



WCCHSE 2026 Virtual Conference Program

Tuesday, May 12 – 4:00-5:30 pm PDT
<i>Resiliency in Healthcare</i>
Redefining Burnout: Saying the Quiet Part Out Loud and Reclaiming Our Humanity in Health Sciences Dr. Tomi Mitchell, MD
Hold the Date Dr Tomi Mitchell – June 4th

Tuesday, May 12th Keynote Description
4:00-5:30 pm PDT Redefining Burnout: Saying the Quiet Part Out Loud and Reclaiming Our Humanity in Health Sciences Dr. Tomi Mitchell, MD
By the end of this keynote, participants will be able to: <ul style="list-style-type: none">● Reframe burnout beyond traditional symptom-based definitions to include relational and systemic contributors● Identify the three core relationships (self, others, work/society) that influence burnout and well-being● Recognize signs of misalignment within their personal and professional lives● Differentiate between individual and system-level drivers of burnout, including moral distress● Apply the Anatomy of Alignment framework to assess areas of strain and opportunities for change● Increase self-awareness around internal narratives, boundaries, and self-worth● Understand the impact of relational health on physical, emotional, and professional outcomes● Develop practical, micro-level strategies to move toward greater alignment and sustainability● Engage in more honest conversations about burnout within their teams and organizations● Reconnect with purpose and humanity in their roles as healthcare professionals and educators
<i>"If there were no limitations—time, money, or expectations—what would your life truly look like?"</i>



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Wednesday, May 20 – 12:00–1:30 pm PDT		
<i>Tools and Ingredients for Learning Success</i>		
Values-Based Collaboration in Interprofessional Education for Collaborative Practice Professor Emeritus John H. V. Gilbert, C.M., Ph.D., LL.D (Hon)., FCAHS 12:00 – 12:40 pm		
Presentations		
	Room 1	Room 2
12:45 – 1:00	Triage-based Mentorship Framework for New Nursing Faculty Lorelei Janzen, Rona Miller, and Sarah Johanson	Preparing Final-Term Nursing Students for Complex Care Through Multiple-Patient Simulation Michelle Cho and Carla Ferreira
1:00 – 1:15	Scaffolding Digital Confidence: Supporting Learners with Varying Levels of Tech Anxiety in Simulation Based Education Clare Howland, Jolene McLeod, and Jacinda Daley	Rethinking Assessment in the Age of AI: Are Traditional Assignments Still Relevant? Somayeh Faghanipour
1:15 – 1:30	Piloting UbiSim VR in a BSN Program: Tools and Lessons for Learning Success Jasica Munday, Robert Kim, Caitlin Jones, Inderdeep Grewal, Lea Ducharme	

Wednesday, May 20 th Keynote Description	
12:00 – 12:40 pm PDT	<p>Values-Based Collaboration in Interprofessional Education for Collaborative Practice Professor Emeritus John H. V. Gilbert, C.M., Ph.D., LLD (Hon)., FCAHS</p> <p>Health and social care professional programs must intentionally prepare graduates for interprofessional collaborative practice by embedding shared competencies, authentic teamwork experiences, and workplace-ready habits across the curriculum. Graduates are most ready to advance collaborative practice when education aligns with contemporary frameworks such as the 2024 CIHC framework, while also reinforcing communication, role clarity, shared leadership, equity, and team-based care in clinical settings. By graduating learners who can work across professions, navigate complexity, and center patients and communities, institutions help strengthen both care quality and health system performance.</p> <p>Suggested Reading: Price, S., Van Dam, L., Sim, M., Andrews, C., Gilbert, J. H. V., Lackie, K., Kennie-Kaulbach, N., Sutton, E. D., & Khalili, H. (2025). Becoming Interprofessional: A Longitudinal Study of Professional and Interprofessional Identity Development Across Five Health Professions. <i>Qualitative health research</i>, 10497323251333960. Advance online publication. https://doi.org/10.1177/10497323251333960</p>
Wednesday May 20 th Abstract Descriptions	
Room #1	
12:45 – 1:00 pm	<p>Triage-based Mentorship Framework for New Nursing Faculty Lorelei Janzen, Rona Miller, and Sarah Johanson (University of the Fraser Valley)</p> <p>The transition from clinical nursing practice to a faculty role presents challenges across classroom, laboratory, and clinical teaching environments. Without structured support, new nursing faculty may experience role strain, delayed competency development, and reduced confidence with potential impacts on student learning. Mentorship programs can mitigate these challenges; however, effective, sustainable programs must be responsive to faculty needs. This project describes the early development of a mentorship program designed to support nurses entering faculty roles within a Bachelor of Science in Nursing (BSN) program, including Licensed Practical Nurse (LPN) to BSN pathways. A triage-based framework was used to assess, prioritize, and address faculty mentorship needs.</p>

