Pediatric Oncology Palliative Care in Atlantic Canada: A Needs Assessment

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Background and Objectives: Pediatric palliative care (PPC) is an important part of pediatric oncology care. It improves symptom management, quality of life, and end-of-life care. Despite recommendations for early integration, there are still barriers to providing consistent and equitable PPC, especially in vast rural regions such as Atlantic Canada. This study surveyed regional healthcare workers to better understand the needs, barriers, and opportunities for improving PPC delivery for children with cancer, and to provide practical recommendations to support better integration and access to PPC in those Provinces.

Methods: This study used an inductive qualitative approach and a multi-methods design. Healthcare providers affiliated with the Atlantic Provinces Pediatric Hematology Oncology Network (APPHON) were invited to complete a survey exploring their experiences with PPC delivery, including gaps and suggested improvements. Survey responses were analyzed using thematic analysis. Follow-up focus groups with volunteer participants were then conducted to further explore key themes, and this data was also analyzed thematically.

Results: Key themes were identified, including role confusion across teams, inconsistent communication and information sharing between provinces, and gaps in education and training. Participants also described challenges with resources and infrastructure, particularly in more rural and underserved areas, as well as unmet psychosocial and mental health needs for patients and families. There was also a clear need for better feedback processes and opportunities for team debriefing.

Discussion: Overall, findings highlight variability and fragmentation in PPC delivery across Atlantic Canada.

Conclusions: Addressing these gaps will require standardized care pathways, improved communication systems, and stronger collaboration between tertiary and community teams. Enhancing early integration of PPC and expanding education opportunities may help reduce disparities and improve outcomes for children and families.

Keywords: pediatric palliative care; pediatric oncology; healthcare access

Pelvic Dimensions and Uterine Position: Morphometric Analysis and Clinical Insights from the Anatomy Lab

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Background and Objectives: Variations in pelvic dimensions and uterine position may influence gynecologic and obstetric outcomes, yet existing morphometric studies often rely on imaging and limited measurements. This study characterized female pelvic and uterine anatomy in cadaveric specimens and examined associations among pelvic diameters, uterine dimensions, cervical position, and uterine version and flexion.

Methods: This observational morphometric study examined sagittal sections of female pelvises donated through Dalhousie University's Human Body Donation Program. Hysterectomized specimens were excluded, and donor identities were protected using coded data. Pelvic conjugates were measured manually and digitally using ImageJ, along with uterine, cervical, and vaginal dimensions, cervical position, and uterovaginal and uterocervical angles. Manual measurements were retained for cross-validation. Descriptive statistics, normality testing, and Pearson or Spearman correlations were performed, with significance set at $p < 0.05$.

Results: Anteroposterior pelvic inlet dimensions were consistent across specimens, with mean anatomical, obstetrical, and diagonal conjugates of 118.19 ± 12.28 mm, 117.52 ± 13.69 mm, and 132.48 ± 13.47 mm, respectively. These measurements were strongly positively correlated ($r = 0.87–0.94$; $R^2 = 0.76–0.89$), supporting internal geometric coherence among pelvic inlet dimensions.

Cervical position varied widely relative to the straight conjugate line, ranging from 24.92 mm below to 47.60 mm above, with a mean of 13.34 ± 14.56 mm. Cervical position was not significantly correlated with bony pelvic inlet dimensions ($R^2 = 0.0002–0.0317$; $p > 0.05$), but was significantly positively correlated with vaginal length, suggesting a stronger influence of soft-tissue dimensions ($R^2 = 0.193$, $p = 0.017$).

Mean vaginal and uterine body lengths were 67.53 ± 12.41 mm and 35.00 ± 9.72 mm, respectively. Both showed only weak positive associations with pelvic conjugate diameters, with no statistically significant correlations, indicating that pelvic inlet geometry explained little variation in soft-tissue dimensions.

Pelvic inlet geometry was not associated with angle of version. However, retroflexed specimens demonstrated significantly larger diagonal conjugate measurements than anteflexed specimens, with both Mann–Whitney U testing and Spearman correlation supporting a significant positive association between diagonal conjugate size and retroflexion ($U = 180.0$, $p = .001$). Cervical position did not differ significantly by uterine version or flexion status. Although retroflexed specimens had slightly higher cervical position ranks, the association was weak and not statistically significant ($rs = 0.266$, $N = 29$, $p = .163$), suggesting that cervical position was largely independent of uterine anteflexion or retroflexion.

Discussion: These findings suggest that bony pelvic inlet dimensions are internally proportional but do not independently determine cervical position. Cervical position varied widely and was not associated with pelvic conjugate measurements, while its significant correlation with vaginal length suggests soft-tissue dimensions may play a greater role.

