

## APHON Spring Education Schedule

Day 1 – May 13, 2026

Time	NCPD	Session Title	Speaker 1	Speaker 2	Session Description	Learning Outcomes
12:00 PM-12:15 PM		Welcome & speed networking/ice breaker	Amy Newman	Dyane Bunnell	Kick off your APHON SEE experience with an engaging welcome session designed to help you connect with fellow attendees right from the start! This interactive icebreaker and speed networking activity will set the stage for meaningful conversations, collaboration, and a fun start to the event. Don't miss this chance to meet peers, exchange ideas, and build your professional network in a relaxed and energizing environment.	
12:15 PM-12:45 PM	0.5	The Pathophysiology of and Nursing Implications for Anaphylaxis in Pediatric Hematology and Oncology Patients and Nursing Implications for Anaphylaxis in Pediatric Hematology and Oncology Patients	Rebekah Maloney, MSN APRN PCNS-BS BMT-CN		Anaphylaxis is a potentially life-threatening complication of treatment for cancer and other disorders. Presentation and manifestations can vary by systems involved and severity. We will discuss the pathophysiology of anaphylaxis and emergency management of this often rapidly progressing complication. We will address the differences and similarities between infusion reactions, cytokine release syndrome, and anaphylaxis, and how to recognize these reactions. We will explore titer monitoring and desensitization protocols for asparaginase and further nursing implications for administering high risk medications.	1) Understand the immune response that leads to anaphylaxis. 2) Understand common triggers of anaphylaxis in the Hematology/ Oncology population. 3) Understand the role of Hematology/ Oncology nurses in the responses and treatment of anaphylaxis.
12:45 PM-1:45 PM	1	Recognizing and Responding to Challenges Related to Dinutuximab Administration in the Pediatric Patient with Neuroblastoma	Kristen Dalton MSN RN CPNP-AC CPHON	Jennifer Saggio MSN, CRNP	During this session, we will review major challenges related to administering the GD-2-directed monoclonal antibody dinutuximab in pediatric patients with neuroblastoma, including neurotoxicity, anaphylaxis, and length of stay. Dinutuximab-Associated Neurotoxicity A five-year retrospective review of 437 cycles given to 65 patients showed that neurotoxicity is common and often appears early in treatment. The study identified symptom patterns, initial nursing interventions, and potential risk factors. Findings highlight the need for focused neurologic monitoring and nurse-driven guidance to support safe administration. Initiating Dinutuximab in the Outpatient Setting To ease pressure on inpatient units, a new outpatient initiation pathway was created. This pathway allows dinutuximab to begin in clinic before hospital admission and serves as a pilot empowering nurses to activate therapy orders. Although strict eligibility criteria limit the number of participants, those who used the pathway had shorter hospital stays and reported higher satisfaction. The project also addressed logistics such as supplies, emergency readiness, transport, and nurse education. Dinutuximab Desensitization for Severe Allergic Symptoms Severe allergic reactions occur in up to 26 percent of patients, often requiring treatment discontinuation. A desensitization protocol was developed using a 19.5-hour, three-bag infusion with increasing concentrations and standardized supportive care. Six patients have successfully continued therapy without severe	1. Describe the most common clinical presentation and timing of neurotoxicities typically associated with dinutuximab and identify common nursing actions required to manage neurotoxicity in this patient population 2. Understand the process for developing and implementing a new clinical pathway for initiating dinutuximab in the outpatient setting prior to hospital admission 3. Explain how the development of a desensitization protocol would enable patients with previous severe allergic symptoms to continue dinutuximab therapy
1:45 PM-2:00 PM		15 Min Break				
2:00 PM-3:00 PM	1	Blurring of the Lines: Maintaining Professional Boundaries in Pediatric Nursing	Beth Fisher, DNP APRN CPNP-AC/PC CPON CHPPN		For the 23rd consecutive year, results of the Gallop poll find that nursing remains the most trusted profession. Nurses can share intimate, often vulnerable moments with their patients. Patients trust nurses with their vulnerabilities and often share their thoughts, their fears, and sometimes even their secrets with their nurses. Providing a comforting, compassionate, safe, and nurturing environment as patients experience a range of emotions is often at the heart of nursing. As patients and nurses connect in a therapeutic relationship, nurses must establish and maintain professional boundaries. Appropriate professional boundaries build trust and enhance credibility. However, it is possible for