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Phase one involved a faculty-wide needs assessment distributed via an online survey. All faculty were invited to participate, recognizing that mentorship needs extend beyond initial onboarding. Survey findings were analyzed, synthesized into key themes, and categorized by level of urgency.

Phase two focused on developing targeted strategies aligned with triage levels:

Triage Mentorship Framework

- Immediate Needs
 - Clinical mentorship shifts
 - Role clarification
 - Centralized information access
- Urgent Needs
 - Teaching skill development
 - Faculty connection, support, and communication initiatives
 - Workshops and digital learning platform
- Anticipatory Needs
 - Comprehensive orientation program
 - Long-term mentorship structures
 - Faculty retention and progression

This triage-based approach offers a practical framework for supporting nursing faculty's success and educational quality.

Objectives

1. Describe challenges faced by nurses transitioning into faculty roles.
2. Explain the use of a triage-based framework to prioritize faculty mentorship needs.
3. Identify strategies aligned with immediate, urgent, and anticipatory mentorship needs.
4. Outline our successes and lessons learned.

1:00 – 1:15 pm

Scaffolding Digital Confidence: Supporting Learners with Varying Levels of Tech Anxiety in Simulation Based Education

Clare Howland, Jolene McLeod, and Jacinda Daley (Bow Valley College)

As healthcare education increasingly incorporates digital tools such as virtual simulation, artificial intelligence-supported activities, and augmented reality platforms, learners encounter a growing demand for technological adaptability. However, significant variability exists in learners' digital confidence and comfort, with some students demonstrating enthusiasm and skill while others experience anxiety, uncertainty, or resistance. These psychographic factors can influence learner engagement,

performance, and overall preparedness within simulation-based education. Despite this, tech-related discomfort often remains an invisible barrier, unrecognized by educators and unaddressed within instructional design.

This presentation explores practical strategies for scaffolding digital confidence among learners with diverse levels of technological readiness. Drawing on emerging findings from our work examining learner psychographics in VR-enhanced health-care education, it identifies key predictors of digital anxiety and highlights instructional approaches that support psychological safety, reduce cognitive load, and promote successful engagement with simulation technologies. Strategies include low-stakes orientation activities, explicit pre-briefing on technology expectations, tiered support models, peer coaching, and debriefing techniques that normalize and contextualize tech-related challenges.

Participants will gain a framework for recognizing and responding to digital anxiety as a pedagogical challenge rather than a learner deficit. By integrating simple yet intentional “ingredients” into simulation design, educators can reduce barriers to participation, improve learner adaptability, and enhance technological preparedness across diverse health-sciences programs. Ultimately, supporting digital confidence strengthens not only learners’ performance within simulations but also their readiness for the increasingly technology-enabled clinical environments they will encounter in practice.