Vaginal and uterine body lengths were only weakly related to pelvic inlet dimensions, further indicating that soft-tissue morphology is not tightly constrained by bony geometry. Retroflexed uteri were associated with larger diagonal conjugate measurements, suggesting that greater anteroposterior pelvic space may permit posterior uterine flexion. However, cervical

position did not differ significantly by uterine version or flexion status.

Conclusions: This study provides a detailed specimen-based morphometric dataset linking pelvic and uterine anatomy. These results highlight that uterine and cervical positioning likely reflect a combination of bony and soft-tissue anatomical factors. Larger studies with clinical correlation are needed to clarify the relevance of these relationships.

Keywords: pelvic morphometry; uterine position; cadaveric anatomy

Nutrition and Foods Education in Canadian Medical Schools: A Scoping Review

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Background and Objectives: Nutrition and foods play a fundamental role in preventing, treating, and managing many non-communicable diseases, such as kidney disease, diabetes, cancer, hypertension, and metabolic syndrome. Despite poor diet quality being a leading risk factor for morbidity and mortality, food insecurity, along with medical and social determinants of nutrition quality of life, are not well understood. Nutrition Quality of Life refers to a patient's personal view of how nutrition care impacts their daily life, physical function, mental wellness, and overall life satisfaction. It is a key measure used to track if dietary interventions are effective. Often, family physicians are expected to provide some nutrition care (e.g. screening, education); however, many physicians report a lack of prior nutrition and interprofessional education (including nutrition professionals). These gaps cause noteworthy challenges in providing effective and appropriate nutrition care and referrals. To better understand the education provided to medical students in Canada, this work aims to identify, map, and describe the nutrition and food education opportunities available to medical students in Canada. The objective of this scoping review is to identify and map peer-reviewed and grey literature detailing nutrition and foods education being provided to Canadian medical students.

Methods: As per JBI MANUAL FOR EVIDENCE SYNTHESIS, the search strategy was created in collaboration with a local research librarian to locate both published and unpublished articles. This scoping review followed methods described in the previously published protocol in OSF. Medline (Ovid), Embase (Elsevier), ERIC (ProQuest), Academic Search Premier (EBSCO), CINAHL (EBSCO), and Scopus (Elsevier) were searched, and articles were uploaded on March 8th, 2026. Studies investigating nutrition and food curricula or education opportunities among undergraduate Canadian medical students, clerks, and learners were included. This included, but was not limited to, conference publications, academic calendars, courses, case-based tutorials, lectures, electives, culinary medicine, and interprofessional/ multidisciplinary education opportunities. Title and abstract screening, along with full text screening, were completed by five reviewers, while conflicts were resolved by S.G, and K.L., both trained and certified in JBI methodology.

Results: A total of 10,911 studies were imported for screening. After duplicates were removed, 7880 studies underwent title and abstract screening, with 236 papers currently undergoing full-text screening. Results will be available at the time of this presentation. Data will be presented with a narrative and tabular summary, and PRISMA-ScR flow diagram.

Conclusions: As patients' awareness of the role of nutrition care in health and wellness increases, it is increasingly important for physicians to understand how to facilitate it. This review will provide a comprehensive summary of what is currently available, while providing insight into the nutrition care process and the role of registered dietitians.

Keywords: nutrition; curriculum; medical school

Interventions Supporting Competency Development, Job Satisfaction, and Retention of Novice Nurses: A Scoping Review

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Background and Objectives: This scoping review aimed to identify and summarize interventions implemented in acute care settings to support competency development, job satisfaction, and retention among novice registered nurses working in teams with limited senior nurse staffing.

Methods: A comprehensive search strategy was developed with a health sciences librarian and applied to CINAHL, PubMed (Medline), and SCOPUS adhering to PRISMA-ScR guidelines. Two reviewers independently screened studies, with conflicts resolved through discussion with a third reviewer. Data extraction captured intervention characteristics, setting characteristics, underpinning theoretical frameworks, implementation strategies, and reported outcomes.

Results: Supports for novice nurses were described heterogeneously, with reported interventions using varied terminology but reflecting similar structures and aims. Transition-to-practice programs emerged as the most frequently reported approach across settings. Collaboration across academic institutions, regulatory bodies, and healthcare organizations, along with organizational strategies such as dedicated leadership roles and structured learning supports, facilitated the implementation and coordination of these initiatives.

Discussion: Novice nurses entering the workforce face increasing clinical complexity while experiencing reduced access to mentorship as experienced nurses retire. This experience–complexity gap contributes to burnout, job dissatisfaction, and workforce instability within acute care settings. Interventions which support novice nurses early in nursing practice can mitigate the challenges associated with the rising asymmetric need versus availability for nurse mentorship.

Conclusions: Structured programs and organizational supports play a critical role in supporting novice nurses in high-acuity environments with limited senior staffing. Multi-sector collaboration and sustained investment in transition programs may