November 14-15, 2022 | Rome, Italy

3rd World Congress on

# Pediatrics and Neonatology

**Hosting Organization: Inovine Meetings LLC**, 2C Pecan Hill Drive Clinton Mississippi, 39056 USA
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# Scientific Program

# Day 1

Novmeber 14, 2022 | Italy

## *Scientific Progarm*

08:00-08:30 @ **Registration**

08:45-09:00 @ **Opening Ceremony**

## Keynote Forum

**09:00-9:25**

**Title : Nurses protection during pandemic- building future strategies based on past experience**

**Rajni Chaudhry,** Dallas college, USA

**9:25-9:50**

**Title : An International Mentorship Programme for Nurses and Midwives**

**Cathy Cribben-Pearse,** OakTree Mentorship, Abu Dhabi, UAE

**09:50-10:15**

**Title : A Healthy Campus for Students: Prioritizing Mental Health**

**Sheila John,** University of Toronto Scarborough, Canada

**10:15-10:40**

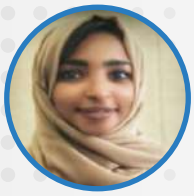
**Title : Nursing Entrepreneurship: How to pivot during these times of Crisis and maximize your skills to effect Global Change**

**Tania L. Simmons,** CEO, Healing for The Nations, USA

## 10:40-11:00 Group photo and Coffee Break

Track 1: Nursing Management | Track 2: Nursing Education | Track 3: Gerontological Nursing | Track 4: Nurse Practitioner | Track 5: Neonatal Health Care | Track 6: Mental Health Nursing | Track 7: Pediatric Nursing

**Session Chair: Cathy Cribben-Pearse,** OakTree Mentorship, Abu Dhabi, UAE
**Session Co-chair:** Tania L. Simmons , CEO, Healing for The Nations ,USA



**11:00-11:20**

**Title : Saudi Nursing Students Experience of Distance Learning (e-learning) During COVID-19 2020 Pandemic Outbreak at KSAU-HS**

**Najla A Barnawi,** KSAU-HS, College of Nursing, SA

**11:20-11:40**

**Title : The Keele University Simulation Model: A contemporary simulation framework for enhancing student learning**

**Alison Hough,** Keele University, UK

**11:40-12:00**

**Title : Encouraging Undergraduate Student Nurses to Engage with Perioperative Practice**

**Sandra de Rome,** Monash University, Melbourne, Australia

**12:00-12:20**

**Title : An Assessment of the Awareness of Health Risks among Nurses in Intensive Care Units**

**Filipe Fernandes,** Research Unit "Artificial Intelligence & Health", ESSVA-IPSN/CESPU, Portugal

**12:20- 12:40**

**Title : Discrimination by Patients: Supports for Nurses, Protocols and Risks**

**Gurwinder Gill and Ramneet Gadi,** Canada

## 12:40- 13:40 Lunch Break @ Restourant Da Marietto

**13:40-14 :00**

**Title : The model to facilitate caring through the development of mindfulness has empowered student nurses to love themselves**

**Lerato Matshaka,** University of Johannesburg, South Africa

**14:00-14:20**

**Title : Lack of collaboration and its implication in the formulation and implementation of policies for prevention and control of noncommunicable diseases in South Africa**

**Richard, M. Rasesemola,** University of Johannesburg, South Africa

**14:20-14:40**

**Title : Impact of periodic mock pediatric resuscitations among healthcare teams**

**Fatimah AlAbdullah,** King Abdul Aziz Hospital, National guard for health affairs, Saudi Arabia

**14:40-15:00**

**Title : Effectiveness of an Instructional Program on Knowledge of Diabetic Patients about Osteoporosis at Teaching Hospitals in Duhok City**

**Imad Elias Khaleel,** Directorate Health of Ninavah, Iraq

**15:00-15:20**

**Title : Effectiveness of an Instructional Program on Knowledge of Diabetic Patients about Osteoporosis at Teaching Hospitals in Duhok City**