Room #2

12:45 – 1:00 pm

Preparing Final-Term Nursing Students for Complex Care Through Multiple-Patient Simulation

Michelle Cho and Carla Ferreira (University of British Columbia)

Background: Most simulation-based learning in nursing education centers on single-patient scenarios. While these experiences help students develop foundational clinical and communication skills, they do not mirror the realities of practice, where nurses must manage several patients simultaneously, prioritize care, collaborate with team members, and delegate effectively. This gap can leave students underprepared for the demands of preceptorship and transition to professional roles. Innovative simulation approaches that foster preparedness for multiple-patient management are therefore essential.

Objective: The objective of this educational intervention is to offer final-term nursing students an experience to build their confidence and perceived readiness to manage multiple patients prior to entering preceptorship.

Methods: 151 final-term nursing students participated in a multiple-patient simulation experience. After the simulation, participants completed the Simulation Effectiveness Tool–Modified (5 Point Version) tool to evaluate the students' perception of how effective the simulation was in helping them achieve the necessary knowledge, skills, and attitudes required when caring for multiple patients within a complex environment.

Findings: Students provided positive quantitative and qualitative feedback about the prebriefing, simulation, and debriefing activities.

Conclusion: Integrating multiple-patient simulation offers a powerful educational strategy to strengthen learner adaptability, confidence, and prioritization—essential components of readiness for preceptorship and professional practice.

1:00 – 1:15 pm

Rethinking Assessment in the Age of AI: Are Traditional Assignments Still Relevant?

Somayeh Faghanipour (University of the Fraser Valley)

Academic writing has traditionally been a key tool for fostering and assessing critical thinking, evidence-based reasoning, and professional communication. Today, however, the relevance of traditional written assignments is being questioned due to concerns about academic integrity and the authenticity of student work.

This presentation explores the implications of AI for student writing and assessment, highlighting common challenges such as intentional or unintentional AI-assisted plagiarism and the erosion of students’ critical thinking skills and academic integrity.

Practical approaches are proposed for maintaining integrity in an AI-infiltrated educational environment. This presentation argues that we need to rethink our conventional assignment designs and adopt strategies that support learning outcomes through ongoing, process-focused assignments rather than isolated end products. Additionally, practical approaches are proposed for maintaining integrity, including redesigning assignments to emphasize on real-world context-based applications and reflection which limits the possibility on relying on AI-generated responses.

Finally, it will be highlighted that by promoting responsible use of AI, incorporating AI literacy into healthcare curricula, and fostering open discussions about AI use.

Main Room

1:15 – 1:30 pm

Piloting UbiSim VR in a BSN Program: Tools and Lessons for Learning Success

Jasica Munday, Robert Kim, Caitlin Jones, Inderdeep Grewal, Lea Ducharme (British Columbia Institute of Technology)

Amid clinical placement pressures and increasing system complexity, immersive technologies are emerging as practical tools to strengthen learner preparedness. This presentation outlines our experience piloting UbiSim virtual reality (VR) simulation as a 4-hour Alternative Clinical Experience for Term 5 Bachelor of Science in Nursing (BSN) students at the British Columbia Institute of Technology (BCIT). This session will walk participants through the initiative from start to finish, beginning with hardware and software selection and moving through the key “ingredients” that enabled meaningful implementation. We will describe how a clearly identified gap in pediatric clinical exposure shaped the pilot design, and how structured prebriefing, facilitated



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debriefing, and intentional curriculum alignment were integrated to support learning. The implementation frameworks that guided our approach will be outlined, along with the roles of faculty, simulation technicians, leadership, and students. We will conclude by sharing key lessons learned through the pilot phase. Although currently in the pilot phase, this initiative offers practical insight for educators and leaders considering immersive VR. Participants will leave with clear considerations for piloting, evaluating, and scaling innovative simulation tools within their own programs.