professional boundaries between patient and nurse to be breached or violated. What may be intended as a kindness or courtesy may become an unintentional boundary crossing. Such blurring of professional boundaries may occur when nurses confuse their own needs with the needs of their patients. While it is possible to cross a professional boundary intentionally, it more often occurs out of a profound sense of caring for another's well-being. The difference between a caring professional relationship and an overinvolved relationship is narrow. Knowing the difference and practicing professional boundaries requires intentional professional mentoring and accountability. The American Nurses Association and the National State Board of Nursing have consensus statements on professional boundaries. However, nurses receive very little training on maintaining professional boundaries. Consequences of professional boundary crossing have the potential to lead to increased burnout rates for nurses. By working together through education, role modeling, and an accountability structure, healthy therapeutic relationships may exist between patients and nurses. This session will provide an overview of professional boundaries and educational discussions on techniques to maintain those boundaries while developing and maintaining meaningful, therapeutic, healthy relationships	At the end of this presentation the learner will be able to: -Identify standards of care in pediatric practice as it relates to professional boundaries -Identify professional boundary expectations as outlined by pediatric focused professional organizations. -Distinguish between intentional and unintentional boundary crossing. -Integrate healthy professional boundaries into caring and compassionate pediatric healthcare. -Discuss equity of care and its relation to necessary professional boundaries in pediatric healthcare.

3:00 PM-3:30 PM	0.5	<b>Healing through the Screen: Virtual Nursing in Pediatric Hematology Oncology</b>	Brittany Hall, BSN RN CPHON		This session highlights the development and implementation of a Virtual Nurse model on a 24-hour bed pediatric hematology, oncology, and transplant and cellular therapy unit at Nemours Children's Hospital, Delaware. Designed to enhance the patient experience and support bedside nurses, the model integrates two-way in-room video technology and an experienced CPHON-credentialed nurse into daily care workflows. Early outcomes demonstrated decreased bedside workload, improved patient and family communication scores, and strengthened safety processes through expanded Virtual Nurse responsibilities, including dual signing for high-risk medications and treatments. Attendees will gain practical insight into implementation steps, lessons learned, and opportunities to scale virtual nursing in high acuity pediatric hematology and oncology settings.	1. Describe the role of the Virtual Nurse on a pediatric hematology, oncology, transplant and cellular therapy unit. 2. Identify the impact the Virtual Nurse role has on patients and family experience. 3. Identify the impact of the Virtual Nurse role on the nursing care model.
3:30 PM-4:00 PM	0.5	<b>Leadership Strategies to Build Trust and Staff Satisfaction</b>	Lauren Evans, MSN, RN, CPN, CPHON, TCTCN		Night shift teams face unique challenges that can affect satisfaction, communication, and retention, but the solutions created for these teams offer powerful lessons for all workgroups. This session explores leadership strategies used to rebuild trust, strengthen communication, and improve engagement among pediatric hematology/oncology night-shift staff. Through targeted interventions—including stay interviews, structured communication, individualized support, and increased leadership visibility—significant gains were made in morale, teamwork, and engagement scores. Although these strategies were developed for night-shift needs, the evidence-based approaches are universally applicable and can be adapted to improve culture, collaboration, and retention across any team or clinical environment.	Learning Outcome 1: The learner will be able to identify and implement leadership strategies that foster trust, improve staff satisfaction, and enhance team engagement in a pediatric hematology/oncology setting. Learning Outcome 2: The learner will demonstrate increased knowledge of communication techniques and retention strategies that support a collaborative and psychologically safe work environment for night-shift nursing staff. Learning Outcome 3: The learner will apply evidence-based leadership interventions, such as stay interviews, structured communication, and team-building initiatives, to improve workforce stability and patient care quality. Learning Outcome 4: The learner will evaluate the impact of leadership-driven strategies on staff engagement, teamwork, and professional growth to enhance patient outcomes and workplace culture.