**Zhiyan Elias Khaleel,** Telkaif Education Directorate, Duhok, Iraq

## 15:20-15:35 Break

15:35-15:55

**Title : Restructuring of nursing practice in Kazakhstan, experience from a national tertiary hospital**

**Altyn Zhumabayeva and Raushan Kaztayeva,** National Center for Neurosurgery, Kazakhstan

15:55-16:15

**Title : Importance of oral hygiene in intensive care unit**

**Sonya Ghosh,** Dhaka Medical College Hospital and Bangladesh Nurses Association (BNA), Bangladesh

16:15-16:35

**Title : Lacking international collaboration, the world lost quality full nursing care in the worldwide demand**

**Majharul islam,** Dhaka medical collage hospital, Bangladesh nurses Association (BNA), Bangladesh

16:35-16:55

**Title : Evaluation Of Brain Injury Scores on Magnetic Resonance Imaging In Infants With Hypoxic Ischaemic Encephalopathy Treated with Erythropoietin And Therapeutic Hypothermia Compared To Infants Treated With Therapeutic Hypothermia Alone – A Protocol**

**Mary Ghazawy,** University of Queensland, & Mater Research Institute, Brisbane, Australia

## Keynote Forum

16:55-17:15

**Title : Parents attitudes toward the human papilloma virus (HPV) vaccine: A new concept in the State of Qatar**

**Mohamed A Hendaus,** Department of Pediatrics, Hamad Medical Corporation, Qatar

17:15-17:35

**Title : The National Health system in Italy from newborn to elderly**

**Sakina Abouhjar,** Pediatrician -Neonatologist Cristo Re General Hospital of Rome, Italy

## 17:35-18:10 Posters

Poster A

**Title : The impact of social media on therapeutic decisions making process among nurses and nursing students relating to their own health, their family's and their patient's health**

**Elena Maoz,** Shamir Academic School of Nursing, Hebrew University in Jerusalem, Israel

Poster B

**Title : Literature review on case study meetings of nurses in Japan**

**Arisa Saito,** Chiba University, Japan

Poster C

**Title : Examining the nursing practice-related difficulties of new nurses who experienced on-campus training due to the COVID-19 crisis and how to overcome these difficulties**

**Mariko Tobise,** Chiba University, Japan

Poster D

**Title : Examining the nursing practice-related difficulties of new nurses who experienced on-campus training due to the COVID-19 crisis and how to overcome these difficulties**

**Shinobu Saito,** Graduate school of Nursing, Chiba University, Japan

## Panel Discussion

## Awards, Thanks giving & Closing Ceremony

## Day-1 Ends

# Day 2

Novmeber 15, 2022 | Italy

**Hall-A Zoom Meeting ( Hybrid Event ) GMT+9:00AM to 17:00PM)**

## Keynote 1

09:00-09:20

**Title : Drivers of Patient Experience: Overview of Evidence Based frameworks and Practice Exemplars**

**Rana Abdel Malak,** Executive Healthcare Consultant | Faculty Member, Lebanon

## Keynote 2

09:20-09:40

**Title : Namaste Care: Helps People with Advanced Dementia Live Not Just Exist**

**Joyce Simard,** College of Health and Sciences Western Sydney, Australia

09:40-10:00

**Title : A quantitative study: nurses' attitude towards drug users in Hong Kong**

**Wong Wing Chi,** Hong Kong Metropolitan University, Hong Kong

10:00-10:20

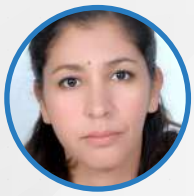
**Title : A Comparison Between Two Methods of Delivering Information Pre-Coronary Angiography**

**Maha Al Kassar,** Makassed University of Beirut, Lebanon

10:20-10:40

**Title : Increase the number of CRRT trained nurses in critical care units including the ICU & COVID ICU from 38% to 100%**

