solving through dynamic and interactive methodologies; (2) Assertive communication and planning, fostering collaborative and transparent interaction via digital platforms that support decision-making based on evidence; (3) Personalized pedagogical mentoring, conducted online, ensuring continuous support, formative feedback, and adaptation to individual learning pace; (4) Assessment oriented toward solutions and grounded in evidence, using applied projects, digital portfolios, and oral discussions to evaluate leadership, ethical decision-making, and problem-solving competencies; and (5) Digital environment and literacy, promoting accessibility, flexibility, and sustainability, while empowering students to use technology critically, creatively, and ethically.

RESULTS AND CONCLUSIONS: The model fosters a dynamic digital learning ecosystem that stimulates critical thinking, shared decision-making, and responsible leadership. Aligning theoretical knowledge with practical challenges strengthens professional identity and ethical governance in nursing. This pedagogical innovation supports lifelong learning, enhances health institutions by developing transferable and digital competencies, and contributes to more equitable and inclusive access to higher education.

KEYWORDS: leadership and governance capacity, nursing education, online learning, master in nursing management

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Registered Nurses' Moral Distress and Coping Strategies in Adult Tertiary Care: A Scoping Review

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INTRODUCTION: Registered nurses frequently face morally challenging situations that require complex ethical decision-making. When these challenges are not adequately resolved, they can lead to moral distress—defined as a psychological stress response that occurs when one recognises the ethically appropriate action but is constrained from acting on it. Moral distress has been associated with burnout, reduced job satisfaction, and increased turnover, ultimately affecting workforce retention and the ethical climate of healthcare practice. This review explored registered nurses' experiences of moral distress and the coping strategies used to manage it in adult tertiary care hospitals. It also examined how organisational culture and leadership influence nurses' moral resilience and ethical competence.

MATERIAL AND METHODS: A scoping review was conducted following the Joanna Briggs Institute (JBI) methodology. Peer-reviewed qualitative, quantitative, and mixed-methods studies published in English over the past ten years were included. Eligible studies focused on registered nurses' experiences of moral distress, coping strategies, and organisational responses in adult tertiary care hospitals. Four databases (MEDLINE, CINAHL, EMBASE, and PsycINFO) were searched, and Covidence software was used to facilitate screening and data extraction.

RESULTS AND CONCLUSIONS: Moral distress was most often associated with limited autonomy, exclusion from decision-making, and participation in futile care, which undermined professional identity and ethical confidence. Nurses adopted coping strategies such as reflective practice, knowledge-seeking, teamwork, and emotional regulation—approaches that strengthened moral resilience.

Organisational responses, including ethical debriefing and supportive leadership, were found to mitigate distress and promote shared ethical dialogue. The review highlights a gap in understanding how nurses—particularly those newly graduated—develop the ability to recognise, address, and mitigate moral distress. Addressing this gap through educational and organisational initiatives could strengthen nurses' moral resilience, ethical decision-making, and professional identity, thereby fostering a more reflective and ethically grounded workforce.

KEYWORDS: moral distress, registered nurses, and coping mechanisms

The Impact of Sound Effects on Multimedia Learning in Nursing Students: Testing Cognitive Load and Metacognitive Outcomes

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INTRODUCTION: This study investigates the effect of non-speech auditory cues (specifically the "Whoosh Effect") in multimedia learning environments for nursing students. Building on Mayer's Cognitive Theory of Multimedia Learning (CTML), this study explores how event-related sounds like the Whoosh Effect (a rush of air or movement sound) may influence cognitive load, learning outcomes, and metacognitive calibration.

MATERIAL AND METHODS: A between-subjects experimental design with three groups was implemented: 1) Text-only (Control): Students read the lecture material with no auditory cues; 2) Multimedia without sound effects: Students viewed a multimedia presentation with visual elements but no sound; 3) Multimedia with sound effects (particularly Whoosh): Students viewed the multimedia presentation enhanced with the Whoosh Effect. A total of 200 participants were randomly assigned to one of the three conditions.

RESULTS AND CONCLUSIONS: The study hypothesizes that the Whoosh Effect will help guide attention, reduce cognitive overload, and enhance metacognitive accuracy (judgment of learning vs. actual performance). Results are expected to inform the design of multimedia educational content in nursing education, particularly in digital platforms and clinical simulations. The findings will provide guidelines on using auditory cues effectively in nursing education to improve student learning and cognitive processing.

KEYWORDS: cognitive load, multimedia learning, metacognition, sound effects, Whoosh effect, nursing education.

Emotional component in undergraduate Nursing education: a pillar for integrated development

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INTRODUCTION: Emotional education (EE) within undergraduate nursing programs is pivotal to developing emotional competence (EC)—self-awareness, empathy, emotional regulation, and adaptive emotional application—which are fundamental to patient safety, care quality, and student well-being. Contemporary evidence indicates that EC can be intentionally taught, practiced, and assessed. In Portuguese nursing education, EC is recognized as a core dimension of professional identity and humanized care, underscoring the need for reflection-based

pedagogies integrated throughout the curriculum. Aim is to synthesize recent evidence and propose curricular recommendations to strengthen emotional competence through emotional education in undergraduate nursing programmes.

MATERIAL AND METHODS: A structured synthesis of systematic reviews, quasi-experimental studies, and empirical research published between 2014 and 2025 was conducted. Searches in PubMed, Scopus, and CINAHL employed controlled and free-text terms related to nursing students, emotional competence, emotional intelligence, and education. Eligible studies addressed EE interventions (e.g., simulation with debriefing, guided reflection, role-play, mindfulness, or formal emotional-intelligence training) and assessed EC using validated instruments (EQ-i, TEIQue, MSCEIT, SSREI) or performance-based evaluations.

RESULTS AND CONCLUSIONS: Evidence demonstrates that structured EE and active pedagogical approaches consistently enhance EC. Interventions combining emotional-intelligence training, reflection, mindfulness, and experiential learning produced measurable improvements in empathy, self-awareness, and stress regulation. Simulation-based learning further reinforced empathy and emotional awareness through structured debriefing, supporting emotional self-regulation in clinical settings. Portuguese studies highlight the ethical and developmental significance of EC, aligning with international findings and confirming its role in professional maturation. EC is also linked to improved clinical reasoning, ethical discernment, and interpersonal communication, enabling safer and more compassionate care. However, variability in assessment tools and the scarcity of longitudinal studies remain limitations. Systematic, longitudinal, and rigorously evaluated EE fosters emotionally competent, empathetic, and ethically grounded nurses who integrate reflection, empathy, and resilience as essential elements of professional identity and humanized nursing practice.

KEYWORDS: emotional education, emotional competence, nursing students, reflection, curriculum

Career pathways and nurse retention: An inner London Hospital Investigation

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INTRODUCTION: This qualitative study explores the relationship between career development opportunities and nurse retention within an acute medical division in an Inner London Hospital NHS Trust. This research focuses on the lived experience and perspectives of Band 5 -7 nurses.

MATERIAL AND METHODS: Two focus groups (n=10) were conducted using purposive sampling and analysed using a thematic analysis framework.

RESULTS AND CONCLUSIONS: Five overarching themes were identified: Career Progression, Organisational Support, Workplace Culture, Personal Motivation and Barriers to Retention. Participants emphasised the importance of visible frameworks, proactive support and inclusive environments. Internationally educated and part-time nurses also identified challenges around access, recognition and support. Findings suggest career conversations, leadership, visibility and structure development pathways contribute to retention. Despite being a small sample, the findings from this study offers valuable insights into nurse retention. It underscores the role of local leadership in shaping nurse retention strategies and calls for more longitudinal research across a diverse setting.

KEYWORDS: nurse retention, career progression, workplace culture, internationally educated nurses, practice development, leadership

Ethical Challenges and Educational Needs of Intensive Care Nurses in Organ Donation after Circulatory Death: A Qualitative Study from the Czech Context

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INTRODUCTION: Organ donation after circulatory death (DCD) presents an ethically and emotionally demanding process for intensive care nurses. The preparation and support for nurses in this field is very important. Understanding nurses' lived experiences provides valuable insight which may inform the developing of education and professional development initiatives and support pertaining to end-of-life care. The aim is to explore the ethical and emotional demands of organ donation after circulatory death (DCD) experienced by intensive care nurses. Scope: To identify the educational and support needs of intensive care nurses related to DCD.

MATERIAL AND METHODS: A qualitative research design based on Interpretative Phenomenological Analysis (IPA) and the MIRACLE interpretive framework (Younas *et al.*, 2023) was applied. Semi-structured interviews were conducted with eight intensive care nurses in the Czech Republic who had direct experience with controlled DCD (Maastricht III). The data were analysed thematically and interpreted within the ethical and humanistic dimensions of nursing care.

RESULTS AND CONCLUSIONS: Nurses described the DCD process as ethically challenging. Patient categorization, communication with family members, and terminal extubation were critically challenging. They reported moral distress associated with insufficient education and lack of institutional guidance and support. The findings underline the need for structured educational programmes aimed at enhancing ethical competence, moral resilience, and communication skills in related end-of-life contexts. The findings of the research study can inform the development of pre-registration and continuing education initiatives for nurses related to organ donation.

KEYWORDS: education, ethics, DCD, nurses, organ donation

Integrating Research and Scientific Writing through Interdisciplinary Teaching Collaboration in Nursing Education: A Case Study

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INTRODUCTION: Developing research literacy and academic writing competence is a crucial component of nursing education, yet these skills are often taught in isolation from theoretical and professional content. To address this gap, an interdisciplinary teaching collaboration was implemented within the master's programme in Nursing, linking two courses: Transcultural Nursing and Global Health, and Theoretical (9 ECTS) and Scientific Foundations of Advanced Nursing (9 ECTS). The initiative aimed to integrate research-based learning and scientific writing into a unified, student-centred, and practice-oriented learning experience.

MATERIAL AND METHODS: This project employed a case study design with elements of educational action research, focusing on iterative reflection, continuous improvement, and authentic learning outcomes. Two instructors co-designed and co-taught both courses, each contributing 10 lecture hours and 30 seminar hours. The collaboration was carried out over a four-month period using a staged and stepwise structure that combined formative and summative assessment. Innovative and flexible teaching strategies, including project-based

learning, peer feedback, and guided academic writing, led students through the full process of knowledge creation, from identifying relevant research topics to preparing a manuscript suitable for publication.

RESULTS AND CONCLUSIONS: Between the academic years 2021/2022 and 2024/2025, students produced 27 peer-reviewed scientific papers published in national and international journals, and 8 presentations at international scientific conferences. Notably, approximately 30 % of students continued with independent research and publication during their second year, reflecting a strong foundation for ongoing scholarly engagement beyond graduation. The integration of research and writing through interdisciplinary teaching collaboration promotes higher-order competencies, research motivation, and professional identity among nursing students. This case demonstrates how coordinated, research-oriented teaching across courses can cultivate a sustainable culture of inquiry, reflection, and publication within advanced nursing education.

KEYWORDS: educational innovation; higher education pedagogy; student-centred learning; curriculum integration; professional identity development

Innovative Nursing Grand Rounds: Advanced Nurse Practice

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INTRODUCTION: A survey of advanced nurse practice (ANP) and focus groups were undertaken in a major hospital. Following data analyses the ANP Forum was established in 2022, and a faculty coordinator was appointed. A Centre for Advanced Nursing and Midwifery Practice was developed to further advance nursing practice. The ANP AMP Forum sits within this centre. Nursing Grand Rounds (NGR's) were set up in 2023, the first hospital in the country to do so. Rounds are held in a lecture theatre every 2 weeks, at 7.30 am for one hour. Rounds are managed and delivered by ANP's and are attended by clinical nurse specialists and ANP's. ANP's present on clinical areas relevant to their practice. Aims of NGR'S: To support advanced practitioners in keeping up to date with practice, education and professional development, provide a forum for discussion and act as a conduit for information.

RESULTS AND CONCLUSIONS: The Forum delivers innovative advanced practice as ANP's provide enhanced practice thus contributing to excellence in patient care and shaping the future of healthcare delivered by ANP's. ANP research, education and clinical practice are enhanced through research focused Newsletters, thus supporting ANPs in their current research. Research newsletters are written by the coordinator and presented to the Forum participants in-face and virtually, during morning Nursing Grand Rounds. Bi-annual seminars and small group meetings take place which foster and link professional networking within the university networks and internationally, facilitate communication with other hospital services, and provide information about the faculty's international research conferences.

KEYWORDS: advanced forum, nurse practice, grand rounds

Nursing Higher Education Teachers' Perspectives on Using AI to Support Teaching and Learning in Slovenia: A qualitative descriptive study

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INTRODUCTION: Artificial intelligence (AI) is increasingly recognised as a valuable tool in higher education, offering the potential to enhance teaching practices and improve learning outcomes. This study aimed to explore the perspectives and experiences of nursing higher education teachers in Slovenia on using AI to support their teaching practices and enrich student learning.

MATERIAL AND METHODS: A qualitative interpretative description approach was employed to gather in-depth insights from nursing educators. Data were collected through semi-structured, individual interviews with 24 nursing higher education teachers across Slovenian institutions, all of whom have experience integrating AI tools into their teaching practices. Thematic analysis was conducted using NVivo computer software.

RESULTS AND CONCLUSIONS: Analysis revealed five main themes: (1) AI as a tool for personalising nursing education, where teachers discussed the role of AI in tailoring educational content to individual student needs; (2) Challenges in integrating AI in nursing education, highlighting technical, ethical, and discipline-specific challenges; (3) Impact of AI on student engagement in nursing, examining teachers' observations on AI's influence on student motivation and engagement with nursing content; (4) The role of nursing expertise in effective AI use, emphasising the importance of pedagogical and clinical knowledge/skills to leverage AI in meaningful ways; and (5) Ethical and privacy considerations in nursing education, reflecting concerns around patient data privacy and ethical considerations unique to healthcare training. This study highlights the potential of AI to transform nursing education through personalised, adaptive learning. However, educators emphasised the need for targeted training and institutional support to overcome barriers. These findings underscore the importance of balancing the benefits of AI with ethical responsibility. AI can enhance nursing education by enabling educators to foster dynamic learning environments that prepare students for professional roles. To realise these benefits, educational institutions must provide educators with the resources and training necessary to use AI responsibly.

KEYWORDS: personalised learning, ethical considerations, teacher training, student engagement

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Building a competent healthcare workforce in digital health: What works in educational and training programme

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INTRODUCTION: Digital health is gaining an increased attention as technology evolves and provides digitally enhanced healthcare systems. Academia is focused on developing and training competent professionals in the healthcare sector which is a challenging task with continual innovation in technology. An additional challenge to academia is to create a curriculum content that addresses health professionals transdisciplinary learning requirements. Furthermore; digital health includes knowledge domains from outside the health field, which dictates core skills and competencies including technology in the curricular design. Designing an effective educational programme in digital health, is a multifactorial process that includes many variables, to achieve the desired outcomes in preparing a competent healthcare professional in an evolving healthcare ecosystem. The aim is to identify the key components for a digital health education programme, to enable and build a competent healthcare workforce.

MATERIAL AND METHODS: A scoping review using PRISMA-Sc was conducted using EBSCO, PubMed, and ERIC databases. Search terms, such as: capability, digital health, education and healthcare professionals. The search 728 peer-reviewed papers and policy documents. This was refined to 85, and reduced to 33

papers contextualised to education. Studies were examined to identify the variables that influenced effective implementation and/or achievement of learning outcomes. The variables were thematically clustered into categories of digital education enablers.

RESULTS AND CONCLUSIONS: Success of educational programmes in digital health are dependent on considering the following emerging themes: infrastructure requirements, collaborative partnership with stakeholders, transdisciplinary approach in education, legislation and regulatory policies.

KEYWORDS: digital health, education, enablers

La pédagogie basée sur l'art pour enseigner les fondamentaux disciplinaires aux étudiants infirmiers de 1er cycle : une étude mixte

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INTRODUCTION: L'appropriation des savoirs disciplinaires infirmiers demeure un défi majeur dans la formation initiale, ces contenus étant souvent perçus comme abstraits par les étudiants en soins infirmiers (ESI). Le recours à des approches pédagogiques innovantes apparaît nécessaire pour renforcer leur engagement cognitif et favoriser une acculturation précoce à la discipline. Cette étude vise à concevoir et évaluer une intervention pédagogique basée sur l'art (PBA) appliquée à l'enseignement de la théorie de la transition de Meleis.

MATERIAL AND METHODS: Une méthode mixte séquentielle explicative, ancrée dans le réalisme critique, a été mobilisée. L'intervention PBA intégrait des médiums littéraires, théâtraux et scripturaux, et a été proposée à des ESI de première année. L'appropriation des connaissances disciplinaires et l'engagement cognitif ont été mesurés par un questionnaire pré- et post-intervention fondé sur l'échelle validée de Leduc, complété par 24 entretiens semi-directifs. L'analyse des données a reposé sur une matrice conjointe et des méta-inférences pour examiner l'articulation entre mécanismes d'engagement et apprentissage disciplinaire.