4:00 PM-4:45 PM		<b>Facilitated exchange and fun</b>				
4:45 PM-4:55 PM		<b>ONCC Remarks</b>				
4:55 PM-5:00 PM		<b>Thank you and close</b>	Dyane Bunnell			
<b>Day 2, May 14, 2026</b>						
<b>Time</b>	<b>NCPD</b>	<b>Session Title</b>	<b>Speaker 1</b>	<b>Speaker 2</b>	<b>Session Description</b>	<b>Learning Outcomes</b>
12:00 PM-12:05 PM		<b>Welcome</b>	Danielle Gunter			
12:05 PM-12:35 PM	0.5	<b>Navigating Pain with Color: A Sickle Cell Pain Care Plan</b>	Courtney Trace, MSN, RN, CPHON	Isabella De Francisco, RN BSN CPHON	<p>Pain is a defining and often unpredictable aspect of sickle cell disease (SCD). Before this initiative, patients and families reported inconsistent pain management guidance, uncertainty about medications, and limited clarity on when to escalate care or seek Emergency Department (ED) evaluation. These gaps contributed to delayed pain control, frustration, and potentially avoidable hospital use. A standardized, patient-centered approach was needed to improve consistency, strengthen health literacy, and help families manage pain safely and confidently.</p> <p>The goal of this project was to standardize SCD pain management through a visual, color-coded pain care plan that supports patient and family ownership of decision-making. Created through a co-design process with patients, families, nurses, and hematologists, the tool combines evidence-based recommendations with simple, accessible language.</p> <p>The plan includes four color-coded zones:</p> <p>Green Zone: mild pain using hydration, rest, and over-the-counter medications  Yellow Zone: moderate pain, adding prescribed breakthrough medications and an anti-constipation plan  Red Zone: severe pain with clear guidance on when to escalate to the ED  Blue Zone: daily preventive strategies that promote overall well-being and reduce pain crises</p> <p>Each non-blue zone outlines tailored interventions, medication education, potential side effects, and when to contact a provider or seek hospital care. Implementation takes place before discharge, when a Patient and Family Navigator reviews and personalizes the plan with the patient and family. Together, they identify effective medications and non-pharmacologic strategies, creating a practical and individualized tool.</p> <p>Early outcomes show more consistent pain management, increased confidence among patients and families, and better decision-making before seeking</p>	<p>Participants will be able to describe how a standardized, color-coded pain care plan improves consistency, health literacy, and family confidence in managing sickle cell pain across care settings.</p> <p>Participants will be able to identify key strategies for implementing a nurse-led, patient- and family-centered pain management tool to support timely decision-making and appropriate escalation of care.</p>
12:35 PM-1:05 PM	0.5	<b>COG KidsCare App Improves Caregivers' Perceived Education and Support During their Child's Cancer Journey</b>	Katrina MacDonald RN BScN CPHON		We will share the experience of beginning our journey in nurse-led, interdisciplinary clinical research. We are both novice researchers- we learned as we went, with mentorship and guidance from a medical colleague. We'll describe the conduct of our research study and what the outcomes of the study were. As well, we'll share our experience with rolling out the COG KidsCare App at the IWK Health Centre, and how we continue to use the App to support our patients and families.	1. Be able to describe the findings of the author's study on the COG KidsCare App and whether it improves perceived support and education for caregivers. 2. Learner will have a clear understanding of how they may initiate their own nurse led clinical research.

1:05 PM-2:05 PM	1	<b>You Already Do Advocacy: The Professional Responsibility of Pediatric Hemat</b>	Joan O'Hanlon Curry, DNP, RN, CPNP-PC, CPON, NEA-BC, FAPHON, FAAN	Emily Padgett, BSN RN CPN CPHO	Advocacy is foundational to nursing practice and extends far beyond legislative engagement. The American Nurses Association identifies advocacy as central to the profession, requiring nurses to promote, protect, and optimize the health, safety, and rights of patients, families, and communities. Pediatric hematology/oncology nurses uniquely encounter situations where patients and families experience vulnerability, complex decision-making, and barriers to equitable care, positioning nurses as essential advocates at multiple levels of healthcare delivery. This presentation will explore advocacy as a professional obligation embedded in everyday clinical practice rather than a discrete activity limited to policy or politics. Participants will examine how advocacy manifests across five interconnected domains: the bedside (supporting patient voice and informed decision-making), the unit and institution (safety, ethical care, and systems improvement), the community (education and resource access), and the state and federal arenas (policy and health equity). Real-world narratives from pediatric hematology/oncology nurses will illustrate practical examples of advocacy in action. The session will also highlight APHON's advocacy priorities and initiatives, including efforts to improve access to comprehensive care, support research funding, and advance the nursing workforce. Attendees will be introduced to pathways for engagement ranging from local institutional leadership to grassroots and legislative participation. By reframing advocacy as an integral professional responsibility rather than an optional activity, this session aims to empower nurses at all career stages to recognize their influence and identify actionable steps toward advocacy in daily practice. Participants will leave with practical strategies to incorporate advocacy into routine care and to engage with professional organizations to advance outcomes for children, adolescents, and young adults with cancer and blood disorders, as well as advancing the nursing profession.	1. Attendees will be able to differentiate the multiple domains of nursing advocacy (bedside, institutional, community, and policy) and explain how advocacy functions as a professional obligation within pediatric hematology/oncology nursing practice. 2. Attendees will be able to identify and implement at least two strategies for engaging in professional advocacy through organizational involvement, including participation in APHON initiatives.