**Sudha Anbalagan Senthamizh Selvi,** Wadi Aldawaser General Hospital, Ministry of Health, KSA



10:40-11:00

**Title : Management of adhesive small bowel obstruction in children**

**Najoua Aballa,** University Cadi Ayyad, Morocco

## Keynote 3

11:00-11:20

**Title : Open abdomen and negative pressure wound therapy for acute peritonitis especially in the presence of anastomoses and ostomies**

**Orestis Ioannidis,** Aristotle University of Thessaloniki, General Hospital "George Papanikolaou", Thessaloniki, Greece

11:20-11:40

**Title : Giving your patients a "FASTHUG" can reduce the incidence of ventilator-associated pneumonia**

**Samantha Gear,** Intensive Care Nurse –International SOS, Australia

11:40-12:00

**Title : Addressing the Disparity of Awareness in the Prompt Evaluation of and Treatment of Eating Disorders in Adolescents**

**Deetta K. Vance,** Indiana State University School of Nursing, USA

12:00-12:20

**Title : Interprofessional Simulation Education; A depression/suicide case scenario**

**Valerie A. Esposito,** York College CUNY, USA

12:20-12:40

**Title : The Efficiency of Combining Daily Interruption of Sedation with Early Progressive Mobility Protocol on Clinical Outcomes of Critical Ill-Ventilated Patient**

**Zeinab M. Aysha,** Lecture Critical care Nursing ,Tanta university, Egypt

12:40-13:00

**Title : Congenital coxa vara in children**

**Amine EL KHASSOUI,** Faculty of Medicine and Pharmacy, University Cadi Ayad, Morocco

## Keynote 4

13:00-13:20

**Title : Evaluating High Fidelity Simulation and Debriefing – Critical Thinking and Knowledge Retention in Nursing Students**

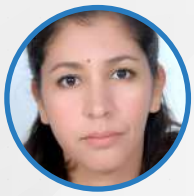
**Pamela Treister,** New York Institute of Technology, USA

## Keynote 5

13:20-13:40

**Title : Nursing Educators as pilots flying in foggy weather**

**Mary Estelle Bester,** Georgia Southern University, USA



13:40-14:00

**Title : A rare emergency testicular torsion in undescended testis**

**Najoua Aballa,** University Cadi Ayyad, Morocco

14:00-14:20

**Title : EDUCATIONAL TECHNOLOGY IN NURSING**

**Mary Anbarasi Johnson,** Dr.MGR Medical University, India

14:20-14:40

**Title : Reduction of CLABSI(HAI) rates in paediatric post surgical ICU by implementing multimodal strategy as a part of patients safety**

**Jenita John Vaghela,** Zydus Hospital ,Ahmedabad ,India

14:40-15:00

**Title : Implementation of Perinatal Problem Identification Programme requires institutional support**

**Kelebogile Leah Manjinja,** Sefako Makgatho Health Sciences University; South Africa

15:00-15:20

**Title : Serious clinical outcomes in the first and largest probiotic study under US IND- Analysis of the first 708 very low birth weight infants in the IBP-9414 'Connection Study**

**Anders Kronstroms,** Infant Bacterial Therapeutics AB ,Sweden

15:20-15:40

**Title : Copy & Paste in Electronic Medical Records; A Case Manager Role in Improving Documentation in EMR**

**Eman R. Mohamed,** Manager of Case Management Department Mubadala Health – Healthpoint Hospital Abu Dhabi - UAE

15:40-16:00

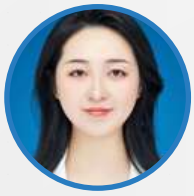
**Title : Osteotomies in the treatment of devlopmental dysplasia of hips in children**