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Thursday, May 28 th 10:00 am–12:30 pm PDT			
<i>Stitching Education and Practice Together</i>			
BC’s Health Student Practice Education (SPE) Simulation Strategy: Enhancing Student Clinical Placement Capacity Through Simulation			
Jo-Ellen Zakoor, Dean, School of Health Sciences, Vancouver Community College 10:00 – 11:00 am			
Poster Presentations – 11:15 – 11:30 am			
Room 1	Room 2		
Can a board game foster a deeper understanding of Truth and Reconciliation? Dorothy Booth	Metacognitive Self-Awareness Development During Student-Led Graduate Health Care Course Anu M. Räisänen, Nicole R. Peterson, Erin F.E. Pinkston, and Molly B. O'Rourke		
Presentations			
	Room 1	Room 2	Room 3
11:30-11:45	When Stillness is Not Consent: Lessons from Horses on Trauma Responses Devanee Cardinal	The Perception of the Impact of Stress and Anxiety in High-fidelity Simulation and How It Compares to the Clinical Environment Michael Eliadis	Clinical Event Debriefing Education as a Catalyst for Healthcare Resiliency Jaime Gallaher and TJ Young
11:45-12:00	Outbreak Readiness as Workforce Wellness: Teaching Prevention Effectiveness Through Simulation Adrienne Olszewski	Protective Factors Against Burnout: Building Capacity to Increase Retention Daniel Gonsalves, Natasha Hubbard Murdoch, Lindsey Boechler, Darien Dyck, Anson Chen, Iktan De La Vega, and Vince Salamon	Building Resiliency Through Feedback and Debriefing: Strengthening Communication Skills in Clinical Practice Nicole Delaney
12:00-12:15	Psychological Detachment in Novice Nurses	Resilience in Nursing Education Paramita Banerjee	Interprofessional Learning Culinary Arts and Nursing



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	Britt Rousseaux and Natasha Hubbard Murdoch		Dorothy Booth
12:15-12:30	Theory informing healthy learning and health-promoting practice-ready healthcare professionals Laura MacDonald	The THRIVE Project: Embedding Immersive Mental Health Education into Practice Lindsey Boechler and Erin Lench	

Thursday, May 28 th Keynote Description	
<p>10:00 – 11:00 am PDT</p> <p>BC’s Health Student Practice Education (SPE) Simulation Strategy: Enhancing Student Clinical Placement Capacity Through Simulation</p> <p>Jo-Ellen Zakoor, Dean, School of Health Sciences, Vancouver Community College</p> <p>Jo-Ellen will present on the development of a province-wide health student practice education simulation strategy. This systems-level, collaborative effort brings together post-secondary health programs (nursing and allied health) and health authorities with the goal of enhancing and advancing the consistent, standards-based use of high-quality simulation in health practice education.</p>	

Thursday, May 28th

Poster Presentations – 11:15 – 11:30 am PDT

Room 1 - Can a board game foster a deeper understanding of Truth and Reconciliation?

Dorothy Booth (Thompson Rivers University)

This poster presentation highlights how the game, "The Truth in, Truth and Reconciliation" was utilized as an educational resource which provided the participants an immersive learning experience of the process of Colonization in Canada, through board game format. Players took the role of an Indigenous person whose goal it was to use truth and consequence cards to complete four laps around Turtle Island with being stripped of their land, language, culture or identity. If unsuccessful colonial practices forced them to enfranchise.

Room 2 - Metacognitive Self-Awareness Development During Student-Led Graduate Health Care Course

Anu M. Räisänen, Nicole R. Peterson, Erin F.E. Pinkston, and Molly B. O'Rourke (Western University of Health Sciences)

Graduate healthcare education is tasked with the challenge of conveying knowledge and assessing competence to produce future health care providers capable of autonomous decision making in the face of ambiguous clinical presentations. Critical thinking is widely regarded as one component of clinical reasoning. Measuring self-reported metacognitive awareness through quantitative tools and assessing metacognitive development through qualitative discussions are commonly used methods of monitoring metacognition and metacognitive growth in graduate healthcare education students.