2:05 PM-2:20 PM		<b>15 Min Break</b>				
2:20 PM-3:20 PM	1	<b>Bones of Contention: Comparative Analysis of Osteosarcoma and Ewing's Sarcoma</b>	Meghan Harris MSN, APRN-NP, CPNP-AC	Yael Derman MSN, APRN, CPNP-AC	Osteosarcoma and Ewing's sarcoma are the two most common primary malignant bone tumors in children and young adults, yet they exhibit distinct clinical, radiographic, histologic, and genetic characteristics. This lecture will provide a comparative analysis of these tumors, beginning with their typical age of onset, staging at presentation, and key diagnostic features. We will explore imaging modalities and histo-pathologic findings that aid in differentiation, along with a review of their genetic profiles, including implications for hereditary cancer syndromes such as Li-Fraumeni. Treatment strategies will be discussed, covering multimodal approaches such as chemotherapy, surgical resection, and radiation therapy. Lastly, we will examine patient outcomes, highlighting morbidity, mortality, and advancements in therapeutic protocols.	1. Learners will be able to self-report increased ability to differentiate osteosarcoma vs. Ewing sarcoma according to age, stage, histologic, genetic, and radiographic features as well as treatment regimens. 2. Learners will self-report an increase in confidence when caring for a patient with osteosarcoma and Ewing sarcoma
3:20 PM-3:50 PM	0.5	<b>Nurse Leaders and Shared Governance Partner to Reduce Burnout</b>	Margie Kjellin RN MSN CPHON NE BC	Bridget Mans, MHA, BSN, RN, CPN	Nurse burnout is a persistent and serious challenge in healthcare, with significant implications for nurse well-being, patient safety, and quality outcomes. In pediatric hematology oncology nursing, where emotional intensity and clinical complexity are especially high, the risk of burnout is even greater. At St. Jude Children's Research Hospital, we recognized the need for a proactive, data-driven, and collaborative approach to supporting our nursing workforce. Our project brought together clinical nurses involved in Shared Governance and nurse leaders across the organization with a shared goal: to meaningfully reduce burnout and strengthen the professional well-being of our nurses. Our objectives were fivefold:  Assess the extent of burnout among clinical nurses Identify primary stressors Collaboratively design and implement targeted interventions Reduce burnout from 2023 to 2024 Evaluate the impact of our strategies  To accomplish this, we administered a brief, four-question annual Nurse Burnout Survey. Nurses rated their burnout on a 1-5 scale and identified their top three sources of stress. This simple but effective tool allowed us to quantify need, elevate the nurse voice, and guide our action plan. The survey was repeated in 2024 to measure change.  Our interventions were intentionally multi-faceted, combining resource expansion, professional support, and organizational improvements. Nurses received access to short learning modules, readings, and CE opportunities on topics related to well-being. To promote engagement, we introduced quarterly participation contests with prizes such as Figs scrubs and Amazon gift cards. We also broadened our mentorship program to include nurses at all levels, enhanced recruitment efforts focused on experienced nurses, and increased flexible staffing options. Additional strategies included strengthened recognition programs.	The learner will be able to identify key contributors to nurse burnout in pediatric hematology oncology settings and describe how frontline nurse participation in Shared Governance informs effective, practice relevant interventions. The learner will be able to analyze the impact of targeted strategies such as mentorship expansion, flexible staffing, professional well being resources, and leadership support on reducing burnout scores and improving the nurse work environment.
3:50 PM-4:50 PM		<b>Facilitated exchange</b>				
4:50 PM-4:55 PM		<b>Thank you and Closing</b>	Danielle Gunter			