RESULTS AND CONCLUSIONS: Les résultats quantitatifs indiquent une progression des connaissances disciplinaires, avec toutefois des variations selon le parcours scolaire des ESI. L'engagement cognitif global est resté stable. Les résultats qualitatifs mettent en évidence des mécanismes de déconstruction de l'abstraction, d'appropriation conceptuelle et de reconceptualisation. Ce processus, marqué par une tension entre plaisir et effort, a favorisé l'acculturation au savoir infirmier et mobilisé conjointement les dimensions cognitive, affective et comportementale de l'engagement. il s'agit de la première étude explorant l'engagement cognitif des ESI dans l'apprentissage des savoirs disciplinaires à travers une PBA. Les résultats suggèrent qu'une telle approche peut soutenir différents types d'engagement et renforcer l'appropriation conceptuelle précoce. Cette recherche souligne également l'importance de revenir aux piliers cardinaux de l'enseignement, lecture et écriture, comme leviers essentiels de l'appropriation des savoirs et de la réussite académique des ESI.

KEYWORDS: Théories infirmières, étude mixte, engagement cognitive, étudiants infirmiers, pédagogie basée sur l'art

État des lieux des stratégies pédagogiques pour enseigner les fondamentaux disciplinaires : une revue de la portée

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INTRODUCTION: L'enseignement des théories infirmières est essentiel pour structurer et orienter la pratique clinique, pourtant leur intégration dans les formations initiales demeure un défi. Cartographier les pratiques pédagogiques utilisées pour enseigner les théories et modèles conceptuels infirmiers dans les programmes de formation initiale en soins infirmiers. Une revue de la portée.

MATERIAL AND METHODS: Cette revue a été menée selon les recommandations du Joanna Briggs Institute et du PRISMA-ScR. Une recherche exhaustive a été effectuée dans cinq bases de données ainsi que dans la littérature grise afin d'identifier les études publiées depuis la création des bases jusqu'à janvier 2024. Au total, 32 articles répondant aux critères d'inclusion ont été retenus pour l'analyse.

RESULTS AND CONCLUSIONS: Les résultats mettent en évidence une grande diversité de techniques pédagogiques, allant des cours magistraux traditionnels à des méthodes innovantes telles que la simulation ou les jeux virtuels. L'analyse montre également que ces pratiques pédagogiques couvrent un large éventail de théories, depuis les théories bien établies ayant résisté à l'épreuve du temps, comme celle de Watson, jusqu'à des approches plus récentes telles que la théorie des Fundamentals of Care. Bien que l'intégration des théories infirmières dans les programmes de formation initiale soit essentielle, des recherches complémentaires sont nécessaires pour évaluer l'efficacité des stratégies pédagogiques employées pour les enseigner. La cartographie des pratiques éducatives réalisée dans cette revue constitue une ressource précieuse pour les enseignants, offrant une base structurée afin de diversifier et d'enrichir l'enseignement des théories infirmières.

KEYWORDS: théories infirmières, revue de la portée, stratégies pédagogiques, étudiants infirmiers, formation de 1er cycle

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L'engagement humain au cœur des pratiques infirmières : une expérience clinique entre savoir-faire et savoir-être

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INTRODUCTION: Au fil de mes quatre années d'exercice dans divers services hospitaliers médecine interne, pédiatrie, maternité et petite chirurgie ,j'ai appris que le soin dépasse largement le geste technique. Être infirmière, c'est avant tout être présente à l'autre, écouter, comprendre et accompagner avec bienveillance. Mon parcours au sein de la Polyclinique Charity Mémorial et du Centre Médical d'Arrondissement de Djebem m'a permis de développer une pratique fondée sur la rigueur clinique, la collaboration interdisciplinaire et le respect de la dignité humaine.
Chaque patient rencontré m'a rappelé que la compétence infirmière se mesure autant à la précision du soin qu'à la chaleur du regard ou au mot réconfortant.
Dans un contexte de santé parfois exigeant, j'ai appris à conjuguer efficacité, compassion et adaptabilité pour offrir des soins de qualité centrés sur la personne.

Aujourd'hui, je souhaite partager cette expérience avec la communauté infirmière internationale. Mon ambition est de contribuer à un dialogue professionnel et humain autour de la formation, de la transmission des savoirs et de l'amélioration continue des pratiques infirmières, dans un esprit d'ouverture et de solidarité.

KEYWORDS: Humanisation des soins, pratiques infirmières, empathie, interdisciplinarité, qualité des soins, expérience clinique.

Teaching Ethics and Deontology in Nursing Master's Program

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INTRODUCTION: This paper presents the experience of teaching Nursing Ethics and Deontology within a master's programme in Nursing, offered by a consortium of six higher education institutions in southern Portugal. The Nursing Ethics and Deontology curricular unit is taught in seven areas of specialisation (Medical-Surgical Nursing – Person in Critical situation; Medical-Surgical Nursing – Person in Palliative situation; Rehabilitation, Mental and Psychiatric Health; Child and Paediatric Health; Community and Public Health; and Family Health). In this curricular unit students are expected to: a) Identify the ethical and deontological dimensions of decision-making; b) Support the decision with principles, values, and deontological standards; c) Discuss the fundamentals of decision-making and aspects specific to nursing practice; d) Critically reflect on the decision-making process and results. Master's students are general care nurses with at least two years of experience, so teaching ethics and deontology involves the challenge of connecting with students' practices and professional integration, often spanning more than a decade of clinical experience.

MATERIAL AND METHODS: The assessment methodology consists of an individual, in-depth, critical review, in essay format, self-selected topic or case, exploring the ethical and deontological dimensions. We recommend that students who have experienced a difficult case that still concerns them choose that case for their essay.

RESULTS AND CONCLUSIONS: Essays are used in ethics teaching to help nurses develop critical thinking, understand ethical concepts and theories, analyze complex dilemmas, and argue positions on moral issues. By writing essays, students apply ethical principles, examine arguments and counterarguments, take a stance, and defend it with evidence, fostering personal and professional ethical growth.
Since the 2023/2024 academic year, 463 nurses from very diverse clinical backgrounds have completed the unit.
We aim to present their assessment of the use of this methodology for teaching and assessment, through thematic analysis.

KEYWORDS: ethics, nursing, teaching, health postgraduate programs, essay

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Operationalising Lived Experience in Nursing Curricula: Establishing an Experts by Experience (ExE) Framework

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INTRODUCTION: This project seeks to operationalise the integration of lived experience within nursing curricula through the establishment of an Experts by Experience (ExE) Group that collaborates in the design and

delivery of educational activities. Recognising the pedagogical and ethical value of authentic patient perspective, the initiative aims to embed ExE voices across teaching, curriculum development, and governance. Thus, ensuring engagement that is mutually beneficial, ethically grounded, and person-centred. The primary aim is to create a structured, sustainable process for involving ExE in educational and professional activities while safeguarding participants' wellbeing and promoting reciprocity. The project explores how ExE engagement can foster transformative learning, empathy, and person-centredness among nursing students.

MATERIAL AND METHODS: This paper synthesises current evidence, policy standards, and best practice frameworks to guide the establishment of the ExE group. Through co-production principles, it determines definitions of roles, recruitment of experts, preparation, and support for ExE members. The process includes iterative consultation with academic staff, students, and community stakeholders to shape the group's structure and policy foundations.

RESULTS AND CONCLUSIONS: Early insights highlight the transformative potential of ExE inclusion in nursing education by enhancing empathy, communication, and person-centred care. The creation process underscores the importance of shared governance, tailored training, and reflective practice to support authentic participation. As the ExE group progress, the evaluation and feedback will be incremental in further progressing the project. This initiative represents a critical step toward embedding partnership and lived experience as core dimensions of healthcare education, and alignment with person centredness.

KEYWORDS: experts by experience; co-production; nursing curricula, nursing education; person-centred care

Transforming Vicarious Trauma into Growth: Educating for Resilience and Empathy in Nursing

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INTRODUCTION: Exposure to trauma narratives is intrinsic to nursing practice, particularly within addiction care. Vicarious trauma (VT) is therefore not an exception but an occupational reality that can either deplete or strengthen nurses. Education and leadership play a pivotal role in preparing nurses to recognise, process, and transform such experiences into professional and personal growth. This study investigated VT and the role of leadership among addiction nurses across Europe, translating findings into educational and organisational guidelines to foster emotional intelligence, reflective practice, and post-traumatic growth.

MATERIAL AND METHODS: Drawing on the author's PhD research, 160 European addiction nurses participated in a sequential explanatory mixed-methods study. Quantitative data assessed VT levels and organisational leadership readiness to address VT, while qualitative interviews explored lived experiences and coping strategies. Integration of findings informed the development of practical, evidence-based guidelines for nurses, educators, and organisational leaders.

RESULTS AND CONCLUSIONS: Almost 90 % of participants were at moderate to high risk of VT, yet demonstrated strong resilience. This duality underscores that VT can catalyse growth when supported by emotionally attuned leadership and reflective educational practices. The study produced guidelines recommending VT-informed curricula, peer reflection groups, and leadership development programmes centred on compassion and psychological safety. Embedding these approaches in nursing education can cultivate resilient, self-aware practitioners capable of delivering sustained, empathetic, person-centred care.

KEYWORDS: vicarious trauma; resilience; compassion; reflective practice; nurse education

Student supervision models and teaching methods in clinical learning environments: a survey of unit-level practices in a university hospital

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INTRODUCTION: Clinical placements allow students to integrate theoretical knowledge with clinical experience, enhancing their understanding of patient care and supporting their professional growth. The quality of the learning environment significantly influences students' engagement with the profession. In our university hospital, it was known that various supervisory models and methods are used, but the extent of their implementation across units was not documented. The aim of this development project was to identify and map student supervision models and teaching methods used in clinical learning environments at one Finnish university hospital.

MATERIAL AND METHODS: Data collection was carried out primarily via an electronic Webropol-survey between autumn 2024 and spring 2025. The survey targeted all units (N=419) involved in student supervision at the university hospital. Additional data was gathered by the clinical nurse educators (n=15) to supplement the primary data collection. The data was analysed with quantitative methods.

RESULTS AND CONCLUSIONS: Majority of the units (n=302, 72 % of total) involved in student supervision were surveyed. The most widely used supervision model (73 %) was traditional supervision, in which students are assigned to a personal nurse mentor and follow them through their daily patient care duties. Other common models were coaching (39 %) and peer learning (13 %). Some of the units (30 %) had a combination of different supervision models in use. The most widely used teaching method was reflective discussion (75 %). Also, pocket guides/checklists (73 %), as well as demonstration (68 %) were quite widely used. Nearly all the units (97 %) applied a combination of different teaching methods. The findings of this survey offer a unique opportunity to enhance the quality of clinical learning environments within the university hospital in a systematic and goal-oriented manner, for instance by providing adequate education for nurse mentors.

KEYWORDS: student, supervision, teaching, clinical learning environment

Introducing Intervision to Support Reflective Practice and Team Wellbeing in Child and Adolescent Mental Health Services (CAMHS)

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INTRODUCTION: Staff working within Child and Adolescent Mental Health Services (CAMHS) frequently encounter personal and professional challenges that can affect their wellbeing, work engagement, and the quality of care provided (Foster, 2020; McNicholas *et al.*, 2022). Reflective practice offers a means to process these challenges and promote professional growth (Leddie *et al.*, 2021). According to Schön (1983), reflecting both in and on practice enables the development of deeper insights into actions and responses. However, despite the recognised value of clinical supervision, barriers such as time pressures and hierarchical structures often hinder participation. To address this, small, informal, and peer-led forums without managerial involvement have been recommended (McCarthy *et al.*, 2021). Intervision—a form of peer-led reflective

group supervision—provides a structured yet collaborative approach that fosters shared learning, equality, and team cohesion (Staempfli, 2019). This project aimed to introduce Intervision within one CAMHS interdisciplinary clinical team to enhance reflective practice, promote collaboration, and improve staff wellbeing.

MATERIAL AND METHODS: An Action Research approach was adopted to identify and implement strategies addressing staff stress and reflective needs. Following training on Intervision principles, staff were invited to participate in monthly peer-led sessions. Ongoing facilitation support was available, and the process was reviewed on three occasions to identify areas for improvement. Feedback and iterative reflection informed the ongoing development of the sessions.

RESULTS AND CONCLUSIONS: Findings suggest that Intervision was perceived as beneficial for professional practice, interdisciplinary collaboration, and the quality of therapeutic relationships. Participants reported strengthened team relationships, enhanced mutual understanding, and greater confidence when managing complex clinical challenges. Intervision also fostered a sense of shared responsibility, psychological safety, and collective learning. The introduction of Intervision within CAMHS demonstrates promise as a sustainable and empowering model of peer-led reflective practice. By promoting equality, trust, and shared learning, it enhances team functioning, resilience, and wellbeing in demanding clinical environments. Continued integration and formal evaluation of Intervision may contribute to developing a more reflective workforce and improved service outcomes for young people and their families.

KEYWORDS: intervision, reflective practice, CAMHS, interdisciplinary teams, staff wellbeing, peer supervision, action research

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Teaching with Pride: Cultivating Empathy, Compassion, and Cultural Humility through LGBTQIA+ Inclusive Nursing and Midwifery Education

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INTRODUCTION: LGBTQI+ individuals continue to experience pronounced healthcare disparities, including poorer mental and physical health outcomes, and reduced engagement with health services due to discrimination and prior negative encounters with providers. Despite these inequities, LGBTQI+ health education remains limited within nursing and midwifery curricula, averaging only 2–5 hours across a four-year programme. Many educators report feeling underprepared to teach inclusive care due to limited institutional support and uncertainty around addressing issues related to sexual orientation and gender identity. To address these gaps, University College Cork introduced a ten-week elective module, LGBTQI+ Inclusion in Nursing & Midwifery, for final-year students. The module explored terminology, underpinning theories, and lived healthcare experiences of LGBTQI+ individuals, aiming to foster empathy, reflective practice, and culturally competent care. This study aimed to explore students' experiences of the LGBTQI+ Inclusion in Nursing & Midwifery elective module. Objectives included: (i) determining whether the module met students' learning needs regarding inclusive practice; (ii) assessing its impact on students' comfort and confidence in caring for LGBTQI+ individuals; and (iii) identifying improvements for future module development.

MATERIAL AND METHODS: A qualitative descriptive design was adopted, guided by the Standards for Reporting Qualitative Research

(SRQR). This approach, rooted in naturalistic inquiry, allows for a rich, low-inference account of participants' experiences. Purposive sampling was used to recruit final-year nursing and midwifery students (n=7) who completed the module. Ethical approval was obtained from the Social Research Ethics Committee, University College Cork (Log 2023-159). Semi-structured interviews were conducted via Microsoft Teams, transcribed verbatim, and analysed using inductive content analysis. Dependability and confirmability were ensured through collaborative coding and reflexive dialogue among the research team, which represented diverse professional and personal backgrounds.

RESULTS AND CONCLUSIONS: Two main categories emerged: (1) Educational Value of the Module and (2) Perceived Impact on Practice and Beliefs. Students viewed the module as highly valuable, filling significant curricular gaps and challenging heteronormative assumptions within nursing education. The integration of community speakers and small-group discussions fostered open dialogue, empathy, and reflection. Participants reported increased confidence in inclusive communication and a deeper understanding of LGBTQI+ healthcare needs. They advocated for earlier and mandatory inclusion of LGBTQI+ content across the curriculum. Overall, the module was transformative in enhancing cultural humility, self-awareness, and compassion, supporting the development of more inclusive, equitable, and person-centred nursing and midwifery practice.

KEYWORDS: LGBTQIA+ education; cultural humility; inclusive practice; nursing education; midwifery education

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Ontology-Driven Case Learning in Family Nursing through the E4Nursing Platform: A Digital Pedagogical Resource to Foster Critical Thinking

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INTRODUCTION: Preparing future nurses for complex and rapidly changing care environments requires innovative pedagogical strategies that integrate theory, reasoning, and reflective practice. Ontology-based digital learning environments such as E4Nursing structure nursing knowledge in a formal and interoperable way, fostering transparency, coherence, and conceptual accuracy in educational design. Using a family nursing case in this environment creates a meaningful learning context that supports critical thinking and reasoning. The aim is to illustrate how the E4Nursing ontology-driven educational platform can be used as a digital pedagogical resource to promote critical thinking, reflective practice, and problem-based learning (PBL) through simulated family nursing case studies.