Doctor of Physical Therapy second year students from two different cohorts, enrolled in a required course titled Teaching and Learning Principles, agreed to apply critical thinking frameworks, create course assessments, participate in and facilitate course discussions, self-monitor learning, and focus on participation and growth, over grades and assignments, as part of the course designed intentionally to promote metacognitive awareness. Course topics included assumptions and inferences, learning objectives, higher order thinking, teaching and learning innovation, critical thinking, learning theories, audience and patient needs-assessments, metacognition, self-reflection, informed self-assessment, and the translation of education from classroom to clinical settings. Each student completed the Metacognitive Awareness Inventory twice during the 15-week course (at the beginning and end). Quantitative data from the Metacognitive Awareness Inventory has been assessed. Qualitative data collected as part of course assignments and discussion boards are being analyzed. Qualitative data from post-course focus groups are being collected and analyzed (expected date of completion of April 1, 2026).

Thursday, May 28 th Abstract Descriptions	
Room #1	
<p>11:30-11:45 am When Stillness is Not Consent: Lessons from Horses on Trauma Responses Devanee Cardinal (University of Northern British Columbia)</p>	<p>Healthcare environments often rely on observable behaviour to assess patient comfort, consent, and engagement. Yet many trauma related survival responses — particularly freeze, shutdown, and fawning — are routinely misinterpreted as compliance or calm. This misreading has significant implications for understanding both ourselves and others in healthcare environments. To illuminate this issue, this presentation draws on stories of horses that, as prey animals, demonstrate the freeze response with striking clarity. A horse that stands perfectly still, head low, muscles quiet, may appear relaxed to the untrained eye. This stillness can signal overwhelm, fear, or dissociation — a last attempt to survive when flight or fight are impossible. When humans experience trauma, the same physiological mechanisms activate. What cannot be escaped physically is escaped mentally or emotionally. Yet in healthcare settings this shutdown is frequently labelled as “compliance,” “cooperation,” or “consent”.</p> <p>This increased understanding of horses reminds those in healthcare that stillness is not synonymous with safety, but also raises the level of empathy for individuals, families, and communities living with the impacts of trauma. Ultimately, this work invites health-care providers to adopt a more nuanced, trauma informed lens: one that honours the survival intelligence behind stillness, listens for what is not being said, and creates conditions where true choice and agency can emerge.</p>
<p>11:45-12:00 pm Outbreak Readiness as Workforce Wellness: Teaching Prevention Effectiveness Through Simulation Adrienne Olszewski (British Columbia Institute of Technology)</p>	<p>Health sciences professionals are experiencing escalating burnout driven by repeated public health emergencies, resource strain, and reactive outbreak management. Traditional outbreak education often emphasizes clinical response without addressing the systems-level preparedness needed to reduce workforce stress and moral injury. This session examines how epidemiologic simulation and prevention effectiveness frameworks can serve as proactive burnout mitigation strategies within health science. By linking preparedness with economic and policy evaluation, learners consider direct costs (vaccines, diagnostics, protective equipment), indirect costs (absenteeism and productivity loss), and intangible costs (compassion fatigue, anxiety, and social stigma). This systems-level approach reframes prevention as a resilience strategy rather than merely a regulatory requirement. The session will discuss how community-based primary care organizations, such as community</p>

health centres or primary care networks in Canada, can assess prevention policies, allocate resources strategically, and revise outbreak response protocols to reduce organizational strain. Embedding preparedness training within health sciences curricula promotes systems thinking and equips future leaders to implement sustainable, evidence-informed interventions that strengthen resilient healthcare environments across diverse practice settings.