**Amine EL KHASSOUI,** Faculty of Medicine and Pharmacy, University Cadi Ayad, Morocco

16:00-16:20

**Title : Curriculum humanistic competence of nursing teachers: a grounded theory study**

**Zi-han Yang ,** School of Nursing, Southern Medical University,China



16:20-16:40

**Title : Impact of COVID-19 mitigation measures on preterm birth: a systematic review and meta-analysis**

**Meidi Shen,** Peking University School of Nursing, China

## Panel Discussion

## Awards, Thanks giving & Closing Ceremony

# Speaker Representations

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HYBRID EVENT

## KEYNOTE PRESENTATIONS

## DAY 1

**Rajni Chaudhry**
Dallas College, USA

# Nurses protection during pandemic- building future strategies based on past experience

It is important to understand the pain and suffering the nurses underwent during the pandemic and how that suffering can be prevented in the future. The pandemic happened suddenly, and there was not much time to plan and find ways to avoid it. Many nurses got an infection during the pandemic and died due to disease.

One of the main reasons was that there was no comprehensive plan to handle the pandemic. Health facilities have plans for disasters but not to fight a global pandemic. Another reason was that most of the time, health care workers did not wear the PPE correctly. This may be one cause of nurses' or health care workers receiving infection. Also, continuous use of PPE led to pressure ulcers among health workers. The nurse also had high anxiety levels during the covid 19. Most of them suffered from mild to moderate burned out. Most of the time, compassionate care was also compromised as many obstacles were encountered in giving nursing care to their patients. Another concern was that so much hand washing during that time led to dermatitis.

To prevent burnout and handle pandemics, the health care facility should develop short-term and long-term strategies for pandemic situations in the future. Additional training can be arranged to handle this situation. The training should include taking extra workload in pandemic situations and to learn to manage exhaustion during pandemic situation.

Some challenges can be managed by the accessibility of emergency equipment and proper shift arrangement.

## Biography:

Dr. Rajni Chaudhry is working as a nursing professor at Dallas college in the USA. She has been involved in different committees and volunteering work in Dallas. She was an ICU nurse before accepting a teaching position. She has been teaching for the last 15 years and is passionate about her job.

**Cathy Cribben-Pearse**
OakTree Mentorship, Abu Dhabi, UAE

# An International Mentorship Programme for Nurses and Midwives

The global nursing shortage was recognised prior to the pandemic. In 2020, the first State of the World's Nursing (SOWN) report published by the World Health Organization (WHO), revealed the global nursing workforce was at 27.9 million and estimated a global shortfall of 5.9 million nurses. In total, 10.6 million additional nurses will be needed by 2030. The pandemic has magnified and exacerbated the global nursing shortage issues including stress, burnout and feelings of isolation.

Many highly educated and highly professional individuals are finding themselves without the necessary skills, attitudes and behaviours to meet the challenges and changing demands of working life. Mentoring is a solution that can help by supporting the individual and, through them, helping the organisation to realise its potential. The first supported mentoring programmes in Europe took place in the UK's National Health Service (NHS), aimed at supporting the integration and retention of young graduate recruits.

The role of a mentor defined by David Clutterbuck (2004) 'off-line help from one person to another in making significant transitions in knowledge, work or thinking'.

OakTree Mentoring, an international mentorship programme, has over 150 nursing and midwifery mentors & mentees, resident in over 30 counrites around the world and continues to grow. We believe passionately in the power of connection, creating new perspectives, and changing lives now and for future generations. Connecting nurses and midwives across the globe to find purpose and inspiration, be energized, nourished, and supported, empowering a global community built on "the strength of oneness". A structured programme, supported by global leaders in the field of mentorship, we aim to build back the power within the profession by supporting one another internationally.

## Biography:

Cathy has a career spanning over 25years, working as a healthcare leader internationally: in the UK, Ireland and the past 9 years in the UAE as a Director of Nursing, Quality and Accrediatation. With extensive experience in start-ups and have a deep interest in the behaviours that drive and sustain performance, particularly in relation to advocating and delivering impactful change programmes. Cathys experience is in leading and empowering diverse teams, acting as a change agent and successfully demonstrating my ability to move teams and individuals from status quo to new ways of thinking. This has consistently been achieved through offering coaching focused conversations based on changing behaviours and fostering growth. She has led a quality team, who as part of the system, have achieved many 1st in the UAE such as receiving the "Magnet award", an outstanding accolade to nursing and has over 5 years experience as an internal coach in an international hospital in the UAE, employing over 5000 caregivers. An Executive Coach, offering coaching to frontline workers during the pandemic, Cathy has a private client base internationally. In rescent months Cathy has built an International Mentorship Prrogram for Nurses and Midwives, which is EMCC certified and has over 120 mentors, resident in over 30 countries around the world.