MATERIAL AND METHODS: This work presents the pedagogical design of a simulated family case embedded in the E4Nursing platform, using the Nursing Ontology. Grounded in Schön's reflective practitioner theory, the digital case engages students in reflection-in-action and reflection-on-action while solving complex family health problems. The structure aligns with PBL principles—stimulating hypothesis generation, prioritization of nursing problems, and development of evidence-informed interventions—thus linking theory and practice, using a coherent ontology-based framework.

RESULTS AND CONCLUSIONS: Ontology-guided case learning supports curriculum innovation by enhancing conceptual understanding, fostering integration of theory and practice, and promoting autonomous nursing decision-making. The ontology offers a common conceptual foundation that supports feedback, assessment, and learning analytics, ensuring coherence with European quality standards. Integrating digital simulation, reflective supervision, and PBL through E4Nursing strengthens students' critical thinking and decision-making, preparing them for safe and evidence-based practice in family and community health contexts.

KEYWORDS: critical thinking; family nursing; ontology-based learning; problem-based learning; reflective practice

Integrating Family Nursing in Undergraduate Curricula: Towards Educational Reform and Global Policy Renewal

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INTRODUCTION: Family is an essential unit of care, where the health and well-being of individuals are inextricably linked. Yet, undergraduate nursing education still predominantly conceptualises the family as a care context rather than a care client. This limited view constrains the development of comprehensive family nursing competencies. Reorienting curricula to embed family as a unit of care is not only a pedagogical challenge but also a matter of governance and professional identity. The aims is to analyse national evidence on the integration of family nursing in undergraduate curricula and to discuss its implications for curriculum redesign, educational governance, and revision of the International Family Nurse Association (IFNA) Position Statements.

MATERIAL AND METHODS: A national cross-sectional study of 18 nursing programmes was conducted, involving a survey and content analysis of 256 course units with family-related content. The analysis followed the IFNA frameworks on pre-licensure family nursing education and generalist competencies, complemented by inductive categorisation of emergent themes.

RESULTS AND CONCLUSIONS: Findings revealed that while family content is widespread, it remains fragmented and primarily addressed in clinical practice courses. The dominant paradigm is "family as context", with scarce theoretical integration and limited attention to ethical and systemic dimensions of family nursing. Three new domains emerged — Education Context, Nursing Process of Family, and Ethical and Deontological Issues — suggesting areas for curricular and policy innovation. This study supports an international call to update nursing curricula and IFNA Position Statements to promote family as a care client, strengthen transnational educational standards, and guide policy actions that embed family-centred care as a core professional identity in nursing education and practice.

KEYWORDS: family nursing, curriculum reform, policy development, governance in nursing education, family-centred care

Clinical Placement Distribution in Undergraduate Nursing: A Four-Cohort Analysis in Barcelona

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INTRODUCTION: Spanish legislation mandates that undergraduate nursing students complete clinical training in general healthcare settings. However, it does not specify how placements should be distributed across different care levels (primary, intermediate, and specialized). This lack of regulation leads to significant variability in clinical experiences. Diverse clinical contexts are essential for developing students' clinical, ethical, relational, and organizational competencies. Despite this, universities face ongoing challenges in securing placements across all care settings due to staff shortages, lack of incentives, and team overload. The aim is to analyse the distribution of clinical placements across care levels among undergraduate nursing students from four cohorts (2021–2025) at a public university in Barcelona, to identify predominant training contexts and assess potential inequalities in clinical exposure.

MATERIAL AND METHODS: A retrospective cross-sectional study was conducted using institutional records from academic years 2021 to 2025. The study included all nursing students who completed the nine mandatory clinical placements and graduated between 2022 and 2025.

RESULTS AND CONCLUSIONS: The final sample included 331 students (92.46 %). Across all cohorts, specialized care accounted for 75–76 % of total clinical placement weeks, with each student completing on average between 44.4 and 50.8 weeks in hospital settings. In contrast, placements in primary care averaged only 9.7 to 10.6 weeks, and in intermediate care between 4.8 and 6.4 weeks. This distribution pattern reveals a marked overrepresentation of hospital-based training, which contrasts sharply with current public health policies that emphasize the importance of community care, health promotion, and disease prevention as pillars for sustainable healthcare systems. In other words, despite the growing importance of community care, future nurses still face limited opportunities for clinical exposure in this domain.
The predominance of specialized care placements may unintentionally reinforce a hospital-centred professional identity among students, potentially reducing interest in careers in primary or long-term care. This imbalance may also affect students' employment preferences and readiness to engage in non-hospital roles upon graduation. These findings call for a shared reflection among academic institutions and healthcare providers to explore joint strategies aimed at redistributing clinical placements more equitably. Promoting greater integration of all care levels in nursing education is essential to align training with future healthcare needs and ensure a more balanced, responsive nursing workforce.

KEYWORDS: clinical placements; nursing education; educational planning; training distribution

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Sustainability in Motion: Interprofessional Education for Future Healthcare Professionals

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INTRODUCTION: Healthcare education often lacks comprehensive training in sustainability, climate change, and their impacts on global health. This gap calls for innovative educational models that integrate these crucial topics into healthcare curricula. As environmental

factors increasingly shape the global health landscape, health curricula must prepare healthcare professionals with interdisciplinary knowledge and skills to address these emerging challenges. This project aims to develop and implement an interprofessional education program that merges theoretical knowledge of sustainability and health with practical, physical activities for healthcare students. The goal is to foster collaboration, enhance environmental awareness, and build transversal competencies essential for future healthcare practitioners.

MATERIAL AND METHODS: Developed through collaboration between the Italian Centre for Sustainable Healthcare and the University of Turin, the program involves 100 healthcare profession students in Piedmont. Learning outcomes focused on improving understanding of the links between health and climate change, will be assessed using a validated questionnaire and analyzed descriptively.

RESULTS AND CONCLUSIONS: Funded by the initiative "Sportivi per Natura" of Fondazione Compagnia di San Paolo, the program includes four cycles of Elective Educational Activities, each comprising 12 hours of combined theoretical and outdoor sessions. Topics cover climate change and health, sustainable healthcare systems, and the role of physical activity in health promotion. Practical components include moderate-intensity activities led by Exercise and Sport Sciences students in green spaces near university facilities, along with tree-planting events to reinforce environmental stewardship. The program's multidisciplinary approach promotes collaboration across healthcare disciplines. Expected outcomes include enhanced knowledge of global and sustainable health, increased engagement in physical activity, and acquisition of practical skills supporting sustainable healthcare practices. Designed for scalability, the program provides a replicable model for integrating sustainability into healthcare education.

KEYWORDS: interprofessional education, sustainability, healthcare, physical activity, climate change

CSH Italia: Pioneering Sustainable Healthcare through Interprofessional Collaboration

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INTRODUCTION: The Italian healthcare system faces growing challenges related to environmental sustainability and climate change. To address these issues, the Italian Centre for Sustainable Healthcare APS (CSH Italia) was established in 2024 as a multidisciplinary initiative dedicated to integrating sustainability into healthcare practices. The aim is to present the formation, mission, and ongoing projects of CSH Italia in promoting sustainable healthcare through interprofessional collaboration and education.

MATERIAL AND METHODS: Founded by an interdisciplinary team of healthcare professionals, engineers, and sustainability experts, CSH Italia aims to embed sustainability principles within Italian healthcare systems by reducing environmental impact and improving health outcomes. Its approach combines research, education, and policy advocacy. The organization's structure and activities are described with particular focus on interprofessional collaboration and project implementation.

RESULTS AND CONCLUSIONS: CSH Italia is emerging as a player in advancing sustainable healthcare in Italy. It holds a formal partnership with the Centre for Sustainable Healthcare -CSH (United Kingdom) and has launched several initiatives, including Sostenibilità in Movimento, funded by Fondazione Compagnia di San Paolo, to promote physical activity and environmental awareness among healthcare

professionals and the public. Another major project, in collaboration with Healthcare Without Harm Europe, involves translating and adapting the Nurse Climate Challenge resources for the Italian context, making information on climate and health more accessible to Italian-speaking professionals. Future plans include developing sustainable healthcare curricula for medical and nursing schools, the introduction of environmental sustainability projects and implementation of green policies in healthcare institutions. CSH Italia is leading the way to address the interconnected challenges of health and environmental sustainability, providing a model for similar initiatives globally.

KEYWORDS: sustainable healthcare, interprofessional collaboration, climate change, health education, environmental health

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Improving the Quality of Life of Family Caregivers through a Technological Resource: Focus on Physical Exercise

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INTRODUCTION: The web platform named Caring for Dependent People (INTENT CARE) provides specific information to family caregivers of dependent individuals and complements the guidance provided by nurses, promoting their autonomy and decision-making. It contains various modules (e.g., positioning, transfers, hygiene, feeding, medication management) related to the care of dependent individuals, facilitating the caregiver's role. This study describes the stages of developing a module to be integrated into the INTENT CARE tool to promote physical exercise and well-being for family caregivers.

MATERIAL AND METHODS: To develop the content to be included, a systematic literature review was initially conducted to analyse what types of physical exercise and muscle relaxation programmes exist and their effectiveness in preventing caregiver burden and promoting the well-being of informal caregivers. Based on this review, a programme was designed and submitted for evaluation by a panel of experts consisting of health and sports professionals to ensure it meets technical and scientific validity and is suitable for the target population. The programme was developed following the Plain Language methodology (Rude, 2012) and recorded on video. The video covers the duration of the exercise session with frontal, lateral, and posterior views (when applicable).

RESULTS AND CONCLUSIONS: The systematic review provided evidence on the types of recommended exercises, duration, and structure of programmes, as well as their potential effectiveness. The expert group designed a set of programmes to be made available to family caregivers. The materials were recorded, content-validated, and made available on the online platform. Scientific evidence shows the benefits of physical exercise and muscle relaxation programmes in promoting the health and well-being of family caregivers. These individuals generally have little time available, so solutions that enhance their well-being are highly beneficial.

KEYWORDS: quality of life, technological resource, caregivers

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Robustness of the Occupational Well-being Model Among Social and Health Care Educators During the Shift from On-site to Remote Work

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INTRODUCTION: The COVID-19 pandemic led to a rapid transition from on-site to remote and hybrid teaching, challenging educators' occupational well-being. Social and health care educators faced particularly high demands, yet it remains uncertain whether existing frameworks—such as the Content Model for Promoting Occupational Well-being in School Communities (ProSchoolSOWE; —adequately capture these changes. The aim is to test the robustness of the ProSchoolSOWE at two time points (2020, 2023) and examine how associations among its domains evolved after the shift to remote work.
MATERIAL AND METHODS: Cross-sectional survey data were collected from Finnish social and health care educators in 2020 (n=552) and 2023 (n=367) using the validated Occupational Well-being of Social and Health Care Teachers Index Questionnaire. Structural equation modelling (AMOS v27) was applied to test model fit and compare associations over time.

RESULTS AND CONCLUSIONS: The ProSchoolSOWE model showed good and stable fit across both measurement points (2020: IFI/CFI = 0.90, RMSEA = 0.05; 2023: IFI/CFI = 0.86, RMSEA = 0.04), with no significant difference between years ($\Delta\chi^2/9$ df = 15.8, p = 0.07). The model explained 51 % of occupational well-being variance in 2020 and 56 % in 2023, confirming strong explanatory power. Workers' resources and work were the strongest determinants of well-being (β = 0.45 → 0.55, p < 0.001). The influence of professional competence increased, while the direct effect of the work community slightly decreased, though its link with workers' resources strengthened. Indirect associations among working conditions, resources, and the work community remained moderate. Overall, the ProSchoolSOWE model proved robust and valid across changing work environments, effectively explaining educators' well-being after the transition to remote and hybrid teaching.

KEYWORDS: occupational well-being, social and health care educators, remote teaching, hybrid teaching, structural equation modelling

Occupational well-being of nurse and social care educators during voluntary remote work

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INTRODUCTION: Most existing literature is based on forced remote work during COVID-19, which limits understanding how voluntary remote work is related to occupational well-being of nurse and social care educators. The aim is to explore the connection between occupational well-being dimensions and overall occupational well-being among Finnish nurse and social care educators and does remote work moderate these connections.

MATERIAL AND METHODS: Quantitative data for this cross-sectional survey were gathered in autumn 2023 using the electronic instrument titled Occupational Well-being of Social and Health Care Teachers. The sample consisted of Finnish nurse and social care educators (n = 367). Data analysis was conducted with IBM SPSS Statistics 27, employing descriptive, bivariate, and multivariate analyses. To explore the associations between remote work, occupational well-being dimensions (including working conditions, work community, worker's resources and work, and professional competence), and overall occupational well-being, multiple regression models incorporating interaction terms were applied.

RESULTS AND CONCLUSIONS: Personal occupational well-being was assessed higher than work community well-being. Educators working remotely reported higher personal well-being than those not working remotely. In simple models, all four occupational well-being dimensions were positively related to both personal and work community occupational well-being. However, in the complex models, only work community and worker's resources

and work showed statistically significant associations. Remote work moderated these effects: the association between work community and both well-being outcomes was stronger among non-remote workers, and professional competence was significantly related to work community well-being only for those not working remotely. Voluntary remote work may support personal occupational well-being among nurse and social care educators. However, work community remains a key factor, especially for those working on-site. The study suggests tailored support strategies that reflect educators' work arrangements.

KEYWORDS: nurse and social care educator, occupational well-being, remote work

Clinical Leadership in Nursing Education: A European Project

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INTRODUCTION: Clinical Leadership (CL) in nursing education is fundamental to promoting value-driven, high-quality care within complex, demanding and continuously changing healthcare contexts. Nurse clinical leaders are not only skilled professionals with strong technical expertise but are also recognised by their peers as role models who inspire teamwork, empower others and encourage interprofessional collaboration, always with an emphasis on patient-centred care. Despite its significance, CL remains insufficiently defined and inconsistently integrated into nursing curricula across Europe, which underlines the need for further debate, clarification and collaboration. This Erasmus+ project seeks to develop a conceptual framework of CL competencies, providing a foundation for revising nursing curricula. The goal is to enhance educational strategies and learning resources that actively foster the acquisition and development of these competencies among nursing students.

MATERIAL AND METHODS: The project has been structured into distinct Work Packages (WPs). Initially, a comprehensive literature review was undertaken to identify and refine the concept of CL and to build a preliminary conceptual framework of CL competencies. Subsequently, focus groups (FG) were conducted in Belgium, Portugal and Finland with students, lecturers and practising nurses. These discussions explored perceptions of CL and tested the applicability of the conceptual framework. The outcomes of these activities, together with an overview of the project, will be presented at the symposium through four oral communications.

RESULTS AND CONCLUSIONS: The literature review enabled the development of a conceptual framework comprising five main domains, each containing specific competencies. A refined definition of CL, consistent with the framework, was also established. Findings from the FG revealed that although students, educators and professionals acknowledge the importance of CL in practice, they often struggle to clearly identify or articulate these competencies. The project is ongoing and will include SWOT analyses of nursing curricula as well as the creation of an open-access repository of educational methods and resources. Nevertheless, initial results already highlight the project's value and potential impact on nursing education across Europe.

KEYWORDS: clinical leadership, education, nursing, professional competence, conceptual framework, curriculum

Learning to be a Family Nurse: Reflection, Self-awareness, and Student Adaptation in Clinical Practice

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INTRODUCTION: Student learning is determined more by their action and reflection than by the teaching team. Reflection is a key pedagogical strategy to promote learning and personal and professional development. This study aims to highlight the relevance of reflection as a pedagogical strategy, contributing to the critical and conscious development of nursing students in their learning process.

MATERIAL AND METHODS: A qualitative study was conducted with third-year nursing students undergoing clinical placements in family health. Three students were asked to maintain a weekly reflective diary over a period of 10 weeks, where they could freely record their emotions, challenges, difficulties, expectations, or any other relevant aspects. The 30 reflective entries were analysed using the thematic content analysis technique, identifying patterns in the experiences and strategies reported in the diaries.

RESULTS AND CONCLUSIONS: The analysis of the narratives revealed categories mainly related to the Students' Characteristics (anxiety and fear, self-confidence, motivation, emotion management), the Learning Environment (relationship and role of the nurse tutor, relationship with colleagues and the healthcare team, opportunities and time to progress in learning), Patients and Families (patient undervaluing their health, focus on the therapeutic relationship, communication, exposure to different family structures and dynamics, confronting challenging family realities), and the Perspective of the Family Nurse's Role (time spent in consultations, support and care provided to families, recognition of the nurse's role by families). Reflection enables students to gain a deeper understanding of themselves as individuals and as professionals in training, fostering the development of not only technical skills but also the emotional and ethical maturity, essential for family nursing.