12:00 – 12:15 pm

Psychological Detachment in Novice Nurses

Britt Rousseaux and Natasha Hubbard Murdoch (University of Saskatchewan)

The nursing profession is beyond strained and in dire need of a staffing resolution. In Canada, as of 2022, for every 100 nurses aged 35 or younger that enter the profession, an estimated 40 leave. Similarly, up to 57% of newly graduated (novice) nurses leave their jobs within their first two years of working, despite any capacity or resilience training provided in their baccalaureate programs. Research reports nurses feeling physically sick days before their shift or losing sleep because of ruminating thoughts and anticipatory stress. Research alludes to the lingering stressors yet does not focus on the ramifications for recovery.

Research Question: What is the incidence of psychological detachment in novice nurses working in Saskatchewan before and after their shifts?

This study will utilize a non-interventional simple descriptive design and will be a pre-post study, collecting data prior to and following shifts. The survey tool is the Recovery Experience Questionnaire, which assesses relaxation, mastery, control, and psychological detachment from work. The study sample is novice registered nurses in Saskatchewan.

This study will illuminate the psychological workload that novice nurses enter and leave their shifts with, emphasizing that the pressures are infiltrating the minds of nurses beyond work boundaries. By shedding light on the psychological burden novice nurses continually carry, appropriate resiliency measures and supports can be implemented, thereby improving work satisfaction and decreasing turnover rates among novice nurses.

12:15-12:30 pm

Theory informing healthy learning and health-promoting practice-ready healthcare professionals

Laura MacDonald (University of Manitoba)

Most healthcare professions have competencies that require practitioners to care for their own health and well-being, yet little is known about how pre-licensure curricula prepare learners to enter practice with a strong sense of agency or the ability to act as health-promoting professionals in workplace settings. A sequential exploratory mixed-methods study involving oral health

students at a Canadian university informed the development of a grounded theory describing how learners comprehend, manage, and find meaning in their educational journey toward becoming health professionals. The theory assumes that pre-licensure learning supports readiness to take informed action in practice. It highlights the central role of learners’ sense of coherence—a key determinant of health—in shaping how they navigate their curriculum and learning environment. A strong sense of coherence enables students to access resilience resources, supporting their ability to cope with academic demands while progressing through the liminal stages of professional formation. The emerging theory is salutogenically oriented, meaning it is rooted in health creation rather than a pathogenic perspective. Although still undergoing validation, the theory integrates quantitative and qualitative evidence to conceptualize how students manage health and well-being during their schooling. The presentation concludes with recommendations for strengthening educational structures, strategies, and learning environments, particularly from an interprofessional pedagogical lens that enable, mediate, and advocate for students’ capacity to thrive. These recommendations aim to ensure that future healthcare professionals enter practice as health-promoting agents within their workplaces, contributing to a more resilient and health-oriented workforce.

Room #2

11:30 – 11:45 am

The Perception of the Impact of Stress and Anxiety in High-fidelity Simulation and How It Compares to the Clinical Environment

Michael Eliadis (George Brown Polytechnic)

The foundation of simulation-based education relies on the three pillars of fidelity: physical, conceptual, and psychological. Learners report that their simulation-based education experience feels accurate and authentic. The use of the high-fidelity simulation experience enhances student learning, improves communication skills, and increases efficacy. However, it has been reported that the simulation experience can be extremely stressful for many reasons. Learners do report that they feel their performance is often negatively impacted due to their anxiousness.

This exploratory convergent mixed-methods case study examined the effects of stress and anxiety on undergraduate nursing students during high-fidelity simulation experiences and compared them to those experienced during clinical placements. Findings revealed that participants experienced elevated levels of stress and anxiety during both their simulation and clinical experiences, with physiological and self-reported indicators demonstrating comparable stress responses across settings. High-fidelity simulation elicited authentic stress reactions like those in clinical practice. Qualitative findings further indicate that learners perceived simulation related stress as both a challenge and a catalyst for learning, with heightened cognitive load, emotional arousal, and performance pressure. Learners stated that structured debriefing and perceived psychological safety mitigated stress and supported reflective learning.

