TOPIC: **ENSURING EQUITABLE CLINICAL ACCOMMODATIONS FOR PREGNANT NURSING STUDENTS**

SUBMITTED BY: **Maurine Church Coburn School of Nursing**
City/State: Monterey, California

AUTHORS: **Megan Nicanor, Allen Rose**

WHEREAS, Pregnant nursing students may experience challenges completing required clinical hours and examinations due to pregnancy-related health concerns, childbirth, and limited academic support, potentially delaying their nursing education (Nkosi et al., 2019, pp. 4–7); and

WHEREAS, Pregnant nursing students may experience difficulties completing clinical placements due to long shifts, limited scheduling flexibility, postpartum recovery, and breastfeeding needs, highlighting the importance of individualized accommodations and institutional support (Lokmic-Tomkins et al., 2022, pp. 5–7); and

WHEREAS, Pregnant nursing students may be unaware of available academic accommodations or hesitant to disclose their pregnancy due to fear of judgment or unequal treatment, emphasizing the need for clear policies, supportive communication, and accessible resources (Lokmic-Tomkins et al., 2022, pp. 4–5); and

WHEREAS, Nursing student mothers may face challenges balancing breastfeeding and pumping with academic responsibilities and clinical rotations, emphasizing the need for adequate lactation breaks and supportive accommodations (Glick et al., 2024); and

WHEREAS, Nursing student mothers may experience difficulties accessing private spaces for breastfeeding or pumping during clinical rotations, while attitudes from faculty, clinical instructors, and classmates can either support or discourage their ability to continue breastfeeding (Glick et al., 2024); and

WHEREAS, Pregnant nursing students may experience academic stress, insufficient institutional support, and difficulties balancing childcare responsibilities with nursing education, highlighting the importance of supportive policies that promote continued academic progress (Nkosi et al., 2019, pp. 5–7); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) advocate for California nursing programs to establish clear and consistent clinical accommodation policies for pregnant nursing students that support their educational needs while maintaining required clinical hours, nursing competencies, and patient safety standards; and be it further

RESOLVED, that CNSA encourage nursing programs and clinical placement facilities to work together to provide reasonable accommodations, including flexible clinical scheduling when possible, time for pregnancy-related medical appointments, postpartum recovery needs, and unexpected childcare emergencies, while offering opportunities to make up

missed clinical hours to ensure students meet required nursing competencies and patient safety standards; and be it further

RESOLVED, that CNSA support the development of accessible lactation accommodations, including designated private spaces and reasonable pumping breaks, while promoting awareness of available resources and encouraging a supportive, nondiscriminatory learning environment for pregnant nursing students; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association (ANA), National League for Nursing (NLN), American Association of Colleges of Nursing (AACN), California Board of Registered Nursing (BRN), and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: **Enhancing Pediatric Discharge Education for Families with Limited English Proficiency**

SUBMITTED BY: **University of the Pacific**
Sacramento, CA

AUTHORS: **Navneet Atwal, Harleen Kaur, Kelsi McNeil**

WHEREAS, Approximately 28.5 million people ages five and older in the United States have limited English proficiency (LEP), and language barriers can create difficulties understanding healthcare and medication instructions (Rao et al., 2026, pp. 11-12); and

WHEREAS, Pediatric patients from families with non-English language preferences may experience disparities during hospitalization, including longer hospital stays and later discharge times, with the greatest differences observed among families preferring languages other than Spanish (Pilarz et al., 2023 p. 5); and

WHEREAS, Families with limited English proficiency may not consistently receive discharge instructions in their preferred language, while implementation of standardized translation processes and staff education has substantially increased the provision of translated pediatric discharge instructions (Choe et al., 2021 p. 1); and

WHEREAS, Language barriers can limit families' understanding and participation in their child's care, while consistent use of professional interpreters can facilitate communication, understanding, and family engagement, including preparation for care after discharge (Velez et al., 2022 pp. 22, 27); and

WHEREAS, Consistent use of professional interpretation and effective communication practices are essential to promoting patient safety, family engagement, and equitable care for hospitalized children and families with limited English proficiency (Parente et al., 2022 pp. 2-4); therefore be it,

RESOLVED, That the California Nursing Students' Association (CNSA) support the importance of clear, culturally and linguistically appropriate pediatric discharge education for families with limited English proficiency to promote understanding, family engagement, patient safety, and equitable care; and be it further

RESOLVED, That the California Nursing Students' Association (CNSA) encourage nursing programs across the state to incorporate education and simulation-based learning on effective discharge communication with families with limited English proficiency, including the appropriate use of professional interpreter services and translated discharge materials; and be it further

RESOLVED, That the California Nursing Students' Association (CNSA) send a copy of this resolution to the National Student Nurses' Association, American Nurses Association, American Association of Colleges of Nursing, National League for Nursing, Society of Pediatric Nurses, American Academy of Pediatrics, and all others deemed appropriate by the CNSA Board of Directors.