**Sheila John**
University of Toronto Scarborough

# A Healthy Campus for Students: Prioritizing Mental Health

Mental health has become a post-secondary sector issue across the world. The University of Toronto Scarborough (UTSC) is not alone in supporting a large population of students at high-risk for mental illness. Health Canada reported 20% of Canadians will experience mental health issues and that 70% of the problems and onset of illness occurs before the age of 25. Student mental health is a shared responsibility and UTSC has established a dedicated committee, the "Presidential and Provostial Task Force on Student Mental Health", who developed a framework outlining specific mandates and recommendations to support student mental health. One of the recommendations describes the need for enhancing mental health literacy among students, including knowledge of mental health supports and services. Students are often not aware of resources and supports available or how to access them. In response, a unique experiential learning course was created and piloted by UTSC's Healthy Campus Initiative - "A Healthy Campus for Students: Prioritizing Mental Health," an academic course targeted towards early year undergraduate students. The course is the first of its kind, and identifies theories and concepts of health promotion and personal mental wellness and how to apply them through unique experiential learning opportunities. Students will have a strong understanding of mental health and know when and where to seek support – taking on a more proactive approach to their mental health. The pilot was a huge success with student evaluations indicating they felt more equipped with the necessary mental health supports to achieve academic success.

## Biography:

Sheila John is the Assistant Dean, Wellness Recreation and Sport at the University of Toronto in Canada with a Bachelor of Science in Nursing and Master of Science in Nursing. She is a nursing leader with over 20 years of nursing administration, leadership, and education experience. Sheila is dedicated and committed to student success, health and wellness, and enhancing the students experience with over 20 years of experience in mental health and crisis management.

**Tania L. Simmons**
CEO, Healing for The Nations, USA

# Nursing Entrepreneurship: How to pivot during these times of Crisis and maximize your skills to effect Global Change

Nursing entrepreneurship has been on the rise in recent years with innovation, creative skill development in order to effect global change in the market place. This paper will be discussing how to pivot during these uncertain times of the pandemic Covid -19 into being an entrepreneur and how to maximize one's skills, branding as well as the how to create a global strategic network

## Biography:

Dr. Tania Simmons has carried the vision of Healing for The Nations, Inc in her heart for more than 20 years. She helps train, equip, empower people in various nations. This vision was birthed through much pain after the loss of her first husband and wanting to make a difference through the love of God, compassion, and strategic impact amongst developing nations. Dr. Tania Simmons has been involved with multiple humanitarian relief projects throughout the world some of those including Haiti, Ukraine, the USA, and Pakistan. She is the founder of Healing for The Nations and bringing forth the global vision with the help of global partners internationally. She is also the appointed head chancellor of The Breakthrough Seminary University registered in Africa, UK and others nations. She has been in healthcare as a registered nurse for more than 25 years. As a professor of nursing, raising the next generation of leaders in the nursing field has been extremely important to her heart as well. During these times it is imperative that we give back with passion and love for others. She also is the founder of Global Empowerment Firm which empowers through online workshops, challenges, and education. As a member of the P.O.W.E.R. women of excellence community as well as The Strathmore's Who Who Worldwide of business leaders she believes in helping people through a spirit of excellence. She is a keynote speaker, author, Global Change Agent and Chancellor of Breakthrough Theological University. She has been in academia and health care for more than 25 years with a neuroscience oncology background. There are people that are truly suffering, in every way which may include hunger, lack of medical care or access, sexual abuse, sex child trafficking these initiatives are just some of which Healing for The Nations help with. Some of the initiatives that we developed with the help of various partnerships have been clean water by implementing water wells in a remote village of Sindh. In this remote village, the women and children were walking miles for clean water, and some of them very afraid due to the real possibility of being taken and sold into the slavery of all forms. We helped establish a water well there which brought clean water for the village people. A second initiative that is in place is meeting their physical needs via medical care, dental care, and multiple feeding programs in order to help with the need for food and the overall well-being of the people there in Sindh. We have distributed food for over 500 families in multiple areas of Pakistan to bring real hope during these times. We continue to help families with multiple feeding programs given with the help of our donors. Another initiative has been an education for children due to this extreme need in developing countries we have established in Sindh a mission school for over 68 children currently. Here these children have received book bags, books, and writing materials, as well as a safe place to come and receive snacks all while learning. This is extremely important because it gives the children a chance and hope for a much brighter future that otherwise, they may not have which is hope through education. The children currently are thriving in this environment ad updates are given regularly concerning their progress. The land has been donated at this time for the mission school and there will be more to come as well for