The findings suggest that high-fidelity simulation reproduces clinically relevant stress and anxiety responses while offering a controlled environment in which learners can develop coping strategies, clinical reasoning, and professional confidence. These results have important implications for the instructional design, facilitation, and debriefing of simulation-based education to use stress not as a barrier, but a managed component of learning to support learner outcomes.

11:45-12:00 pm

Protective Factors Against Burnout: Building Capacity to Increase Retention

Daniel Gonsalves, Natasha Hubbard Murdoch, Lindsey Boechler, Darien Dyck, Anson Chen, Iktan De La Vega, and Vince Salamon (Saskatchewan Polytechnic)

Canadian nurses report significant rates of burnout, moral distress, and dissatisfaction with their current employment (Registered Nurses' Association of Ontario [RNAO], 2022), resulting in healthcare systems struggling with nurse retention and recruitment for a multitude of causes. This project captured qualitative data from nurses on the frontlines of healthcare, identifying pivotal moments in their nursing careers, and assessed how the healthcare system can best support its staff in providing a healthy workplace and increasing worker resilience.

This qualitative descriptive study interviewed nurses in a Western Canadian province twice. During the first interview, participants mapped their journey throughout their nursing careers, highlighting moments they believe had the most impact on their ability to persist in the profession. Interviewers inquired about the nurse's feelings and thoughts during these moments, coping strategies, and perspectives. Participants shared about the supports or resources that they accessed or desired. Data analysis was approached from Benner's Novice to Expert theory.

Protective factors associated with reduced burnout operated across relational, organizational, and individual domains. At the relational and organizational levels, participants underscored the importance of strong collegial relationships, a positive workplace culture, and engaged leadership as central to sustaining well-being. At the individual level, emotional regulation skills and a sense of meaning derived from patient care emerged as important resilience resources. More experienced nurses additionally identified job flexibility as a key factor supporting long-term role sustainability. These insights will help shape leadership strategies to facilitate nurse retention and a positive healthcare workforce.

12:00-12:15 pm

Resilience in Nursing Education

Paramita Banerjee (Langara College)

Background: This study proposes to advance research by contributing to understanding of more comprehensive teaching strategies which enhance and build resilience in students in the undergraduate nursing program in the Canadian context. This college funded research is a mixed method research project in nursing scholarship of teaching and learning which is investigating the resilience experiences of Langara college students enrolled in 2nd and final years of their three-year Bachelor of Nursing Science (B.S.N.) degree.

Purpose: What are Langara college B.S.N. program nursing students' learning experiences of resilience in clinical education?
Method: The study design is convergent parallel mixed methods using both qualitative and quantitative data. We are concurrently collecting data from online student survey and audio transcripts from focus groups of students and faculty. We began data collection in September 2025 and will end data collection in April 2026. We have been funded to hire student aides for data analysis.

Key Findings: Preliminary findings reveal that there is a relational triad that forms between the educator, student, and clinical staff which mitigates the stress of entry into nursing practice. Students report resilience as a relational process which occurs within feelings of being expendable and isolated within toxic working conditions.

Takeaways: Final data analysis will capture sociopolitical complexities of resilience in nursing education.

12:15-12:30 pm

The THRIVE Project: Embedding Immersive Mental Health Education into Practice

Lindsey Boechler and Erin Lench (Saskatchewan Polytechnic)

Frontline professionals face repeated exposure to high-stress and potentially traumatic events, increasing risk for psychological injury, burnout, and reduced workforce sustainability. Pre-emptive wellbeing approaches are rarely embedded into experiential training aligned with real-world demands. The THRIVE Project (Transforming Health Realities Through Interactive Virtual Engagement) bridges academic evidence and frontline application by integrating skills derived from Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), and Acceptance and Commitment Therapy (ACT) into immersive, practice-oriented virtual reality (VR) learning environments. Using a collaborative co-design framework, researchers partnered with mental health professionals and public safety personnel to translate therapeutic principles into scenario-based VR sessions. Participants practiced cognitive reframing, distress tolerance, emotional regulation, and values-based action. Pre- and post-session measures and structured qualitative feedback evaluated engagement, perceived skill development, and applicability to practice.