TOPIC: **In support of incorporating environmental health and sustainability competencies into nursing education**

SUBMITTED BY: **California State University, Bakersfield**
Bakersfield, California

AUTHORS: **Primary author, Natalia Genetti; Natalia Slezak, Maxine Alba, Evan Tarango, Hannah Agatep, Thea Yumang, Katie Becerra, Jay Esqueda**

WHEREAS, climate change is recognized as the greatest threat to human health this century, contributing to extreme heat, flooding, and wildfires that worsen cardiovascular, respiratory, and mental health (World Health Organization, 2019, as cited in Tiitta et al., 2024, p. 1); and

WHEREAS, U.S. hospitals generate more than 5 million tons of waste each year, about 29 pounds per bed per day, much of it single-use plastic that could be reduced (van Ee et al., 2023, p. 2324); and

WHEREAS, the healthcare sector produces an estimated 1-5% of the world's greenhouse gas emissions, and nurses, as the largest group of health workers, are positioned to advocate both for patients affected by climate change and for reducing health care's environmental impact (Elkashif et al., 2026, p. 2); and

WHEREAS, in a study of 708 nurses and nursing students, only 37% of students demonstrated good-to-excellent knowledge of climate change effects on older adults' health, and prior climate-health education was linked to stronger student skills and attitudes (Montoro-Ramírez et al., 2026, pp. 1, 6, 8-9); and

WHEREAS, barriers to integration include dense curricula, limited faculty training, few opportunities for training in clinical settings, and the absence of climate competencies in accreditation requirements (Roberge et al., 2025, p, 407, 422); and

WHEREAS, education that incorporates planetary health concepts demonstrates improvement in nurses' environmental awareness, confidence, and environmentally responsible behavior (Elkashif et al., 2026, pp. 2–3); and

WHEREAS, the American Nurses Association Code of Ethics affirms that nurses have a responsibility to promote and engage in sustainable practices through policy, education, and research to support both human and environmental health (American Nurses Association, 2025, Provision 10.3); therefore be it

RESOLVED, that the NSNA encourage nursing accreditation bodies, including the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Commission for Education in Nursing (ACEN), to incorporate environmental health and sustainability competencies into prelicensure nursing education; and be it further

RESOLVED, that the California Nursing Students' Association (CNSA) and the National Student Nurses' Association (NSNA) encourage alliances between nursing programs and environmental organizations, including Health Care Without Harm and the Alliance of

Nurses for Healthy Environments (ANHE), to educate students on practical sustainability practices for reducing single-use plastic waste in healthcare settings; and be it further

RESOLVED, that the NSNA encourage nursing programs to use resources from the Global Consortium on Climate and Health Education (GCCHE) to integrate content that prepares students to assess and care for patients affected by climate-related health threats, such as extreme heat, poor air quality, wildfire smoke, flooding, and disasters, tailored to the risks of the communities they serve; and be it further

RESOLVED, that the NSNA collaborate with nursing and health policy organizations such as the ANHE to invite speakers to educate students on environmental health and sustainability practices in nursing; and be it further

RESOLVED, that the NSNA send a copy of this resolution to American Nurses Association, American Academy of Nursing, Accreditation Commission for Education in Nursing, American Organization for Nursing Leadership, National League for Nursing, American Nurses Foundation, American Association of Colleges of Nursing, National Nurses United, Alliance of Nurses for Healthy Environments, Commission on Collegiate Nursing Education, Health Care Without Harm, Global Consortium on Climate and Health Education, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: **PROMOTING A CULTURE OF GROWTH AND SAFETY FOR NURSING STUDENTS IN CLINICAL EDUCATION**

SUBMITTED BY: **San Diego State University**
San Diego, CA

AUTHORS: **Claire Ellene Espinosa & Kaitlyn Sugita**

WHEREAS, Clinical education allows nursing students to apply theoretical knowledge, develop clinical judgment, practice nursing skills, and prepare for professional nursing practice (Hardie et al., 2022); and