KEYWORDS: clinical practice, nursing education, family nurse, reflective practice

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Exploring the Impact of Escape Room-Based Learning on Leadership Competency in Undergraduate Nursing Students

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INTRODUCTION: This innovative escape room was designed using the COMET framework to develop leadership competencies in fourth-year undergraduate nursing students (N = 104). It was scheduled to take place on the first day of their two-week leadership practicum, as preparation for the upcoming experience. Key learning objectives of the escape room included collaboration and communication with the interdisciplinary health care team, prioritizing and delegating daily workflow, and developing confidence in organizing and managing nursing care for a small group of patients. The aim is to create an educational escape room to develop leadership competencies in undergraduate nursing students.

MATERIAL AND METHODS: The escape room was designed for a simulation setting. The International Nursing Association of Clinical Simulation and Learning guidelines for simulation were followed, including a prebriefing and a Plus-Delta debriefing. The outcomes were evaluated with a pretest-posttest design, asking participants how well they felt that they had met the objectives. The posttest included

three questions evaluating student experience, debriefing impact, and the effectiveness of this innovative educational tool.

RESULTS AND CONCLUSIONS: The response rate for the pretest was 100 % (n = 104), and for the posttest, it was 76 % (n = 79). There were statistically significant increases in confidence delegating tasks to others (p = .0012) and organizing nursing care for a small group of patients (p = .0186). Confidence in prioritizing tasks was also close to significance (p = .0614). Participants also rated the experience of the escape room highly (M = 4.52) and recommended its use in future leadership courses (M = 4.59). The activity proved fun and effective, improving confidence in delegation and care organization. Future studies should include more diverse teaching environments and test the effects on observed competence using standardized instruments.

KEYWORDS: escape room, leadership competencies, innovation, simulation

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Usability and Utility of Nurse Educators' Occupational Well-being Intervention

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INTRODUCTION: The occupational well-being of educators is crucial not only to themselves, but also when providing support for students. According to literature, there have been only a few occupational well-being promoting intervention studies among nurse educators and research evidence have indicated nurse educators experiencing challenges managing their occupational well-being, especially mental workload. SHINE (Self-Help Intervention for Educators) was developed to be applicable to the nurse educators' daily working life needing better resource-workload balance. SHINE consists of four components: physical activity at work, recovery activities at work, self-regulation development and workplace support. The aim is to evaluate the usability and utility of the SHINE -intervention in the daily working life of nurse educators in Finland.

MATERIAL AND METHODS: A process evaluation design conducted within the intervention group after a quasi-experimental intervention study in 2022. Nurse educators who completed 8-workweek SHINE intervention (n=37) participated in the study. Data were collected after the intervention with the survey consisting of three sections: 1) System Usability Scale (SUS), 2) Utility scale developed for this study and 3) with 4 open ended questions. The data were analysed statistically and with content analysis.

RESULTS AND CONCLUSIONS: The intervention was found to be usable. The digital Smart Break SHINE-program was easy to learn and use and the exercises were applicable in the daily working life. The program was seen as a break promoter. The SHINE program was estimated to be useful for promoting physical activity, personal resources at work and recovery during working. Usability and utility barriers were found concerning workload issues. SHINE was found to be most beneficial for early career nurse educators.

KEYWORDS: nurse educator, occupational well-being, progress evaluation

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Les expérimentations universitaires pour la formation infirmière: un levier pour relever les défis mondiaux en santé

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INTRODUCTION: Depuis 2009, la formation infirmière initiale en France s'inscrit dans le cadre européen de Bologne, conférant un grade de licence universitaire au diplôme d'État. Cependant, plusieurs rapports institutionnels ont mis en évidence un écart croissant entre les compétences attendues des infirmiers et la formation actuelle. Dans cette perspective, deux arrêtés ministériels (2021, 2022) ont autorisé, à titre expérimental, une intégration renforcée des formations paramédicales à l'université. Ces dispositifs visent à renforcer l'adossement académique, développer la recherche en sciences infirmières et promouvoir l'interprofessionnalité. Décrire les effets des expérimentations universitaires sur la gouvernance, les pratiques pédagogiques, la diplomation et les dynamiques professionnelles des acteurs impliqués.

MATERIAL AND METHODS: Une étude descriptive quantitative a été conduite en janvier 2023 auprès des établissements engagés dans ces expérimentations. Un questionnaire en ligne a été diffusé à l'ensemble des sites pilotes, portant sur quatre axes: gouvernance, innovations pédagogiques, impacts sur la diplomation et perceptions des acteurs. Les données ont été analysées de manière descriptive et comparative selon les types de partenariats établis.

RESULTS AND CONCLUSIONS: Les expérimentations ont permis d'instaurer des diplômes conjoints (Diplôme d'État Infirmier et Licence Santé), de favoriser des enseignements mutualisés et de renforcer les liens entre formateurs, enseignants-chercheurs et étudiants. Elles ont encouragé la participation à la recherche, l'accès aux ressources universitaires et l'acquisition de compétences scientifiques et interprofessionnelles. Toutefois, les résultats révèlent des disparités territoriales, une gouvernance complexe et une hétérogénéité des modèles d'intégration. Ces dispositifs apparaissent comme une étape majeure vers la structuration universitaire de la formation infirmière. Ils ouvrent la voie à la création de départements universitaires de sciences infirmières et à la formation de professionnels capables d'exercer un leadership clinique face aux défis mondiaux de santé.

KEYWORDS: formation infirmière, universitarisation, gouvernance, interprofessionnalité, recherche en soins

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Capturing the complexity of clinical mentorship: an innovative survey approach to exploring nursing students' experiences

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INTRODUCTION: Clinical mentorship is a key component of nursing education, shaping students' learning and professional development during clinical placements. Ensuring quality and consistency across these learning experiences is a central concern in nursing education. However, most research on

this topic relies on single-measure assessments that fail to capture the diversity of mentorship experiences students encounter throughout their education. This study aims to better understand the complex mentorship networks that students navigate during their clinical training through an innovative survey method grounded in Social Network Analysis (SNA).

MATERIAL AND METHODS: A total of 105 undergraduate nursing students from two universities in Catalonia, Spain, participated in the study. Between July and September 2025, they were asked to identify the clinical mentors (CMs) who had supported their learning during the 2024-2025 academic year. In total, 204 CMs were reported, corresponding to a mean of 1.94 mentors per student. Each identified CM was evaluated using the Maastricht Clinical Teacher Questionnaire (MCTQ), a validated instrument that measures the quality of clinical teaching. In addition, sociodemographic data on students were collected to contextualize the findings.

RESULTS AND CONCLUSIONS: Preliminary descriptive analyses highlight notable variability in the perceived quality of mentorship across the CMs identified by individual students. These differences indicate that students' clinical learning trajectories are shaped not by a single mentoring relationship but by a constellation of interactions with multiple clinical teachers, each contributing in distinct ways. By adopting an SNA-informed survey approach, this study demonstrates the added value of mapping and evaluating mentorship networks rather than treating mentorship as a uniform, one-to-one relationship. The findings provide richer insights into the strengths and limitations of clinical learning environments and offer a stronger basis for developing strategies to enhance the quality and consistency of mentorship in nursing education.

KEYWORDS: nursing education, clinical mentorship, mentorship quality, Social Network Analysis (SNA)

Mapping the mentorship maze: network analysis of barriers and facilitators of clinical mentorship in nursing clinical practicums

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INTRODUCTION: Clinical mentors (CMs) play a pivotal role in shaping nursing students' learning during clinical practicums. Mentorship quality may be challenged by high workloads, poor employment conditions, and insufficient pedagogical support, while CMs' emotional intelligence, experience and organizational support may facilitate their mentoring role. These and other factors tend to be studied in isolation, overlooking their complex interdependencies. The aim in to examine the interrelations among key barriers and facilitators to quality clinical mentorship in Catalonia, Spain.

MATERIAL AND METHODS: Between July 2024 and March 2025, we recruited 268 registered nurses who performed as CMs at a Catalan health institution. Data were retrieved through a self-administered online survey compiling information on perceived mentorship quality, professional experience, employment conditions, supervisory support, and emotional intelligence, among other variables. Network structures between variables were estimated with the EBICglasso model.
Centrality measures were also explored.

RESULTS AND CONCLUSIONS: Preliminary analyses showed that CMs' motivation was the most central node, displaying strong positive

associations with compromise and implication with clinical mentorship, as well as a strong negative association with perceived obstacles. Emotional intelligence also emerged as a key facilitator, showing multiple connections with perceived mentorship quality variables, as well as structural variables. Low supervisory support was negatively associated with perceived obstacles and positively with motivation, emotional intelligence and emotional wellbeing, indicating direct but also indirect effects on mentorship quality. Poor employment conditions and clinical experience showed weaker and more peripheral connections, suggesting marginal effects. Findings highlight the importance of strengthening emotional competences and organizational support in sustaining quality clinical mentorship. Holistic interventions aimed at supporting these factors simultaneously are therefore needed to improve clinical mentoring-learning experiences.

KEYWORDS: mentorship quality, well-being, organizational support, motivation

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Perceptions of Digital Competence Among Higher Education Nursing Educators: Qualitative study

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INTRODUCTION: The rapid digitalization of higher education has transformed teaching and learning practices, creating new expectations for educators' digital competence. In nursing education, digital literacy is essential not only for managing online learning environments but also for integrating digital tools into clinical and theoretical instruction. Despite increasing institutional demands, limited research has examined how nursing educators perceive and develop their digital competence in everyday academic contexts. This study explored how nursing educators in higher education perceive their digital competence, the challenges they face, and how these experiences influence their teaching practices and professional identity.

MATERIAL AND METHODS: A qualitative descriptive–interpretative method was used. Semi-structured, in-depth interviews were conducted with eight nursing educators from three higher education institutions, representing varied age groups, teaching experience, and levels of digital proficiency. The purposive sample included educators aged 28 to 60 years. The study was conducted between June and August 2025. Data were analyzed using content analysis. Four key themes were identified: Levels of Digital Literacy, Informal Learning and Peer Support, Barriers to Digital Engagement, and Changing Teaching Identity.

RESULTS AND CONCLUSIONS: Participants demonstrated varying levels of digital literacy and confidence. Most reported developing competence through informal, experiential, and peer-supported learning rather than formal institutional training. Institutional constraints, lack of time, and limited technical support were frequently cited barriers, along with feelings of frustration and apprehension when adopting new technologies. Despite these challenges, participants recognized digitalization as a source of pedagogical renewal, enabling greater flexibility, student engagement, and innovation, though often at the cost of reduced personal interaction. Digital competence was perceived as an ongoing, evolving process shaped by institutional culture, individual motivation, and emotional experience.

KEYWORDS: digital literacy, teaching practices, professional identity

Développer le raisonnement clinique et la métacognition grâce à l'oculométrie et à l'intelligence artificielle en simulation

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INTRODUCTION: La simulation constitue un levier essentiel dans la formation en soins infirmiers pour soutenir le développement d'un raisonnement clinique structuré et efficace. Le projet EYE LEARN prolonge son exploitation de manière innovante en intégrant l'oculométrie et l'intelligence artificielle (IA) afin de renforcer la réflexivité des étudiant·e·s. Présenter les cadres conceptuels ayant guidé le développement d'EYE LEARN, décrire l'outil et partager les résultats des évaluations réalisées auprès des étudiant·e·s et des enseignant·e·s utilisateurs·trices.

MATERIAL AND METHODS: Les étudiant·e·s utilisent des lunettes d'oculométrie durant leurs sessions de simulation. Quelques jours plus tard, ils·elles réalisent une autoanalyse autonome et guidée de leur enregistrement vidéo oculométrique via une plateforme en ligne dédiée. Cette analyse est structurée autour d'une série de questions réflexives s'appuyant sur l'exploitation des données de leur regard. Une IA, spécifiquement entrainée, fournit les statistiques des zones d'intérêt observées sur les différentes parties du corps du patient simulé et sur l'environnement. Les étudiant-e-s explorent leur démarche systématique et les corrélations entre leur prise de conscience de la situation et les actions mises en place.
L'intérêt pédagogique d'EYE LEARN a été évalué auprès des étudiant·e·s avec un questionnaire conçu pour le projet et un outil validé mesurant l'expérience utilisateur. Les enseignant·e·s ont partagé leur perception d'utilité et leur expérience lors de focus groups et d'entretiens semi-directifs.

RESULTS AND CONCLUSIONS: Les étudiant·e·s (n = 82) et enseignant·e·s (n=17) ont exprimé un sentiment important d'utilité pour le développement du raisonnement clinique et des apprentissages métacognitifs. L'expérience utilisateur·trice est jugée très satisfaisante.
Ce projet, porté par les sciences infirmières en partenariat avec l'ingénierie informatique, illustre l'intérêt de l'interdisciplinarité et démontre le potentiel de l'oculométrie et de l'IA dans l'enseignement. EYE LEARN propose un modèle innovant, reproductible et adaptable à divers contextes pédagogiques, contribuant à l'évolution des pratiques éducatives en santé.

KEYWORDS: raisonnement clinique, métacognition, oculométrie, intelligence artificielle, simulation

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Modèles et théories en sciences infirmières: un socle disciplinaire pour la refonte de la formation en France

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INTRODUCTION: La réforme 2026 de la formation infirmière en France s'inscrit dans une dynamique de reconnaissance académique de la profession, à la suite de la loi infirmière du 27 juin 2025. Celle-ci affirme le diagnostic, la prescription, la consultation et la mobilisation des données probantes comme fondements de l'exercice infirmier. Dans ce contexte, l'intégration des modèles conceptuels et des théories en sciences infirmières (SI) devient un levier majeur pour structurer la pensée clinique, renforcer l'autonomie professionnelle et consolider le statut scientifique de la discipline. Analyser la place et les apports des modèles et

théories en sciences infirmières dans la refonte du référentiel de formation, au regard des paradigmes contemporains et des exigences du système de santé.

MATERIAL AND METHODS: Une analyse documentaire et conceptuelle a été réalisée à partir des textes législatifs récents, des travaux institutionnels préparatoires à la réforme, et d'un corpus scientifique national et international. L'approche mobilise le cadre du métaparadigme infirmier (personne, environnement, santé, soin) et les niveaux d'abstraction théorique (modèles conceptuels et grandes théories, théories de moyenne portée, théories pratiques).

RESULTS AND CONCLUSIONS: Les résultats soulignent la nécessité d'un ancrage théorique explicite dans le nouveau curriculum afin de soutenir le raisonnement clinique, l'interprofessionnalité et la mobilisation des données probantes. Les modèles conceptuels offrent un cadre de référence global pour penser le soin, tandis que les théories guident l'action clinique, l'enseignement et la recherche. Leur intégration permet de relier la formation à la pratique, de renforcer l'identité disciplinaire et de développer des compétences de leadership clinique. La refonte du référentiel représente ainsi une opportunité stratégique pour repositionner les sciences infirmières au cœur du système de santé et de la formation universitaire.

KEYWORDS: sciences infirmières, modèles conceptuels, théories de soins, réforme de la formation, raisonnement clinique

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Repenser la gouvernance pour réussir l'universitarisation de la formation infirmière en France

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INTRODUCTION: L'universitarisation des formations en santé, engagée depuis 2009, franchit une nouvelle étape stratégique avec la réforme 2026 de la formation infirmière. Cette transformation vise à renforcer la cohérence entre formation, recherche et pratique, tout en consolidant l'ancrage universitaire des instituts de formation. Dans le cadre de la mission nationale conduite par le Pr Christine Ammirati, un chantier spécifique a été consacré à la restructuration de la gouvernance des formations paramédicales, afin de définir un modèle équilibré entre les acteurs hospitaliers, universitaires et régionaux. S'ancrer sur les préconisations issues du groupe de travail national concernant la gouvernance et en dégager les leviers de mise en œuvre pour une gouvernance intégrée et efficace des formations infirmières universitarisées.

MATERIAL AND METHODS: L'analyse s'appuie sur les travaux du groupe "Mise en place opérationnelle" de la mission Universitarisation, sur les comptes rendus de réunions nationales, et sur les contributions croisées des parties prenantes de ce groupe dont le Comité d'Entente des Formations Infirmières et Cadres (CEFIEC). Une analyse thématique a permis de dégager les principes structurants de la nouvelle gouvernance.

RESULTS AND CONCLUSIONS: Le modèle proposé repose sur trois niveaux articulés :

1. Une commission stratégique régionale assurant la coordination entre universités, ARS, conseils régionaux, milieux cliniques, étudiants et instituts de formation ;
2. Des départements universitaires en sciences infirmières avec des commissions permanentes dédiées ;
3. Des instances locales maintenant la proximité avec les étudiants et les instituts de formation.

Ce modèle vise à garantir la co-construction, l'équité territoriale et la lisibilité du pilotage. Les défis identifiés concernent la clarification des responsabilités juridiques, la représentativité des acteurs et la soutenabilité des ressources humaines et financières. La mise en œuvre effective nécessitera un cadre conventionnel national et des départements universitaires dotés de moyens dédiés.