other villages. Healing for The Nations has a mass vision and our mission is growing daily with global impact and real change being evident in the betterment of the lives of people all over the world with love in action. Another project is the building of orphanages that will be a true safe haven for the children as well as a place of love and welcome. There is also a global empowerment center being developed for women who are in of learning a new skill set in order to help their family's socio-economically. These are just some of our global initiatives and projects being established to maximize transformational change to families, cities, and nations at this time. Thank you for your love, time, and passion to partner with us in bringing real sustainable change to these nations. Much love and thank you for your help in helping others.

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## SPEAKER PRESENTATIONS

## DAY 1

# Saudi Nursing Students Experience of Distance Learning (e-learning) During COVID-19 2020 Pandemic Outbreak at KSAU-HS

**Najla A Barnawi**
KSAU-HS, College of Nursing, Saudi Arabia

Integrating the Distance Learning approach has a unique experience in the medical-based academic institutions considering the pedagogical aspects mainly during COVID19 2020 outbreak. It is essential to explore that notion mostly among Saudi nursing students. This study aims to assess the experience of the full Distance Learning approach among nursing students during the COVID-19 Outbreak at KSAU-HS in the three regions (Riyadh, Jeddah, and Al-Ahsa). This study is a cross-sectional study, which targets 800 nursing students in CON campuses. The validated 5-Lickert scale DSLLA was used to assess the student's demographical data, satisfaction, and learning achievements. The r values were calculated to examine the correlation between the students' satisfaction and other study variables. The majority of the participants were satisfied 70.9%, and 90% were toward integrating the e-learning, and 89.4% reported that they meet their learning needs. A statistically significant relationship between the participants' satisfaction with learning styles (r=0.305, P= 0.000) and their learning needs achievements (r=.600, P=0.000). Integrating the companied learning style is the best learning option to deliver the nursing curricula; however, the full distance learning approach is a useful tool for providing the pedagogy process mainly during COVID-19.

## Biography:

Dr. Najla Barnawi is assistance professor earned her Ph.D. from Decker School of Nursing at Binghamton University in the US. She is a chairperson of the community services and Alumni units in CON-R at KSAU-HS, and Chairperson the Researcher Developer Committee in Ministry of Education Project. She has several publications, one of her recent publications is a Book titled Culturalism in Health Care Context: Women with Female Genital Cutting

# The Keele University Simulation Model: A contemporary simulation framework for enhancing student learning.

**Alison Hough**

**Keele University United Kingdom**

The Keele University Simulation Model was developed following; a faculty restructure, a corollary of some of the PRBS guidance changes regarding simulation and university advancements in Interdisciplinary Studies in Social Science (IDS). The Theoretical foundation for the Keele Simulation Model was informed by the findings of an initial literature review which reconnoitres student learning during simulation as opposed to teaching and explores the antecedents and underpinning theory for this. The Model and initial literature review form part of a much wider university project which is scoping simulation activities across all healthcare related faculties and will inform future contemporary simulation teaching and learning. Partnership working through clinicians, service users and carers, clinical practice educators/supervisors/assessors will be essential within the planning, implementation and evaluation stages of the model within the curricula across the university faculties.