WHEREAS, Nursing students interact with patients, families, faculty, preceptors, and healthcare professionals, requiring effective communication, collaboration, and guidance to develop clinical competence (Hardie et al., 2022); and

WHEREAS, Psychological safety enables nursing students to ask questions, acknowledge limitations, seek guidance, and communicate concerns without fear of humiliation, criticism, or retaliation (Hardie et al., 2022; Butler & Lyman, 2025); and

WHEREAS, Students who fear embarrassment or negative treatment may hesitate to seek assistance, admit uncertainty, or report potential patient safety concerns (Hoffmann et al., 2022; Steven et al., 2022; Butler & Lyman, 2025); and

WHEREAS, Over half of surveyed nursing schools lacked safety-event reporting tools, while programs with such systems demonstrated significantly higher just-culture assessment scores (Altmiller, 2024); and

WHEREAS, A study found that 71% of nursing students withheld specific patient safety concerns, while 64% identified fear of negative reactions as a barrier to speaking up (Hoffmann et al., 2022); and

WHEREAS, Viewing mistakes and knowledge gaps as opportunities for supervised learning encourages students to seek assistance, strengthen clinical judgment, and maintain patient safety (Hardie et al., 2022); and

WHEREAS, Clinical faculty and preceptors play an essential role in promoting respectful communication, mentorship, constructive feedback, and active student participation to strengthen clinical competence (Hardie et al., 2022); and

WHEREAS, Supportive clinical learning environments and accessible, nonretaliatory reporting mechanisms can encourage nursing students to communicate concerns and participate in patient safety improvement (Altmiller, 2024; Steven et al., 2022); therefore be it

RESOLVED, That the California Nursing Students' Association (CNSA) supports efforts to promote psychological safety in clinical education through educational sessions, workshops, and resources at CNSA conventions and events; and be it further

RESOLVED, That CNSA encourage nursing programs and clinical facilities to foster supportive clinical learning environments that promote respectful communication, student participation, and opportunities for supervised learning; and be it further

RESOLVED, That CNSA advocate for nursing programs to establish accessible and confidential reporting mechanisms, inform students of how to access and use these mechanisms, and promote transparent procedures for reviewing and responding to concerns regarding unsafe or unsupportive clinical learning environments, without safeguards against retaliation; and be it further

RESOLVED, That CNSA encourage nursing programs to provide faculty and preceptors with education on psychological safety, mentorship, constructive feedback, and nonpunitive responses to student questions, mistakes, and knowledge gaps to strengthen clinical competence and patient safety; and be it further

RESOLVED, That the CNSA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, National League for Nursing, National Council of State Boards of Nursing, American Organization for Nursing Leadership, Sigma Theta Tau International Honor Society of Nursing, and all others deemed appropriate by the CNSA Board of Directors.

TOPIC: **PROMOTING TRANSPARENT AND EQUITABLE CLINICAL PLACEMENT OPPORTUNITIES FOR NURSING STUDENTS**

SUBMITTED BY: **Fresno State University Student Nurses Association**
Fresno, CA

AUTHORS: **Lance Elep**

WHEREAS, Clinical experience in nursing helps students in building their competence, supporting the transition into professional nurses as a 2025 study of 158 students showed higher clinical competence was associated with stronger transition scores (Han et al., 2025, pp. 1–2); and

WHEREAS, Placement distance and accommodation can cause problems with safety, transportation, scheduling, finances, and health, so the use of flexible shifts, designated parking, and advanced reimbursement of costs were recommended (Davenport et al., 2024, p. 88); and

WHEREAS, Nursing students with caregiving responsibilities reported that the clinical scheduling, reduced ability to work, and household responsibilities negatively affected their stress levels, thoughts of leaving the program, well being, and family relationships (Andrew et al., 2022, p. 1); and

WHEREAS, Rural baccalaureate nursing students identified financial, academic, and accessibility barriers including availability, travel distances and costs, and support limitations that hindered their learning experiences, well being, and retention (Nette et al., 2026, p. 1); and

WHEREAS, Nursing students have reported preferential hierarchical treatment and racism during their clinical placements, so researchers called to accommodate through educational content, opportunities for reflection, and support to address it (Caffrey et al., 2023, p. 1); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) support transparent and equitable clinical placement practices that account for student barriers while maintaining academic standards and clinical requirements; and be it further