KEYWORDS: universitarisation, formation infirmière, gouvernance, partenariats, référentiel de formation 2026

Bien-être des étudiants infirmiers : le levier des compétences psychosociales

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INTRODUCTION: Les étudiants en soins infirmiers (ESI) sont exposés à une forte charge émotionnelle, susceptible d'altérer leur bien-être et leur engagement. Dans une approche préventive, l'identification des ressources personnelles protectrices du stress constitue un enjeu clé pour la réussite académique et la persévérance en formation. Explorer les effets croisés du sentiment d'efficacité personnelle (SEP), de l'intelligence émotionnelle (IE) et des styles de gestion des conflits (SGC) sur le stress perçu et le bien-être subjectif des ESI en première année de formation.

MATERIAL AND METHODS: Une étude multicentrique transversale a été conduite en 2022 auprès de 1 021 ESI recrutés dans plusieurs instituts de formation. Les outils utilisés incluaient le SEP (10 items), l'IE (16 items), les SGC (28 items), l'échelle de stress perçu (PSS-10), un indicateur de stress occupationnel et un baromètre d'humeur. Des analyses de régression multiple ont été menées pour examiner les effets prédictifs des variables psychosociales sur le stress et le bien-être.

RESULTS AND CONCLUSIONS: Le stress perçu moyen des ESI (M = 20,5) dépasse la norme attendue pour cette tranche d'âge, avec 40,7 % présentant des signes élevés de stress. Le SEP et la conscience de ses propres émotions sont associés à une meilleure humeur et à un stress moindre, alors que la conscience des émotions d'autrui et le style de gestion des conflits "complaisant" sont corrélés à un stress accru. Ces résultats soulignent le rôle central du SEP et de la conscience émotionnelle comme ressources de protection. Le renforcement de ces compétences psychosociales dès la première année apparaît essentiel pour soutenir le bien-être et prévenir le décrochage. L'arrêté du référentiel de formation 2026 prévoit le développement de ces compétences psychosociales des étudiants afin de favoriser leur autonomisation et leur pouvoir agir. Une recherche longitudinale est en cours pour confirmer ces relations dynamiques.

KEYWORDS: étudiants en soins infirmiers, stress, bien-être, sentiment d'efficacité personnelle, intelligence émotionnelle

Re-imagining Nurse Leadership: Professional Identity and Governance in a Gendered Healthcare System

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INTRODUCTION: Nurses are the largest cohort of healthcare professionals with a global nursing workforce of 29.8 million. Yet, their extensive expertise in clinical care, organisational efficiency and stakeholder engagement is seldom translated into board-level influence, limiting the profession's visibility and recognition in health-system governance. In the United States, only 4 % of hospital and health system board seats are occupied by nurses. Empowering nurses to promote their unique knowledge and skillset is key to increasing their representation on multistakeholder health boards and improve healthcare outcomes. The aim is to explore the barriers and facilitators on nurses' journey from bedside care to boardroom and their participation on multi-stakeholder executive level healthcare boards.

MATERIAL AND METHODS: Qualitative methodology with purposeful sampling for 25 semi- structured interviews of nurses on multi- stakeholder executive level boards across various health care settings globally. Data analysis was through reflexive thematic analysis.

RESULTS AND CONCLUSIONS: Three central themes were generated: the status of the profession, power dynamics and the masculinity of the health service. They highlight the complex interplay of professional identity, organisational culture, and social factors that shape nurses' journey to board membership. Findings show the strongest influence being gender, specifically hegemonic masculine structures and that nurses actions to overcome the barriers to leadership created by these structures are in turn reproducing these gendered inequalities. The study introduces a conceptual framework of "professional autopoiesis" to explain and break the cyclical reproduction of gendered norms in nursing leadership. This framework offers a novel lens for understanding governance and identity in nursing education and practice. The findings have significant implications for leadership development, policy reform, and educational strategies aimed at empowering nurses to become influential voices in healthcare leadership.

KEYWORDS: leadership, healthcare, nurse, boards, gender

Teach Back method - a promising method supervising nursing students in clinical practice

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INTRODUCTION: Teach Back is a structured and evidence-based teaching method. It involves explaining or showing the subject matter to the learner and then checking the learner`s understanding by asking the learner to explain or show the subject matter back to the teacher in his or her own words. The aim is to evaluate the use of Teach Back teaching method in the supervision of nursing students` patient observation skills in the intensive care unit and the usability of the method in supervision.

MATERIAL AND METHODS: The quasi-experimental post-test design was used. During the clinical practice in critical care unit, nursing students (n=10) in the intervention group were supervised using the Teach Back teaching method. The mentors of the intervention group received training on the Teach Back method and its implementation in supervision. Nursing students (n=10) in the control group were supervised with traditional methods. At the end of clinical practice, students in both groups self-assessed their circulatory and respiratory patient observation skills using the POS-CCN instrument consisting self-assessment and knowledge test. Moreover, the students and their mentors (n=16) in the intervention group evaluated the use of the Teach Back method. The data was analysed using descriptive statistics and content analysis.

RESULTS AND CONCLUSIONS: The self-assessed competence of the students in the intervention group was better than that of students in the control group, but no significant differences were found between the intervention and control group in the knowledge test in terms of circulation and respiration observing skills The students and the mentors evaluated the Teach Back method as good. It helped to identify unclear issues. Teach Back method was seen as a useful way of learning during clinical practice. The method increased communication between the student and the mentor. It also allowed mentors to review their own mentoring.

KEYWORDS: teach back method, clinical practice, critical care, nursing student

The Tangology Simulation: Experiential Learning in Leadership and Followership

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INTRODUCTION: Leadership is a central focus in healthcare disciplines, particularly in the health professions1. However, leadership education often relies on readings and discussions that lack the embodied experiences needed to reflect deeply on what it means to lead. Similarly, followership, the ability to collaborate and support leadership within a healthcare team, receives far less attention in traditional curricula. The Tangology Simulation addresses this gap by providing an experiential, non-threatening way for students to explore leadership and followership. Implemented since 2017 as part of the Robert Wood Johnson Foundation's Summer Health Professions Education Program at a university in the United States of America, the simulation engages approximately 80 pre-health professional students annually.

MATERIAL AND METHODS: The activity begins with a brief discussion on leadership and followership, followed by a 45-minute Argentine Tango session in which students alternate between leading and following, experiencing both roles firsthand. After the end of the activity, students complete written reflections guided by open-ended prompts.

RESULTS AND CONCLUSIONS: Qualitative analysis of responses consistently reveals two main themes: confidence and trust. Students report that confidence is essential to effective leadership, while trust in the leader is vital for followership. They also recognize communication and situational awareness as crucial relational skills. Through the Tangology Simulation, students gain deeper insight into their leadership styles, relational dynamics, and teamwork capacity. This innovative learning strategy shows how embodied, arts-based experiences can complement traditional instruction by fostering self-awareness, emotional intelligence, and reflective practice, skills essential for future nurses in multidisciplinary healthcare environments.

KEYWORDS: leadership, followership, experiential learning, simulation

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The See and Treat (SaT) Model: A Retrospective Study of Emergency Department Attendances

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INTRODUCTION: Emergency Department (ED) overcrowding due to the increasing number of presentations with low-priority clinical codes (White, Green, and Azure) poses a significant challenge to healthcare systems, negatively impacting waiting times, quality of care, and resource efficiency. The "See and Treat" (SaT) organizational model, which uses pre-defined medical and nursing protocols for managing minor emergencies, emerges as a potential solution to optimize the flow of this patient group. This single-center retrospective study aims to characterize in detail the population of patients who accessed the ED with minor clinical priority codes (White, Green, Azure) between 2020 and 2024. The primary goals are to provide an epidemiological description (demographic distribution, frequency, and type of complaints) and to delineate typical care pathways, the use of diagnostic-therapeutic resources, and clinical outcomes, thereby assessing the feasibility and potential impact of introducing an SaT model.

MATERIAL AND METHODS: A retrospective analysis was conducted using data extracted from the ED information systems. The analysis covered patient flows, priority codes (White, Green, Azure, Orange, Red, Black), mean waiting and consultation times, discharge modalities, and specialty accesses. Data were processed using descriptive statistics and graphical visualizations to identify significant trends and correlations.

RESULTS AND CONCLUSIONS: An increase in the overall volume of ED visits was observed, predominantly among Green (approx. 40 %, showing a constant increase) and Azure (approx. 35 %, showing a constant decrease) codes, indicative of minor or moderate urgency. Fast Track pathways implementation was associated with an optimized time management for specific conditions. However, a general lengthening of waiting times was highlighted, especially for Azure and Green code patients. The most frequent discharge modality was "Home" (14,000 in 2020 vs. 22,000 in 2024). The results underscore the prevalence of low-complexity clinical conditions and often short, standardized care pathways. This study confirms the potential effectiveness of the SaT model and Fast Track pathways in mitigating overcrowding driven by low-priority accesses, suggesting the need for targeted clinical-assistance interventions supported by protocols to ensure fluid and safe transitions. Future research should evaluate the long-term impact of these advanced triage strategies on patient satisfaction and National Health Service (SSN) efficiency.

KEYWORDS: see and treat, overcrowding, triage, fast track, boarding

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Walking Towards Safer Care: Insights from a Cross-Sectional Survey on Safety Walk Around (SWA) in Italy

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INTRODUCTION: Patient safety is a fundamental pillar of healthcare systems and requires robust organizational models capable of anticipating risks before they result in harm. The increasing complexity of care delivery, communication gaps, and workload pressures contribute significantly to adverse events. To address these challenges, clinical risk management has gradually shifted toward proactive strategies. Among them, the Safety Walk Around (SWA), inspired by the Lean philosophy's Gemba Walk, represents a valuable tool for observing processes in real settings, fostering dialogue with healthcare professionals, and strengthening a culture of safety and continuous improvement. This study aimed to explore healthcare professionals' knowledge, perceptions, and interest regarding the SWA within the context of Italian healthcare.

MATERIAL AND METHODS: A descriptive cross-sectional survey was carried out between January and April 2025. A convenience sample of physicians, nurses, and nurse coordinators participated. Data were collected through a structured questionnaire, adapted from previously validated instruments, including a demographic section and 15 Likert-scale items.

RESULTS AND CONCLUSIONS: Of 373 distributed questionnaires, 320 were returned and analyzed, yielding a response rate of 86 %. The sample was predominantly composed of female nurses. Only 29 % of participants reported prior awareness of the SWA. Chi-square analysis revealed statistically significant associations ($p<0.05$) between professional role, participation in clinical risk management training, and knowledge of the methodology. Findings highlight limited dissemination of SWA, likely due to heterogeneous training opportunities and partial integration into clinical practice. Reported barriers include time constraints, communication challenges, and cultural resistance to change. These results emphasize the need for structured education and awareness initiatives, supported by strengthened clinical leadership, to foster systematic implementation of SWA and advance

a mature, shared culture of patient safety in Italian healthcare.

KEYWORDS: safety walk around, patient safety, clinical risk management, safety culture, healthcare professionals

Integrating intersectionality into nursing education: challenges and transformative pathways

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INTRODUCTION: Contemporary healthcare challenges require nurses to develop competencies that extend beyond clinical expertise, including the ability to critically engage with social and structural determinants of health. In recent decades, multiple voices have advocated for incorporating a more structural perspective in the understanding and nursing approach to health and illness phenomena. Intersectionality offers a valuable framework to address these complexities; however, its integration into nursing practice and education remains limited.
Aim was to propose practical strategies for integrating intersectional theory into nursing practice and to explore the educational transformations necessary to effectively incorporate intersectional competence into professional nursing education.

MATERIAL AND METHODS: A descriptive qualitative study was conducted in Catalonia, Spain, between 2022 and 2023. Using theoretical sampling, 17 semi-structured interviews and 2 focus groups were conducted with 26 nursing professionals from diverse roles. Data were transcribed verbatim and analysed thematically through a constructivist and critical theory lens.

RESULTS AND CONCLUSIONS: A theoretical framework was developed based on five interrelated dimensions that describe the implications of intersectionality in nursing practice. These dimensions are presented in a conceptual framework, organized from elements most closely related to reflexivity and professional positionality to those more distantly connected to a critique of the structural system in which nursing activities are situated. Additionally, an analysis of the educational implications revealed four interrelated themes for transformation. Findings indicate that the integration of intersectionality requires systemic reform beyond curriculum content, including pedagogical innovation, faculty development, and institutional alignment. Embedding equity and social justice as guiding principles is essential to fostering transformative, inclusive nursing education.

KEYWORDS: nursing education, intersectionality, framework, curriculum reform, health equity

Transforming Conflict into Competence: Nursing Students' Experiences of Teamwork in a Competency-Based Curriculum

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INTRODUCTION: Competency-based education is essential in nursing, preparing students to face the complex demands of practice. Conflict management is a common challenge in healthcare and education, requiring strategies

that balance assertiveness, empathy, and collaboration. In a Master of Science leadership course, a teamwork-based learning experience was implemented to foster leadership growth and emotional intelligence. To identify students' approaches to conflict management and teamwork in competency-based learning, and to explore how these experiences shaped their leadership and emotional intelligence development.

MATERIAL AND METHODS: A qualitative descriptive design was applied. Fifty Master of Science nursing students participated in semi-structured narratives following a competency-based educational project on teamwork. Texts were analysed through inductive content analysis. The analysis followed the Elo & Kyngas content analysis methodology. Codes were generated and clustered into categories and themes by two independent researchers to ensure rigour.

RESULTS AND CONCLUSIONS: Three overarching themes emerged: (1) Conflict Management Approaches, with students describing both avoidance and constructive engagement strategies such as mediation and collaborative negotiation; (2) Leadership Development and Teamwork, highlighting growth in delegation, decision-making, and facilitative leadership that values inclusivity and shared responsibility; and (3) Emotional Intelligence in Learning, with students reporting greater self-awareness, regulation of emotions, and empathetic listening as key enablers of constructive conflict resolution. Students emphasized that conflict, once perceived as a threat, was increasingly reframed as an opportunity for growth, improved communication, and enhanced group cohesion. Findings suggest that competency-based, teamwork-oriented education can foster essential non-technical skills such as conflict management, leadership, and emotional intelligence. Embedding structured opportunities for reflection and collaborative problem-solving in curricula supports students' readiness to manage complex interpersonal dynamics in clinical practice, ultimately contributing to more resilient and person-centered healthcare teams.

KEYWORDS: nursing education, competency-based education, nursing students, competency, curriculum design

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Mapping Students' Paths to Employment: Strategies, Motivations, and Expectations of Future Nurses

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INTRODUCTION: Supporting nursing students in their transition from education to professional practice requires attention to their career expectations, motivations, and perceived readiness for employment. Understanding how students envision their future work settings, strategies for job searching, and motivations for their choices can provide important insights for nurse educators. This knowledge is crucial to design person-centered teaching and learning strategies that not only enhance employability but also foster professional identity development. This study aimed to explore the perspectives of graduating nursing students on their future employment, including preferred job settings, motivations, expectations, and strategies for entering the workforce.

MATERIAL AND METHODS: A qualitative descriptive design was adopted. Twenty-three final-year students from two Bachelor of Nursing programs in Italy, delivered in English and attended mainly by international students, were interviewed six months prior to graduation. Data were collected through semi-structured, one-on-one interviews, audio-recorded and transcribed verbatim. The analysis followed the Elo & Kyngas content analysis methodology. Ethical approval was obtained prior to data collection.

RESULTS AND CONCLUSIONS: Three overarching themes were identified: (1) Choice of

setting—students' preferences were strongly influenced by internship experiences, personal passion, familiarity with work environments, and alignment with professional goals; (2) Motivations for choice—convenience, accessibility, perceived success, financial incentives, and opportunities for growth shaped students' decisions; (3) Strategies for job search—participants emphasized the importance of preparing a strong curriculum vitae, leveraging the internet and professional networks, improving language and communication skills, considering work abroad, and pursuing further education to achieve desired roles. The study demonstrates that students' career plans are deeply shaped by experiential learning, personal values, and perceptions of professional opportunities. Nurse educators can use these insights to design person-centered educational approaches that support students' preparedness for employment. By integrating career readiness strategies into curricula, educators can foster students' confidence, align teaching with real-world expectations, and promote smoother transitions into professional nursing practice.

KEYWORDS: nursing education, job search, strategies, motivations, curriculum design

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Educator controlled factors shaping nursing students' career intentions

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INTRODUCTION: Career intentions among nursing students are shaped by the interaction of personal circumstances, curricular emphasis, and the quality of clinical placements. Acute hospital roles frequently attract students because of their visibility, pace, and perceived portability of skills, whereas community, mental health, and older people's nursing tend to be undervalued when exposure is limited or inadequately supported. Self-efficacy and resilience influence how students interpret early experiences and whether they consolidate or redirect their intended career paths. Aim was to synthesise evidence on factors influencing career aspirations and intentions during the student phase, and to identify educator factors that strengthen informed, system-responsive choices.