**Keywords:** Simulation Theoretical Frameworks, Nurses, Doctors, Allied Health Professionals

## Biography:

Alison undertook her Adult Nurse training in 1983 and qualified as a State Registered Nurse in 1986. From 1986 until 1995 Alison worked as a Staff Nurse on a Respiratory Medical ward and then a Urological ward at the City General Hospital.

From 1995 until 2000 she worked as a General Practice nurse at a GP Surgery and it was whilst working there that she achieved a Distinction in the Diploma in Nursing Studies.

In 2000 Alison secured a post as a School Nursing Staff Nurse within the Stoke on Trent area and achieved a First Class Honours Degree in Specialist Community Public Health Nursing (School Nursing). Alison Worked as a SCPHN and Clinical Practice Educator within the School Nursing Service until May 2013. Alison now works as an Adult Nurse Lecturer and is the Module Lead for the SCPHN Transfer of Fields.

In 2014 Alison successfully completed an MSc in Health Care Education. and is also an independent and supplementary nurse prescriber.

Alison's academic interests focus on Patient Experiences of healthcare and she has presented at International and National conferences. She is also a member of the Service User Group.

Alison is part of a large Simulation Project at Keele University.

# Encouraging Undergraduate Student Nurses to Engage with Perioperative Practice

**Sandra de Rome**
Monash University, Australia

The shortage of specialist nurses, compounded by an aging population and increasing age of nurses, necessitated innovative measures to introduce perioperative nursing as a rewarding career option for undergraduate nurses. Nursing students are supported by a nurse educator and preceptored by a team of perioperative nurses, during a structured perioperative program to experience patient care and different nursing roles, while completing a comprehensive series of learning activities. This paper examines a program that successfully engages undergraduate nurses through supported perioperative immersion, linking clinical practice with theoretical concepts, to create a positive perioperative experience. Careful preparation of preceptors, collaborative relationships with the multidisciplinary team, student orientation and regular feedback have been pivotal to the success of this program. Developed by the perioperative clinical nurse educator, various teaching strategies are employed to involve, stimulate and empower students to gain insight into this diverse, specialty area of practice. Students complete a detailed series of learning activities and preceptored clinical experience. Providing nursing theory and clinical experience for undergraduate students, through a collaborative arrangement, are recommended as an effective model to connect undergraduate nurses with perioperative nursing. Following this experience, many students apply to complete an operating suite graduate nurse rotation, then later they successfully gain entry into postgraduate perioperative nursing studies to further enhance their career.

## Biography:

Sandra de Rome is a lecturer for the Monash University Master of Nursing – Perioperative Practice, with postgraduate perioperative nursing, management, leadership and research qualifications. She presents widely and has extensive perioperative clinical, education and management experience, with senior positions as Director of Nursing, Perioperative Services Manager, Quality & Safety Manager, Clinical Nurse Consultant, Perioperative Lecturer and Course Convener, Deakin University, Melbourne, Australia. In her current Perioperative Clinical Nurse Educator role at Peninsula Health, she strongly advocates for evidence based practice, employs mentor and preceptorship programs and comprehensive education, to optimise patient care, staff satisfaction and retention.

# An Assessment of the Awareness of Health Risks among Nurses in Intensive Care Units

**Filipe Fernandes**
Research Unit "Artificial Intelligence & Health", ESSVA-IPSN/CESPU, Portugal

**INTRODUCTION :** Hospitals are workplaces that contain numerous and diverse risks that can affect the health of healthcare professionals. Intensive Care Units (ICU) are usually very stressful work contexts that enhance these same risks. Precarious work and the low salaries that nurses earn, promote the acceptance of excessive labor hours and workloads, which, combined with the lack of ideal working conditions, create an environment of constant threat to the health of nurses working in ICU1,2.