RESOLVED, that CNSA encourage nursing programs to disclose the distribution of clinical placements, expected travel distances, practices for schedule changes, and expected student costs, and provide a process for students to disclose their individual barriers and request consideration without retaliation; and be it further

RESOLVED, that CNSA encourage nursing programs and clinical partners to collect feedback on accessibility, learning opportunities, discrimination, and safety following clinical placement, and use the findings to improve the quality of clinicals; and be it further

RESOLVED, that CNSA develop and spread electronic resources for transparent and equitable clinical placement practices; and be it further

RESOLVED, that CNSA send a copy of this resolution to the National Student Nurses' Association (NSNA), American Association of Colleges of Nursing (AACN), National League for Nursing, American Nurses Association (ANA), National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA), and all others deemed appropriate by the CNSA Board of Directors.

TOPIC: Addressing the Nursing Workforce Shortage and Supporting the Future Nursing Workforce

SUBMITTED BY: San Diego State University Imperial Valley Student Nurses Association

City/State: Imperial Valley, California

AUTHORS: Victoria Velasco, Maryliz Campos, Daren Montes, Samantha Vega, Elizabeth Hernandez

WHEREAS, the United States continues to face projected registered nurse workforce shortages, with national projections estimating an 8% shortage of registered nurses in 2028 and a 3% shortage by 2038; (Health Resources and Services Administration, 2025); and

WHEREAS, the nursing workforce faces ongoing retention challenges, as approximately 40% of registered nurses surveyed in 2024 reported intending to leave the profession or retire within the following five years; (National Council of State Boards of Nursing [NCSBN], 2025); and

WHEREAS, stress, burnout, heavy workloads, and understaffing are among the factors contributing to nurses leaving the workforce, highlighting the need for supportive and sustainable work environments; (NCSBN, 2025); and

WHEREAS, nursing faculty shortages limit the capacity of nursing education programs to prepare future nurses, with schools reporting insufficient faculty, clinical sites, and clinical preceptors as barriers to accepting qualified applicants; (American Association of Colleges of Nursing [AACN], 2026); and

WHEREAS, increasing access to nursing education and supporting nursing faculty can help expand educational capacity and prepare more qualified nurses to enter the workforce; (AACN, 2026); and

WHEREAS, mentorship, clinical learning opportunities, and professional development can support nursing students as they transition from academic preparation into professional nursing practice; and

WHEREAS, addressing workforce shortages requires collaboration among nursing organizations, educational institutions, healthcare employers, and policymakers to strengthen recruitment, retention, and support for nurses; (NCSBN, 2025); therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) advocate for policies and initiatives that address the nursing workforce shortage by supporting nursing education, recruitment, retention, and the transition of nursing students into professional practice; and be it further

RESOLVED, that the NSNA encourage increased investment in nursing faculty recruitment and retention, expanded clinical placement opportunities, and resources that increase the capacity of nursing education programs; and be it further

RESOLVED, that the NSNA promote mentorship programs, professional development, and transition-to-practice support to help nursing students and newly licensed nurses build confidence, competence, and long-term career success; and be it further

RESOLVED, that the NSNA advocate for safe staffing practices, supportive work environments, and initiatives addressing nurse burnout and workplace well-being to promote nurse retention and quality patient care; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association (ANA), the American Association of Colleges of Nursing (AACN), the National League for Nursing (NLN), the Health Resources and Services Administration (HRSA), and all others deemed appropriate by the NSNA Board of Directors.

TOPIC:	INCREASING DE-ESCALATION TRAINING FOR NURSING STUDENTS ACROSS CLINICAL ROTATIONS
SUBMITTED BY:	NSNA Chapter of Western University of Health Sciences City/State: Pomona, California
AUTHORS:	Alejandra Samra
WHEREAS,	A systematic review of 57 studies found that 45.37% of nursing students experienced workplace violence during clinical practice, and 74% of students exposed to violence did not report it (Lu et al., 2024); and
WHEREAS,	Patients and their relatives were common sources of workplace violence against nursing students, with incidents occurring in multiple clinical settings (Lu et al., 2024); and
WHEREAS,	Nursing student education on workplace violence has included classroom instruction, role-play, and simulation, although evidence of effectiveness remains uncertain (Dafny et al., 2025); and
WHEREAS,	A study of 33 nursing students found that students reported greater confidence and perceived success in de-escalation after completing virtual simulation (Conrad et al., 2024); therefore be it
RESOLVED,	That the CNSA support de-escalation training for nursing students before and throughout clinical rotations; and be it further
RESOLVED,	That the CNSA encourage nursing programs and clinical partners to teach students to recognize escalating behavior, use therapeutic communication, maintain a safe exit, disengage when needed, seek help, and report incidents; and be it further
RESOLVED,	That the CNSA encourage role-play and simulation involving patients, family members, and visitors across clinical settings, with an emphasis on student safety and clinical-site policies; and be it further
RESOLVED,	That the CNSA encourage nursing programs and clinical partners to evaluate and offer Crisis Prevention Institute training appropriate to the student role, with continued practice throughout clinical rotations; and be it further
RESOLVED,	That the CNSA send a copy of this resolution to the National Student Nurses' Association, American Nurses Association, American Association of Colleges of Nursing, National League for Nursing, Organization for Associate Degree Nursing, and all others deemed appropriate by the CNSA Board of Directors.