MATERIAL AND METHODS: A scoping review conducted in accordance with JBI methodology and reported using PRISMA-ScR. Thirteen multidisciplinary databases were searched. Thirty-five studies met inclusion criteria relating to students' specialty intentions, clinical placements, and educational strategies. Data were charted and thematically mapped; causal inference was not attempted.

RESULTS AND CONCLUSIONS: Three patterns recurred. First, placement quality, not exposure alone, predicts intention. Prepared preceptors, inclusive teams, progressive responsibility, and constructive feedback were associated with commitment. Exclusion, overload, and role ambiguity deterred entry, particularly in underserved fields. Second, mechanisms and moderators mattered. Self-efficacy, stigma, role clarity, digital readiness, and life stage constraints shaped effects; intention measures were heterogeneous and rarely linked to first post destinations. Third, curriculum design and pathway visibility influenced direction. Early breadth followed by later depth, high-fidelity simulation, interprofessional learning, and explicit portrayal of community and mental health careers widened options when accompanied by credible supervision and alignment between assessment and practice. Overall, aligning curriculum and placement design with protected mentorship and structured reflection can broaden choice without compromising preparation for acute care. Co-developed indicators that track students from intention to employment are needed to evaluate impact and equity. Educators should prepare

and recognise preceptors, ensure exposure to under-represented sectors, embed reflection, integrate digital competencies, and track intentions into graduate destinations.

KEYWORDS: nursing education, clinical placements, career intentions, preceptorship, curriculum design

Collaboration between professions begins with learning together

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INTRODUCTION: Population is aging, and there is an increasing demand for healthcare services in society. At the same time, more and more new services are being created that accompany and assist patients on their health journey. Many people with different professions and specialties work in the healthcare sector, who have received specialized training to provide professional assistance to patients. Often, curricula focus only on teaching their own field-specific knowledge and professional skills. The health outcome and quality of patients depend on the interdisciplinary cooperation of different disciplines. While teamwork is mostly taught in-program in curricula, i.e., students of one discipline practice working together, less attention is paid to learning and practicing together in different disciplines. The aim was to create a joint training session to practice better collaboration between related.

MATERIAL AND METHODS: In 2023, Health University of Applied Sciences initiated joint courses for students in fields that work together on a daily basis. The first joint courses were for nursing and healthcare assistant students, and they focused on resolving practical situations in a simulation center. Each discipline performed interventions according to their competence, while also having to understand the intervention needs of the other discipline and support the patient. To date, joint courses have been conducted for nursing and childcare students, and joint courses for nursing and emergency medical technicians and intensive care nursing master's students are being planned. Situations are created to apply collaboration in different situations and environments: mass trauma accident, ambulance, emergency department, and intensive care unit. In this way, students from different disciplines and different levels of study programs can practice collaboration in a safe environment.

RESULTS AND CONCLUSIONS: As a result of the joint training, participants improved their learning outcomes, confidence in fulfilling their role, understanding of interventions from other professions, and mutual cooperation.

KEYWORDS: nurse, healthcare worker, education, curriculum, cooperation

Developing transdisciplinary collaboration through digital health student projects in nursing and engineering education. What are the challenges at stake?

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INTRODUCTION: In the 21st century, emergence of digital health and digital transformation is significantly altering healthcare. Despite their crucial role, nurses often remain on the sidelines in developments of new digital healthcare tools. Computer sciences and nursing students undertake transdisciplinary projects aimed at integrating technology into healthcare to enhance patients' life quality, particularly for those with chronic diseases. Transdisciplinary

collaboration between students of different disciplines is promoted, fostering joint learning and project management. Aim. Firstly, a description of qualitative descriptive research to inquire about the influence of professional identity, organizational culture, and perception of the other profession had on collaborative learning in transdisciplinary student projects is presented. Secondly, implementation of these projects throughout the third year of the nursing curricula, experiences and challenges will be presented.

MATERIAL AND METHODS: Semi-structured interviews and focus groups were conducted in 2023 with bachelor's degree nursing students. Thematic analysis was used to identify themes.

RESULTS AND CONCLUSIONS: Data analysis resulted in five key themes: 'Professional identity', 'Managing uncertainty', 'Perception of the other profession', 'Collaborative learning' and 'Added value of transdisciplinary projects'. Nurses found working with IT-students beneficial, enhancing collaboration skills and overcoming communication barriers. They appreciated diverse professional strengths collaborating to solve real-world health problems and recognized the need for more nurse involvement in IT-projects to develop tailored healthcare tools. Challenges included discipline-specific jargon, different project priorities across curricula and varied operational approaches.
The research highlighted the impact professional identities and perceptions of professions have on transdisciplinary collaboration in resolving healthcare issues. Further research into transdisciplinary student projects in the healthcare field is suitable as is better synchronization of student's activities within different curricula.

KEYWORDS: transdisciplinarity, professional identity, nurses, IT engineers, collaborative/ transdisciplinary learning

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Recherche narrative sur l'impact (trans)formateur de l'épreuve du vécu clinique: étude exploratoire auprès des étudiants en soins infirmiers

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INTRODUCTION: La formation infirmière en France repose sur le principe d'alternance intégrative (Malglaive, 1994). Les stages représentent des lieux d'apprentissage mais aussi d'exposition à des situations cliniques complexes et émotionnellement intenses, générant parfois vulnérabilité, désengagement ou abandon (Wittorski, 2016 ; Guillaumin, 2012 ; Morenon *et al.*, 2017 ; Bartholomé, 2019 ; Rapport IGAS, 2022 ; Rapport DRESS, 2023 ; Enquête CEFIEC, 2022). En conséquence, l'épreuve du vécu clinique des étudiants en soins infirmiers comporte également des enjeux biographiques et existentiels (Baudouin & Frétigné, 2013 ; Martuccelli, 2010), susceptibles de jouer un rôle déterminant dans les processus de formation et les parcours individuels. Objectif : La communication aura pour objectif de présenter le travail exploratoire mené dans le cadre d'une thèse en cours en Sciences de l'Education et de la Formation. La recherche porte sur l'épreuve du vécu clinique des étudiants en soins infirmiers. Cet objet sera analysé comme un processus formatif, transformateur et identitaire.

MATERIAL AND METHODS: La phase exploratoire s'inspire du protocole d'enquête narrative en sciences humaines et sociales (Breton, 2022), à travers des entretiens narratifs, mêlant narration biographique (Pineau & Legrand, 2019) et descriptions phénoménologiques (Vermersch, 2011 ; Petitmengin, 2010 ; 2015). Un outil créatif inspiré de la technique des lignes de vie (Lainé, 2004) a été mobilisé. Cette démarche permet aux étudiants d'articuler histoire personnelle et vécu clinique au cours des entretiens.

RESULTS AND CONCLUSIONS: Les premiers résultats montrent que la mise en récit des

épreuves cliniques précise le rapport à la profession et soutient l'engagement de l'étudiant en formation. L'articulation entre dimensions corporelles, émotionnelles et narratives dans les récits en formation appuie la (trans)formation identitaire de l'étudiant. D'autres résultats seront partagés lors de la conférence.

KEYWORDS: étudiants infirmiers, formation clinique, narration, expérience, identité

Nursing Students Evaluation of Simulated Emergency Medical Care Training (EMCT)

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INTRODUCTION: EMCT simulation exercises offer nursing students essential hands-on clinical training with possibility of endless repetitions, with no fear of making mistakes or harming patients. This study evaluated nursing students' perceptions of EMCT simulation exercises performed by paramedics with more than 25 years of experience in emergency medical services, focusing on technical quality, content, and practical relevance.

MATERIAL AND METHODS: Sixty-two second year nursing students participated in EMCT simulation exercise, of those forty-seven (75,8 %) completed post exercise questionnaires. A 5-point Likert scale assessed technical execution, time management, content quality, innovation, knowledge gained, and practical use.

RESULTS AND CONCLUSIONS: Overall evaluations were highly positive. Technical execution achieved a mean score of 4.9 (SD=0.3), with 91 % participants rating it as excellent. Time management and content quality both reached mean scores of 5.0 (SD=0.1), with 98 % of respondents giving the highest rating. Practical applicability scored 4.9 (SD=0.4), with 91 % rating it as excellent. Students highlighted realistic case scenarios, video materials, professional instruction, and hands-on demonstrations as key strengths. Conclusions: EMCT simulated exercises proved highly effective in nursing education. Students reported strong satisfaction, meaningful knowledge gains, and high practical value. The integration of professional delivery, realistic cases, and experiential learning provided a successful educational experience bridging theory with clinical practice.

LIMITATIONS: Limitations include the small sample size, potential selection bias due to voluntary participation, and the absence of a control group. The evaluation relied solely on immediate self-reported satisfaction without long-term follow-up or objective skill assessment. High ratings may also reflect response bias.

FUTURE RESEARCH DIRECTIONS: Future studies should adopt longitudinal designs to measure knowledge retention and real-world application. Comparative research across different training methods, standardized objective assessments, and larger multi-site samples would strengthen evidence. Further investigation into optimal training duration, cost-effectiveness, and instructional strategies is recommended to maximize learning outcomes and support clinical competence.

KEYWORDS: nursing students' perceptions, simulated training, emergency medical care

La conscience de soi des étudiants en sciences infirmières de première année et l'impact sur la professionnalisation en stage

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INTRODUCTION: La formation infirmière, organisée sur trois ans entre cours et stages, confronte les étudiants en sciences infirmières (ESI) à des conditions éprouvantes. Malgré une forte attractivité sur Parcoursup, les abandons restent fréquents, surtout en première année. Cette recherche explore le lien entre conscience de soi (CDS) et apprentissages afin d'identifier des leviers favorisant la professionnalisation des ESI. Objectif: L'étude examine le rôle de la CDS dans la professionnalisation des ESI de première année. L'approche combine des évaluations quantitatives et des entretiens pour analyser son impact sur les apprentissages et l'adaptation en stage.

MATERIAL AND METHODS: Avant le stage, les étudiants volontaires remplissent deux échelles standardisées de CDS. Seuls ceux présentant des scores homogènes (élevés ou faibles) sont retenus. Durant le stage, des entretiens semi-directifs explorent vécu, tutorat, posture professionnelle, apprentissages et ressources mobilisées. Après le stage, les échelles sont à nouveau administrées, et certains étudiants participent à des entretiens d'explicitation (EdE).

RESULTS AND CONCLUSIONS: La phase test menée en 2024/2025 se déroule dans un IFSI francilien: sur 115 étudiants, 61 grilles sont exploitables, 19 ESI sont retenus (10 à forte conscience de soi, 9 à faible). Quinze entretiens sont réalisés (un abandon survient dans le groupe à faible CDS et 3 ESI abandonnent l'étude). Quatre ne complètent pas les grilles finales. Trois étudiants retenus participent à un EdE. Les résultats montrent des difficultés liées au tutorat, aux conditions de stage, aux soins techniques et à la gestion des émotions. L'entretien est vécu positivement. Les étudiants à forte CDS progressent davantage (9/10 passent en deuxième année), tandis que les autres connaissent redoublements, arrêts ou reports. La CDS apparaît comme un levier de réussite et l'explicitation, en donnant sens au vécu, ouvre des pistes pédagogiques et pourrait devenir un outil central de la formation infirmière.

KEYWORDS: Étudiants en sciences infirmières, conscience de soi, professionnalisation, accompagnement pédagogique, entretien d'explicitation.

Integrating the Emotional Labor Model in Pediatric Nursing at Outpatient Consultations: Insights from a Training Program

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INTRODUCTION: The emotional demands inherent in pediatric caregiving are well established. Pediatric nurses, in particular, frequently navigate high-intensity emotional labor, often without structured strategies to manage these experiences effectively. This study reports on the integration of the Emotional Labor Model in Pediatric Nursing (ELMPN) within outpatient consultations at a hospital in Lisbon, Portugal. Conducted as part of an action research project and grounded in the framework proposed by Kuhne and Quigley, the study involved the design and implementation of a Training Program aimed at enhancing participating nurses' awareness of and capacity to manage emotional labor in daily pediatric practice.

MATERIAL AND METHODS: A team of ten nurses engaged in a four-month Program that combined theoretical instruction with a strong practical component, using participatory and reflective approaches informed by adult learning

principles. The Program included 15 hours of structured training through content delivery, individual and group reflexivity strategies, independent work, and structured feedback, as well as an additional 15 hours dedicated to clinical supervision and practical analysis sessions. Teaching–learning strategies included reflective writing, group portfolio development, Journal Club sessions, exercises in emotional awareness, transforming negative emotions, fostering positive emotions, and the creation of a Nursing Team Emotions Mural.

RESULTS AND CONCLUSIONS: The Training Program improved nurses' ability to recognize the emotional demands inherent in patient interactions and to implement more effective emotional management strategies. It also supported researchers in refining the applicability phase of the ELMPN. These preliminary findings suggest that incorporating emotional labor training into pediatric outpatient consultations may enhance emotional management in care delivery and strengthen professional emotional competence.

KEYWORDS: pediatric nursing, nursing model, emotions, emotional labor in nursing, training program

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Empowering Healthcare Managers: Integrating Safety Leadership, Operational Excellence, and Cultural Competence to Enhance Nursing Education and Improve Patient Care

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INTRODUCTION: The evolving healthcare landscape necessitates that educational programs adapt to prepare future nursing leaders in safety leadership and operational excellence. Traditional frameworks often fall short in addressing the complex challenges faced in diverse and dynamic healthcare settings. This research addresses this gap by developing a structured approach to integrating leadership competencies into nursing education. By focusing on micro-credential programs tailored to these needs, the study aims to bridge the gap between theoretical knowledge and practical application, equipping nursing leaders with essential skills for a globalized healthcare environment.

MATERIAL AND METHODS: A multi-step methodology was employed to enhance leadership competencies in nursing education. Initially, a comprehensive literature review was conducted, focusing on recent advancements in safety leadership and operational excellence within nursing management. Feedback was then collected from stakeholders and alumni at major hospitals in Estonia through surveys and interviews, providing critical insights into gaps and needs in leadership training. Based on this data, a Competency Framework was developed, outlining key skills necessary for effective nursing leadership. Micro-credential programs were designed in alignment with this framework and piloted with nursing students and early-career professionals. The pilot phase involved gathering feedback through surveys, interviews, and focus groups to assess the programs' impact and relevance, with continuous feedback used to refine and adapt the programs.

RESULTS AND CONCLUSIONS: The study identified two crucial subcultures for effective nursing leadership: professional competence culture and psychosocial well-being culture, emphasizing the integration of human factors and psychological aspects into training. It also highlighted essential elements of safety culture specific to nursing, underscoring the need for alignment between leadership skills and core safety values. The pilot programs demonstrated significant improvements in students' competencies in safety leadership and operational excellence, validating the effectiveness of micro-credentials in addressing identified gaps and enhancing practical leadership skills.
This research contributes significantly to nursing education by establishing a model for micro-credential programs that focus on safety

leadership and operational excellence. The successful integration of these programs into nursing curricula is expected to better prepare future leaders to navigate the complexities of modern healthcare environments, bridging the gap between theory and practice and transforming nursing education and practice.

KEYWORDS: nursing education, global competencies, healthcare management, micro-credentials

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Understending plagiarism among nurses and the importance of academic integrity in nursing education: insights and analysis

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INTRODUCTION: Plagiarism represents a significant issue within academic environments, requiring vigilant attention across educational institutions, particularly in fields such as nursing, where ethical standards are paramount. Nursing education is crucial in fostering a comprehensive understanding of academic integrity. This includes identifying different types of plagiarism, learning proper citation practices to avoid unintentional copyright violations, and recognizing the repercussions of such actions. These repercussions can range from academic sanctions to professional discredit, thereby affecting both reputations and careers. Research indicates that plagiarism is prevalent, with students across various regions admitting to using uncredited materials or purchasing essays. This practice threatens educational quality and opposes the fundamental values of honesty in academia. Therefore, promoting a culture of anti-plagiarism and adherence to ethical and legal standards is essential in nursing education. This study aims to assess nurses' awareness and legal understanding of plagiarism, highlighting its significance in their professional duties.

MATERIAL AND METHODS: The data analysis involves descriptive statistical methods. A total of 171 nurses with a minimum of one year of experience in stationary departments participated in the survey.

RESULTS AND CONCLUSIONS: The analysis shows that nurses who have worked in stationary departments for at least one year generally rate their understanding of plagiarism as good, with an average knowledge score of 3.3 on a 4-point scale. Additionally, nurses perceive themselves as being aware of the penalties for plagiarism, scoring an average of 3.2. The study results indicate that nursing professionals recognize an increase in knowledge gained during their education regarding their rights and responsibilities, as well as the seriousness of plagiarism and its potential consequences.