Room #3
<p>11:30-11:45 am Clinical Event Debriefing Education as a Catalyst for Healthcare Resiliency Jaime Gallaher and TJ Young (BC Interior Health Authority)</p> <p>Healthcare resiliency depends on the capacity of teams and systems to adapt, recover, and learn from challenging clinical events. Clinical Event Debriefings (CED), brief structured reflections conducted after clinical situations, are an evidence-based method for strengthening both team level and organizational resilience. Research shows that routine debriefing enhances communication, situational awareness, psychological safety, and team performance while supporting staff wellbeing. However, despite these benefits, CED practices across British Columbia remain inconsistent, largely due to limited facilitator training, variable unit cultures, and the absence of standardized tools and resources.</p> <p>To address these gaps, Interior Health and Island Health collaboratively developed a provincially aligned CED facilitator education program. Informed by international expertise and grounded in established educational standards, the program provides structured lesson plans, a workshop slide deck, skills practice activities, video demonstrations, and evaluation materials designed to support psychologically safe and effective debriefing.</p> <p>Strengthening CED education enhances healthcare resiliency by enabling rapid learning after clinical events, improving interdisciplinary collaboration, and reducing emotional burden on staff. Standardized facilitator training also promotes organizational resilience through reliable learning processes and system level improvements</p>
<p>11:45-12:00 pm Building Resiliency Through Feedback and Debriefing: Strengthening Communication Skills in Clinical Practice Nicole Delaney (BC Interior Health Authority)</p> <p>Healthcare environments are fast-paced, emotionally demanding, and constantly changing. In these settings, resiliency depends on clinicians' ability to reflect, communicate effectively, and recover after challenging events. Feedback and debriefing are essential practices that strengthen this resilience by supporting reflection, recognizing strengths, and identifying opportunities for growth. Many clinical staff report that providing feedback and facilitating one-to-one conversations after critical incidents can be difficult and require additional support. To address this need, an instructor-led virtual workshop was developed to enhance practical skills in effective feedback delivery and supportive debriefing. Open to all clinical staff, the session uses multi-modal delivery and active learning strategies to explore evidence-informed frameworks that foster psychologically safe, constructive learning interactions. Participants are introduced to accessible tools that guide structured, meaningful conversations, enabling clearer communication during high-pressure or emotionally charged moments. Through small-group activities and realistic practice scenarios, participants apply these approaches to build confidence and</p>

competence. This experiential focus normalizes reflective practice, reduces interpersonal stress, and strengthens shared language for navigating difficult clinical discussions as key components of individual and team resiliency.

12:00-12:15 pm

Interprofessional Learning Culinary Arts and Nursing

Dorothy Booth (Thompson Rivers University)

interprofessional education (IPE) has been called out as an academic goal of advanced education for almost 20 years (World Health Organization, 2010). The overarching goal of IPE is to learn "about" with and from professionals that students will ultimately be working alongside to better understand scope, roles and ultimately provide enhanced outcomes for the clients they serve. At Thompson Rivers University an opportunity was seen for collaboration between the Culinary Arts and 1st year BScN Nursing Program. Culinary nutrition has been increasingly important in our evolving society, especially for individuals with complex nutritional needs. Culinary students with an interest in institutional cooking may appreciate the nuances of the complex needs of their guests as they became increasingly impacted by health challenges, which nurses could better appreciate the gastronomical and social implications of nutrition. The culmination of this was intended to be shared understanding between high quality meals and health maintenance.

My presentation will outline and showcase the development process, delivery and evaluation of a pilot project between culinary arts and the school of nursing of a shared IPE class highlighting students' experiences with taste, texture, and safety. Focusing on how this experience can enhance the enjoyment of food for clients/guests in institutional care.