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Dafny, H. A., Waheed, N., Cabilan, C. J., Johnston, S., Pearson, V., Adams, A. M., Phillips, C., Brown, S., & McCloud, C. (2025). Effectiveness of interventions for the prevention or management of workplace violence in student nurses during clinical placement: A systematic review. *Journal of Advanced Nursing, 81*(3), 1142–1171. https://doi.org/10.1111/jan.16357

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TOPIC: **Advocating for Nursing Student Education in Safe, Ethical, and Accountable AI-Assisted Clinical Documentation**

SUBMITTED BY: **California State University**
Sacramento, CA

AUTHORS: **Mayumi Ablang, Armine Aslanyan, William Lao**

WHEREAS, Artificial intelligence has the potential to improve healthcare by increasing efficiency, supporting clinical decision-making, and assisting healthcare professionals with complex tasks when used alongside human judgment and oversight (Hubbly et al., 2025); and

WHEREAS, Uncertainty has been raised by nursing students about the issue of responsibility in case of errors arising from the use of artificial intelligence as well as whether AI recommendations require independent confirmation (Rony et al., 2025); and

WHEREAS, The inclusion of artificial intelligence into nursing documentation necessitates validation and ethical considerations and should be consistent with clinical practice, showing the importance of human oversight even when there is AI-assisted documentation (Limbong et al., 2026); and

WHEREAS, The use of artificial intelligence presents concerns involving patient privacy, data security, bias, transparency, and accountability, emphasizing the need for responsible human oversight when AI is used in healthcare (Li & Gu, 2023; Hubbly et al., 2025); and

WHEREAS, Structured artificial intelligence education has been shown to improve university students' understanding of AI, technological literacy, and ethical awareness, supporting preparation for the responsible use of emerging technologies in professional practice (Kong et al., 2023, p. 16); but current institutional policies on artificial intelligence might fail to consider nursing-specific obligations such as professional accountability and maintenance of clinical judgment, hence the need for nursing-specific policies on the ethical use of artificial intelligence in nursing education (Moore et al., 2026); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) encourage nursing programs across the state to incorporate education on the appropriate use of artificial intelligence in clinical documentation, emphasizing its role as a tool to support rather than replace nursing assessment and clinical judgment; and be it further

RESOLVED, that that CNSA advocate for nursing students to receive education on reviewing AI-generated clinical documentation for inaccurate, incomplete, misleading, or biased information and correcting such content before its use in patient care; and be it further

RESOLVED, that that CNSA encourage nursing programs to educate students on patient privacy and confidentiality, data security, professional accountability, and institutional policies related to the use of artificial intelligence in clinical documentation; and be it further

RESOLVED, that CNSA promote case studies, simulations, and other applied learning experiences that allow nursing students to practice the safe and ethical use of AI-assisted clinical documentation while maintaining appropriate human oversight; and be it further

RESOLVED, that CNSA recommend that nursing education programs teach nursing students about the responsibility associated with the use of artificial intelligence in clinical documentation, particularly with respect to verification and validation of the AI-generated data prior to the input into patient health records; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association (ANA), American Association of Colleges of Nursing (AACN), National League for Nursing (NLN), American Organization for Nursing Leadership (AONL), California Board of Registered Nursing (BRN), California Hospital Association (CHA), Office of the National Coordinator for Health IT [(ONC) (U.S. Department of Health and Human Services)], Commission on Collegiate Nursing Education (CCNE), NLN Commission for Nursing Education Accreditation (CNEA), Accreditation Commission for Education in Nursing (ACEN), and all others deemed appropriate by the NSNA Board of Directors.