KEYWORDS: nurses, nursing education, plagiarism

Le mentorat en sciences infirmières : une analyse de concept evolutive

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INTRODUCTION: Depuis les années 1990, le mentorat est de plus en plus reconnu dans les soins infirmiers comme une approche

stratégique pour soutenir le perfectionnement professionnel et la transition des rôles. Depuis la pandémie de COVID-19, les infirmières connaissent de plus en plus d'épuisement professionnel, et une mise à jour du concept de mentorat et de ses attributs est donc nécessaire. Objectif: Réaliser une analyse du concept de mentorat en sciences infirmières.

MATERIAL AND METHODS: Le mentorat a été exploré à l'aide de la méthode évolutive d'analyse de concept de Rodgers. Un échantillon de 19 études identifiées sur MEDLINE, CINAHL, Embase et ScienceDirect ont été obtenus. La recherche comprend des études entre 1992 et 2024. Les données ont été analysées en suivant les six étapes de la méthode évolutive de Rodgers en mettant l'accent sur les antécédents, les substituts, les termes connexes, les attributs et les conséquences du mentorat en sciences infirmières.

RESULTS AND CONCLUSIONS: Cette analyse de concept a révélé plusieurs attributs du mentorat : Le binôme doit avoir une relation de confiance avec des objectifs communs. L'expérience Clinique, la motivation et le leadership sont essentiels à la fois pour le mentor et le mentoré. La compatibilité, la disponibilité et le partenariat sont des éléments centraux de la relation et permettent au couple d'évoluer professionnellement et personnellement. Le mentorat est un concept majeur de la discipline des soins infirmiers avec son application pour le bien-être, la satisfaction au travail et la reduction du turn-over des infirmières. Le mentorat crée un environnement de travail positif et améliore la qualité des soins. Il est maintenant impératif de le mettre en œuvre à grande échelle pour soutenir les infirmières dans leur pratique quotidienne, et le développement du concept de mentorat pourrait soutenir cette orientation.

KEYWORDS: mentorat, infirmière, analyse de concept, recherche infirmière

Accompagner à la réussite scolaire: éléments facilitateurs et freins des stratégies d'apprentissage sur l'auto-efficacité des étudiants infirmiers, une scoping review

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INTRODUCTION: Alors que le taux de décrochage scolaire augmente, il est nécessaire que les formateurs en école en soins infirmiers accompagnent les étudiants à la réussite scolaire. L'auto-efficacité a été reconnue comme l'un des facteurs le plus prédictif de réussite scolaire. Au travers du choix et de la mise en œuvre de diverses stratégies d'apprentissage, le cadre formateur peut améliorer l'auto-efficacité des étudiants infirmiers. L'objectif de cette étude était d'identifier les éléments facilitateurs et les freins des stratégies d'apprentissage, favorisant la réussite scolaire, sur l'auto-efficacité des étudiants infirmiers.

MATERIAL AND METHODS: Une scoping review a été menée selon la méthode du JBI. Les articles ont été examinés par deux évaluatrices indépendantes, à partir de 6 bases de données. Les données ont été extraites à l'aide d'un outil d'extraction de données standardisé et synthétisées. Les lignes directrices et les listes de contrôle PRISMA ont été utilisés pour guider cette étude.

RESULTS AND CONCLUSIONS: Au total, 36 études ont été retenu, pour la plupart quantitatives et de type quasi-expérimentales ou essais contrôlés randomisés. 16 thématiques ont été identifiés comme des éléments facilitateurs et 15 comme des freins à l'auto-efficacité des étudiants infirmiers. Les résultats de cette étude confirme ceux antérieurs. La répétition et la progression du niveau de l'apprentissage ainsi que l'usage de feedback systématique, la stimulation aux échanges et l'apprentissage par les pairs sont des leviers importants des stratégies d'apprentissage auto-efficaces. Pour les freins, le niveau de connaissance

et d'auto-efficacité de l'apprenant ont été vérifiés. Certains éléments minoritaires ont été découverts nécessitant des recherches complémentaires. Cette étude permet de sensibiliser les professionnels encadrants, aussi bien cadre formateur que cadre de proximité, sur les stratégies d'apprentissage stimulant l'auto-efficacité des étudiants infirmiers.

KEYWORDS: auto-efficacité, stratégies d'apprentissage, étudiants infirmiers, éléments facilitateurs, freins.

La formation continue en Evidence Based Practice chez les professionnels de santé: Revue de la portée

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INTRODUCTION: Te la formation continue chez les professionnels de santé, dans une démarche EBP, est un moyen de limiter l'écart entre l'intégration des données de la recherche et la mise en œuvre d'une pratique fondée sur les données probantes. Les objectifs de cette revue ont été d'identifier les types de formations continues en EBP, de décrire les modalités et méthodes pédagogiques et d'examiner les modes d'évaluations dans le cadre de l'acquisition de la compétence, en termes d'attitude, de connaissance, de savoir-faire.

MATERIAL AND METHODS: Une revue de la portée a été choisie pour répondre à l'objectif de recherche, par l'utilisation de 8 bases de données. Les critères d'inclusion ont compris tous les professionnels de santé, tous les types de formations continues en EBP ainsi que tous les types d'études exceptés les revues systématiques. Un critère de 10 ans a été ajouté à cette recherche.

RESULTS AND CONCLUSIONS: Les résultats ont mis en évidence une grande variété de modalités et de méthodes au sein des formations. Les outils d'évaluation de la compétence ont été nombreux et les résultats divergents selon le type de ressources pédagogiques, la modalité d'apprentissage et l'utilisation de méthodes actives ou non. Une mise en pratique de la recherche a été démontrée tout en prenant de la distance sur les résultats, avec peu de diversité selon les pays et les populations des études. D'autres facteurs apparaissent, comme le soutien organisationnel et le facteur temps comme leviers ou obstacles à l'intégration des données probantes dans la pratique clinique. La place de l'évaluation dans la formation continue en EBP chez les professionnels de santé est indéniable, sur la forme, par le choix des outils, et sur le fond, par l'examen des modalités pédagogiques, pour une intégration effective sur du long terme.

KEYWORDS: pédagogie, formation continue, professionnels de santé, EBP, évaluation

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Effectiveness of Educational Interventions to Develop Patient Safety Knowledge, Skills, Behaviors, and Attitudes in Nursing Students: International Study

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Competent and qualified nursing staff are essential to the patient's recovery process. Getting a comprehensive education contributes to the formation of skilled staff. Educational institutions must promote the development of programs corresponding to the competencies developed by the World Health Organization. Nursing involves the promotion of health,

the prevention of illness, and the care of the sick, disabled, and dying. Nurses who provide direct patient care must have quality education in identifying patient safety risks to prevent errors and incidents. Nurses are central to patient safety and safe care planning. Nurses have been considered an auxiliary part of the medical profession in Georgia. The problem of nurses is not only quantitative but also qualitative. Their qualifications are much lower than modern standards. The structure for raising the qualifications of nursing personnel has not been established in the country. Also, there is no second or third level of higher nursing education. The education and qualification of the nurse play an essential role in monitoring and evaluating the patient's health status. A sufficient number of highly qualified nurses in the clinic is directly related to the safety of patients. The American Association of Colleges of Nursing (AACN) believes that education significantly impacts nurses' knowledge and skills. Nurse clinicians who have earned a bachelor's degree are better prepared to meet the demands of modern nursing. Critical thinking is one of the things that are important for patient safety and resolution. According to the analysis of the results of various studies, the higher the level of nursing education, the more nurses are aware of the importance of postgraduate education and nursing values and use it as a basis for safe patient care. Almost all nurses working in clinics in Georgia are graduates of professional schools. The number of nurses in Georgia is one of the lowest in the European region and is decreasing yearly. The country has a staff shortage of highly qualified nurses. Deficits filled by vocational school nurses graduate from vocational schools must be improved to provide quality nursing services. Raising education, developing appropriate teaching methods, and implementing problem-oriented teaching will positively impact the quality of education, the profession's development, the quality of medical services, the results of treatment, and patient care. The study aims to evaluate, interpret, and analyze the essence, knowledge, attitude, and knowledge of patient safety among Georgia undergraduate and professional nursing students, compare it with international research results in Tallinn, and study the effects.

KEYWORDS: nursing, simulation-based training, nursing education, patient safety

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Enhancing Clinical Judgment in Novice Psychiatric Nurses in France through Tanner's Model: A Cross-Sectional Study

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INTRODUCTION: Since 2009, the integration of nursing education into the university system in France has progressively strengthened the profession's academic foundations. The 2025 reform marked a new milestone by reinforcing professional autonomy and embedding evidence-based practice and nursing science within the "Bachelor of Nursing Science" curriculum. However, successive reforms since 1972 have reduced theoretical teaching in clinical psychopathology by 90 %, leaving novice psychiatric nurses feeling underprepared to handle the increasing complexity of mental health care. Tanner's Clinical Judgment Model (2022 update) offers a relevant framework to integrate theoretical, empirical, and experiential knowledge in clinical reasoning. This study aims to evaluate the integration of Tanner's Clinical Judgment Model into the reasoning process of novice psychiatric nurses, to help them structure patient care interventions by incorporating evidence-based data, nursing diagnoses, and nursing science concepts.

MATERIAL AND METHODS: This ongoing single-center cross-sectional study focuses on training programs for novice psychiatric nurses with less than five years of experience. The two-day training combines theoretical inputs on selected nursing theories with simulation-based learning centered on Tanner's model. The Lasater Clinical Judgment Rubric (LCJR) is used to assess the development of clinical judgment skills, complemented by a satisfaction survey

(likert scale and open questions) exploring participants' perceptions and self-reported learning outcomes.

RESULTS AND CONCLUSIONS: Preliminary findings indicate a high level of participant satisfaction. Learners report strong interest in the content and express the intention to integrate Tanner's model into their daily clinical reasoning. Further analysis will explore measurable improvement in clinical judgment. Although preliminary results are encouraging, larger-scale studies are needed to confirm the effectiveness of this training and its potential transferability to other mental health or clinical care settings.

KEYWORDS: clinical judgment, Tanner, evidence-based practice, continuing education, nursing terminology

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De la conception à l'épreuve du terrain : une démarche d'enseignement éclairée par la recherche, au service de l'ingénierie pédagogique en formation infirmière

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INTRODUCTION: L'évolution d'une ingénierie pédagogique, conçue pour renforcer l'alliance entre théorie et pratique en formation infirmière, est ici évaluée à travers d'une démarche d'enseignement éclairée par la recherche. Cette approche structure la seconde phase d'un projet, dédiée à l'analyse de l'efficacité d'un modèle d'accompagnement et de la pertinence du curriculum de l'enseignement clinique. L'objectif de cette étude est de tester l'opérationnalisation de notre ingénierie pédagogique. Il s'agit d'analyser les dynamiques professionnelles et de déterminer les modalités d'accompagnement les plus efficaces pour les étudiants et leurs accompagnateurs (tuteurs et enseignants infirmiers).

MATERIAL AND METHODS: Une enquête qualitative a été menée au moyen d'entretiens semi-directifs auprès de tuteurs infirmiers et d'enseignants infirmiers, afin d'explorer les postures professionnelles et les interactions entre les acteurs.

RESULTS AND CONCLUSIONS: L'analyse a mis en évidence des divergences entre les postures idéalisées du modèle d'accompagnement et celles réellement vécues par les tuteurs infirmiers. La principale conclusion est la nécessité de renforcer l'alliance entre les accompagnateurs, notamment entre les tuteurs du terrain clinique et les enseignants infirmiers de l'École. Concrètement, cela implique la co-construction de jalons communs pour l'accompagnement, afin de mieux soutenir le développement des compétences des étudiants. Cette démarche itérative sera renouvelée à la suite des ajustements du curriculum de l'enseignement clinique, afin d'assurer une professionnalisation accrue et un ancrage renforcé entre le terrain clinique et la formation.

KEYWORDS: ingénierie pédagogique, enseignement clinique, développement professionnel, posture professionnelle

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Faire des choix éclairés en contexte de Pédiatrie: projet de développement sur la formation en soins infirmiers

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Former les étudiants infirmiers à la prise de décision éclairée reste un défi pédagogique. Décider implique de dépasser l'intuition

immédiate, de résister aux biais et d'intégrer des données cliniques, relationnelles et éthiques dans des contextes souvent incertains. La pédiatrie, avec sa charge émotionnelle, ses dynamiques familiales et la vulnérabilité des enfants, constitue un terrain d'apprentissage adapté pour relever ce défi. Nous proposons un module à option de 2 crédits ECTS, intégré à la 3e année du Bachelor, axé sur une immersion progressive dans les soins pédiatriques à travers cinq contextes cliniques : grossesse et parentalité, soins à domicile, promotion de la santé, urgences et hospitalisation. Il repose sur des concepts fondamentaux tels que le jugement clinique, la prise de décision partagée et l'approche centrée sur la famille. L'objectif est de permettre aux étudiants de développer une posture réflexive et éthique face à des situations complexes, en mobilisant leur raisonnement clinique, leur pensée critique et leur sensibilité relationnelle. L'approche pédagogique, active et créative, favorise l'apprentissage par la simulation, les échanges en petits groupes et l'intégration de capsules théoriques ciblées. Suite à la première édition, les étudiants ont exprimé une meilleure compréhension des enjeux pédiatriques, une valorisation du rôle infirmier dans des contextes variés, et une capacité renforcée à accompagner les familles dans des situations sensibles. Ils soulignent aussi que la confrontation à des contextes émotionnellement chargés a permis de tester la solidité de leur démarche clinique. Ces retours confirment que la pédiatrie peut servir de levier pédagogique pour développer des compétences décisionnelles transférables à l'ensemble des soins infirmiers. En offrant une expérience concrète et contextualisée, ce module permet aux futurs professionnels de mieux appréhender les spécificités de la pédiatrie et de se préparer à une pratique collaborative, centrée sur l'enfant et sa famille.

KEYWORDS: jugement clinique, prise de décisions partagées, approche centrée sur la famille, choix éclairés et éthiques

Pouvoir d'agir infirmier, éléments clés de la formation à la recherche en sciences infirmières

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INTRODUCTION: En France, la recherche en sciences infirmières (RSI) peine à se développer dans les établissements de santé, et ce, alors même que différentes dispositions visent à en favoriser la structuration (création d'une section sciences infirmières universitaire, programme de financement des recherches infirmières, départements universitaires en sciences infirmières). Malgré ces dispositions, la recherche médicale prédomine, l'auto-censure demeure au sein de la profession et des freins organisationnels perdurent. Or, le futur référentiel de formation en soins infirmiers invite au développement du leadership infirmier et de la RSI. Objectif: Notre recherche s'est attachée à comprendre les freins au leadership infirmier en matière de RSI au sein des établissements de santé en France.

MATERIAL AND METHODS: Une étude qualitative a été réalisée, à partir de 33 entretiens individuels et 3 FG. Les verbatim ont été analysés thématiquement en s'appuyant sur la théorie de Kanter. Dans cette théorie, deux pouvoirs, formel et informel, permettent d'analyser les leviers organisationnels et relationnels contribuant à l'empowerment infirmier.

RESULTS AND CONCLUSIONS: Les résultats montrent que, même quand la RSI est structurée, peu de professionnels de la filière infirmière en sont à la gouvernance, les infirmières n'ont pas toutes du temps dédié à la recherche, leur accès aux ressources, à l'information et au soutien est très hétérogène. Ce manque de visibilité constitue un frein majeur à leur pouvoir formel. Leur pouvoir informel est aussi limité par une auto-censure, un absence de culture d'evidence-based

nursing et de réseaux personnels. Pour que la RSI devienne un processus d'empowerment collectif, la formation apparaît comme un levier majeur dans l'acculturation des infirmières, tout comme l'interconnexion entre formation et terrain pour mobiliser dans les pratiques quotidiennes de soin la recherche.

KEYWORDS: recherche en sciences infirmières, pouvoir formel, pouvoir informel, leadership, empowerment

L'impact de la création d'un Département Universitaire en Sciences Infirmières en France sur la construction disciplinaire et institutionnelle

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INTRODUCTION: La reconnaissance universitaire des sciences infirmières constitue une étape historique dans l'évolution de la profession et dans l'affirmation de sa dimension scientifique en France. La création d'un Département Universitaire de Sciences Infirmières (DUSI) ouvre de nouvelles perspectives pour la recherche, l'enseignement et le développement de savoirs propres à la discipline. Cette structuration institutionnelle favorise l'émergence d'axes de recherche, l'ancrage de collaborations interdisciplinaires, la consolidation des parcours de formation, et la valorisation internationale des travaux issus de la communauté infirmière. Objectifs : Structurer la discipline des sciences infirmières au sein de l'université, afin de garantir une formation de qualité, une reconnaissance académique et une meilleure professionnalisation des futurs infirmiers et infirmières

MATERIAL AND METHODS: L'analyse s'appuie sur les travaux engagés depuis deux ans par le DUSI de l'université de Strasbourg et sur la structuration de la gouvernance avec la mise en place de la commission pédagogique et la commission recherche. Les groupes de travail élaborer avec les différents partenaires : instituts de formation , tuteurs de stage, universitaires, étudiants, conseil régional amène à une co-construction assurant une équité entre les apprenants. L'analyse thématique permet de dégager des principes structurants en lien avec l'arrivée du nouveau référentiel de la formation infirmière.

RESULTS AND CONCLUSIONS: La structuration de la filière en sciences infirmières conduit à la création de nouveaux diplômes de type master et la perspective de la structuration de l'école doctorale. Les groupes de travail associant une pluralité de compétences d'acteurs amènent à la structuration d'un dispositif répondant aux exigences de la professionnalisation des futurs soignants. Néanmoins les impacts sur la visibilité et la reconnaissance académique de la discipline infirmière restent réels. Mais l'ensemble des acteurs se mobilisent pour construire une ingénierie de formation pérenne et adaptée aux besoins de la population.

KEYWORDS: universitarisation, formation infirmière, gouvernance, référentiel de formation 2026

Réflexivité et autosoins: un raisonnement clinique partagé entre patients et infirmières

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INTRODUCTION: Les infirmières sont des partenaires privilégiés des patients chroniques. Pour autant, les patients sont rarement sollicités pour raisonner cliniquement avec les infirmières sur leur maladie, alors même qu'ils s'auto-

soignent. Objectif: Notre recherche doctorale s'est attachée à comprendre comment les patients réfléchissent seuls ou avec d'autres à la gestion quotidienne de leur maladie.

MATERIAL AND METHODS: À cette fin, notre démarche visait à faire émerger une compréhension de ce phénomène en partant des dires des personnes concernées, soit une théorie ancrée. Pour ce faire, nous avons réalisé une recherche participative associant dans ses différentes phases des patients chroniques. Selon Charmaz, cette association précoce permet d'être au plus proche du vécu des personnes interrogées. Un questionnaire sur la réflexivité des patients quant à la gestion quotidienne de leur maladie a été ainsi co-élaboré.

RESULTS AND CONCLUSIONS: Ce questionnaire diffusé en ligne a permis de récolter 1404 réponses. Leur analyse a conduit à identifier que les patients mobilisent un processus réflexif analytique long, structurellement proche de celui décrit par Dewey. Or, le raisonnement clinique déployé par les infirmières possède la même structuration. Cette promiscuité structurelle participe à l'intérêt de solliciter les savoirs expérientiels des patients dans les partenariats avec les infirmières, comme le préconise Riegel pour renforcer leur capacité à s'auto-soigner. Les résultats montrent aussi que les patients présentant des symptômes diffus à type de fatigue, douleur, brouillard mental mobilisent plus ce type de raisonnement que ceux vivant avec des maladies chroniques clairement identifiés. Ces résultats encouragent au développement des raisonnements cliniques et prises de décision partagés pour renforcer le leadership clinique infirmier dans la prévention, la promotion en santé et les pratiques de soins, à initier dès la formation initiale.

KEYWORDS: patients chroniques, infirmières, auto-soins, réflexivité, raisonnement clinique partagé

Être un soignant épanoui : un défi à l'IFSI !

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INTRODUCTION: L'universitarisation de la formation infirmière a modifié l'acculturation des étudiants. Partant d'un constat national et institutionnel de situations complexes d'étudiants et de soignants en souffrance, les formateurs de notre IFSI ont fait le choix pédagogique d'accompagner les apprenants dans la prise de conscience de l'importance de leur épanouissement au service de la formation et de la profession infirmière. Objectif : Ce défi a pour objectif d'intégrer les activités d'enseignement au plus près du patient et hors des murs institutionnels. Il vise à valoriser la profession et les valeurs infirmières dans la formation des apprenants, contribuant aux apprentissages et à la construction de leur identité professionnelle.

MATERIAL AND METHODS: La ludopédagogie et les valeurs humanistes portées par l'équipe de l'IFSI permettent aux étudiants de donner du sens à leurs apprentissages au bénéfice du caring des patients. Le développement des compétences psychosociales des apprenants dans des contextes réels et variés, en lien avec leur futur exercice professionnel, se fait au plus près des patients, partenaires de leur construction identitaire. Mentorat, journées bien-être à destination des apprenants, partenariat avec un centre hospitalier spécialisé, cordées de la réussite,.. sont autant de projets concrets qui permettent d'enrichir les compétences de nos futurs collègues.

RESULTS AND CONCLUSIONS: Basée sur la théorie de la complexité d'Edgar Morin, l'IFSI tient compte du bouleversement de la formation soignante actuelle pour proposer, mettre en œuvre et accompagner les apprenants dans leur professionnalisation. La métamorphose de nos enseignements n'est-elle pas nécessaire pour s'adapter et favoriser l'attractivité et la fidélisation de notre métier?

KEYWORDS: bien-être, construction de l'identité professionnelle, ludopédagogie, compétences psychosociales, humanisme

Une bibliothèque humaine pour déconstruire les stéréotypes liés à l'âge dans la formation infirmière : une approche par pédagogie expérientielle

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INTRODUCTION: Nombreux préjugés à l'égard des personnes âgées persistent, tant dans la population générale que chez les professionnels de la santé. L'âgisme dans les soins de santé alimenté par une formation centrée sur les pathologies renforce les stéréotypes et mène à des comportements discriminatoires. Le contact intergénérationnel apparaît comme une stratégie efficace pour déconstruire ces préjugés. Objectif: Présenter un dispositif intergénérationnel de bibliothèque humaine mis en œuvre auprès d'étudiants de première année en bachelier infirmier, visant à déconstruire les stéréotypes liés à l'âge et à promouvoir une approche centrée sur la personne âgée.

MATERIAL AND METHODS: Text for content presentation La bibliothèque humaine est utilisée comme méthode participative pour créer un espace de dialogue entre un "livre humain" et des "lecteurs", elle favorise l'inclusion sociale et la réduction des stéréotypes. Un total de 130 étudiants ont participé à une rencontre avec des personnes âgées jouant le rôle de "livres humains". Chaque livre partageait un récit de vie avec un petit groupe d'étudiants. Ces échanges étaient suivis par la rédaction d'une synthèse réflexive individuelle, dans laquelle les étudiants analysaient leur vécu et l'évolution de leurs représentations liées à l'âge. Le dispositif repose sur une approche expérientielle favorisant l'apprentissage par le vécu.

RESULTS AND CONCLUSIONS: Les retours des étudiants mettent en évidence une transformation significative de leur regard sur les personnes âgées. Ils rapportent une meilleure compréhension des potentialités du vieillissement, une diminution des stéréotypes. L'expérience a renforcé leur capacité à adopter une posture professionnelle centrée sur la personne. La bibliothèque humaine constitue un outil pédagogique puissant pour lutter contre l'âgisme en formation infirmière. Elle favorise la déconstruction des stéréotypes et une approche humaniste du soin.

KEYWORDS: bibliothèque humaine, âgisme, stéréotypes, étudiants infirmiers, intergénérationnel

Les infirmiers en pratique avancée: une professionnalité à l'épreuve de l'activité

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INTRODUCTION: Les infirmiers de pratique avancée (IPA) jouent un rôle essentiel dans le système de santé en contribuant à améliorer l'accès aux soins ainsi que la qualité des prestations réalisées au service des patients. La création du métier d'IPA en France est une réponse à une nécessité de transformation majeure des modèles professionnels pour

répondre aux défis du monde de la santé. Notre étude s'intéresse à ce métier sous l'angle de la professionnalité éprouvée par les acteurs. L'objectif est de réaliser une analyse de l'activité en situation de travail des infirmiers de pratique avancée qui accompagnent le parcours de santé du patient.

MATERIAL AND METHODS: L'étude entend réinterroger la notion de reconnaissance par une lecture anthropologique se revendiquant de la démarche ergologique. Nous partirons des apports de Wittorski (2009) qui aborde la reconnaissance comme un processus de négociation de nature identitaire entre le sujet au travail et l'organisation professionnelle jusqu'à l'attribution d'une place dans un environnement, ici les IPA. La méthodologie relève de focus groupes, avec utilisation de dessins, et une démarche d'auto confrontation des discours en lien avec les traces de l'activité.

RESULTS AND CONCLUSIONS: Les résultats documentent l'approche d'une vision globale du patient, le repérage d'une continuité de la profession d'infirmier dans le métier d'IPA et le recours à du bricolage pour construire son périmètre d'action. Différentes dimensions du métier d'IPA émergent en mettant en lumière les choix de modes d'exercice qui en découlent afin de répondre aux enjeux actuels du secteur de la santé. L'analyse des résultats révèle différentes dimensions du métier d'IPA. Trois grands axes se dégagent autour de la construction identitaire des professionnels, le sens qu'ils donnent à leur activité et enfin les stratégies qu'ils mettent en place pour exercer dans le respect de leur conviction et valeur.

KEYWORDS: Infirmières de Pratique Avancée, professionnalisation, identité professionnelle, leadership infirmier

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La perception de l'éco-soin par les étudiants en soins infirmiers de 1re année en FRANCE

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INTRODUCTION: Le futur infirmier éco-responsable vise à réduire l'impact environnemental de ses pratiques tout en assurant la qualité et la sécurité des soins. Pour prendre soin de l'écosystème une approche systémique combinant gestes individuels, stratégies collectives et innovation est nécessaire. Pour cela, de nouvelles pratiques soignantes se matérialisent pour relever le défi de soins écoresponsables. Comment les étudiants en soins infirmiers de 1ère année de trois instituts de formation différents appréhendent-ils la dimension du développement durable dans les pratiques de soins?

MATERIAL AND METHODS: Une étude descriptive quantitative a été réalisée auprès de 3 cohortes d'étudiants en soins infirmiers de 1ère année dans trois instituts de France sur des territoires différents soit 345 apprenants. Un questionnaire centré sur l'écoresponsabilité et l'éco-soin a recensé les perceptions des étudiants en soins infirmiers avant et après leur premier stage. L'analyse a été réalisée à partir des concepts de la théorie des soins infirmiers de Martha Rogers articulant les principes d'intégralité, d'hélicite et de résonnance énergétique.

RESULTS AND CONCLUSIONS: 60,86 % des étudiants ont participé à la collecte des données. Le vocable spécifique à un soin éco-responsable est identifié dans les propos des apprenants avant le départ en stage. Ils sont 86,7 % à mettent en place des gestes

écoresponsables dans leur vie quotidienne. En revanche, ils sont 53,9 % à n'avoir repéré aucune action des professionnels sur le terrain en faveur de la transition écologique. Les résultats croisés avec les concepts de Martha Rogers témoignent que les étudiants en soins infirmiers ne peuvent plus dissocier de leur pratique la notion d'écoresponsabilité pour garantir des soins sécuritaires et respectueux des ressources et de la planète. Cette étude témoigne de l'engagement des apprenants pour contribuer à créer un système de soins respectueux de l'environnement et la qualité des soins.

KEYWORDS: écosoins, écoresponsabilité, formation, théorie de soins de Martha Rogers, étudiants en soins infirmiers

Introduction de savoirs disciplinaires dans les programmes de formation infirmier et sage-femme

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INTRODUCTION: Les professions infirmière et sage-femme reposent sur des savoirs disciplinaires construits et validés par la recherche, qui fondent leur identité et leur légitimité dans les champs académiques et professionnels. L'intégration explicite de ces savoirs dans les programmes de formation initiale représente un levier stratégique pour renforcer la reconnaissance institutionnelle et sociale de ces professions. Ce projet vise à intégrer les savoirs disciplinaires infirmiers et sage-femme dans les cursus de formation initiale, à valoriser le raisonnement clinique spécifique à chaque profession et à consolider leur reconnaissance en tant que disciplines scientifiques.

MATERIAL AND METHODS: Une démarche collaborative et progressive a été adoptée, avec la constitution d'un groupe pilote d'enseignants issus de différentes sections, accompagné par une experte externe. Cette collaboration a permis de sensibiliser et de former les équipes à la spécificité des savoirs disciplinaires et à l'importance de structurer l'enseignement du raisonnement clinique autour d'un modèle de jugement clinique. En parallèle, les sections ont identifié les modèles conceptuels et théories pertinents pour leur discipline, facilitant leur intégration dans les contenus de formation. Un programme de formation a été proposé aux enseignants pour soutenir l'appropriation et l'utilisation pratique et concrète de ces modèles et théories.

RESULTS AND CONCLUSIONS: L'introduction et la mobilisation des savoirs disciplinaires dans l'enseignement du raisonnement clinique ont permis de renforcer la cohérence des formations, de soutenir l'identité professionnelle des étudiants et de favoriser une meilleure reconnaissance des professions infirmière et sage-femme dans les champs académique et professionnel. Ce projet a jeté les bases d'une formation initiale plus cohérente, fondée sur des référents scientifiques solides. L'articulation entre raisonnement clinique et fondements théoriques permet de former des professionnels capables de penser leur pratique, de l'inscrire dans une démarche scientifique, et de contribuer activement à l'évolution des pratiques professionnelles.

KEYWORDS: raisonnement clinique, savoirs disciplinaires, modèles conceptuels, formation initiale infirmière et sage-femme

Perceptions des cadres de santé de leur rôle dans l'accompagnement au développement d'une posture d'humilité culturelle en formation initiale des infirmiers

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INTRODUCTION: Dans un contexte politique français où les migrations et le passé colonial demeurent des sujets sensibles, les inégalités et les discriminations en santé envers les populations issues de l'immigration sont reconnues. Un travail de recherche doctorale cherche à déterminer comment les cadres de santé perçoivent leur rôle dans l'accompagnement du développement d'une posture d'humilité culturelle chez les étudiants en soins infirmiers. Cette démarche vise la compréhension du rôle et des perspectives des cadres de santé à partir de leurs conceptions de la rencontre interculturelle et des préjugés qui la construisent. L'humilité culturelle apparait comme une réflexion continue sur ses propres pratiques et ses attitudes afin d'objectiver les enjeux de pouvoir de la relation de soins. L'humilité culturelle veille à analyser ses agirs et ses comportements tout au long de la vie professionnelle.

MATERIAL AND METHODS: La méthodologie d'enquête retenue vise une analyse qualitative des données, s'inscrit dans une démarche abductive associée à une analyse de type inductive. L'enquête se projette auprès de deux groupes de participants composés chacun de trois cadres de santé formateurs et trois cadres de santé de proximité. Elle se réalise au sein de deux établissements de santé. L'enquête se décline sous forme d'un atelier d'expérimentation conscientisante puis d'un atelier réflexif autour de situations professionnelles potentielles. Elle se compète par la réalisation d'entretiens compréhensifs.

RESULTS AND CONCLUSIONS: Les premiers résultats de l'enquête seront présentés lors de la conférence.

KEYWORDS: étudiants infirmiers, cadres de santé, formation initiale, interculturalité, humilité culturelle

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Effects of Clinical Placements on Final-Year Nursing Students: A Qualitative Study in the Walloon Region

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INTRODUCTION: Clinical education refers to learning that takes place within teams providing care to individuals or communities, in both hospital and community settings. In Europe, a minimum of 2,300 hours of clinical training is required, accounting for half of the nursing curriculum. Clinical placements, considered the "gold standard" of nursing education in Europe, are thus the primary modality of training. However, they can be challenging for students and represent a difficult phase in their education. Moreover, a recent systematic review highlighted a lack of evidence regarding the effectiveness of these placements.
This study aimed to explore the effects of clinical placements as reported by final-year nursing students in the Walloon Region.

MATERIAL AND METHODS: A qualitative, descriptive, and exploratory study was conducted with nine final-year nursing students through semi-structured interviews. Thematic analysis was applied, guided by the "choice-effect" theoretical framework.

RESULTS AND CONCLUSIONS: Students reported didactic effects through the acquisition of technical and interpersonal skills, as well as acculturative dynamics characterized by implicit

expectations of efficiency. Some experienced devaluation, dissonance between professional and institutional values, and questioned their career orientation. Instances of psychological and identity collapse were mentioned. Conversely, certain placement environments fostered self-confidence, professional projection, and a sense of usefulness. A wide range of emotions were expressed, including pride, enthusiasm, distress, and exhaustion. Students developed various coping strategies: seeking support, criticizing the system, resignation, or peer solidarity. This study reveals that clinical placements have multifaceted and intertwined effects on students, extending beyond the mere acquisition of professional competencies. While some effects are enriching, others may be problematic or even harmful. The findings underscore the holistic impact of placements on students' personal and academic development. Further research is needed to confirm these results.

KEYWORDS: clinical education, clinical learning environment, nursing student