The non-prioritization of their health, the numerous critical health situations of patients hospitalized in the ICU, make nurses to underestimate and even ignore some of the risks inherent to working in this context. Thus, the Logic Programming for Knowledge Representation and Reasoning arises. This is an unconventional tool for analyzing and interpreting sensitive data that, when translated into information (structured data) or knowledge (information in a specific context), helps to predict changes. In this specific case, in the awareness of health risks in the context of the ICU. It is based on the Laws of Thermodynamics, namely on concepts such as entropy3,4. Thus, for nurses, the use of these data combined with technology is not just an opportunity, but a need to improve health outcomes and plan health policies and regulations5.

**KEYWORDS** Nursing; Occupational Health; Health Risk; Intensive Care Unit(s); Logic Programming and Artificial Intelligence.

**OBJECTIVES**

• Expose the use of Logic Programming directed to the practice of nursing;

• Assess ICU nurses' awareness of health risks in light of Logical Programming for Knowledge Representation and Reasoning.

**MATERIALS AND METHODS** This work was carried out as a case study. Fifty six (56) nurses participated in this study. The age of nurses ranged from 24 to 45 years (mean 33.5 years), with 65% being women and 35% being men. The questionnaire consists of two sections, the first of which contains general questions (e.g. age, gender, academic qualification, academic degree, length of service in the ICU), while the second part contains statements about health risks in the ICU, according to the dimensions, viz.

Find Information; Understand the Information; Assesse Information and Apply Information.

**RESULTS** Mathematical-logic programs are presented that take into account nurses' awareness of health risks in ICUs in terms of Best and Worst-case scenarios.

**CONCLUSION** This study presents a collection of data and a computational model aimed at assessing and predicting the level of awareness of nurses working in ICUs about the risks to their health, based on mathematical logic and the laws of thermodynamics. This approach focuses on processing information gathered through questionnaires on skills such as finding, understanding, evaluating, and applying information.

Health professionals are exposed to numerous risks/risk factors and often tend to ignore or at least underestimate them.

# Discrimination by Patients: Supports for Nurses, Protocols and Risks

**Gurwinder Gill and Ramneet Gadi**

Canada

"I do not want you caring for me, Nurse. You are xxxx (Black, Gay, etc.)." Experiences and evidence show that discrimination by patients and/or families exists. Globally. Nurses who have been targeted include (but not limited to) those who are racialized, of the LGBTQ2SI+ communities, Indigenous, of a particular gender, of a particular age, etc. Sometimes the discrimination is subtle and non-verbal but clearly depicted by the patient/family's behaviour and attitude. Sometimes it is blatant, i.e. clearly communicated to the nurse or a colleague of the nurse.

Experiences and evidence show that nurses, managers and teams are deeply affected and negatively impacted. Research and literature shows there are very policies or protocols that clearly outline how to respond, how to support the nurses who have been the targets of discrimination by patients/families, how to support the team/unit and what the institution can do moving forward.

Through experiences and evidence, the speakers will share several examples of discrimination by patients towards staff, the impacts on staff/teams and the risks involved (for patients, staff and the organization). Speakers will outline concrete suggestions: How to respond, the supports that could be in place and key messaging for appropriate policies/protocols. The speakers will also outline the importance of hearing from the nurses who have been subjected to discrimination as well as their colleagues.

## Biography:

Gurwinder's 20+ years' experience in two busy/acute care Canadian hospitals include Director, Equity, Inclusion and Anti-discrimination (EIAD), member of WHO's Health Promoting Hospitals' Task Force for Culturally Competent Hospitals, development/operationalization of EIAD frameworks, policies, training/education, tools/resources and community partnerships minimizing hospital readmissions. Education includes prejudice reduction, human rights, anti-discrimination.

Ramneet's 15+ years' experience and knowledge includes leading, planning and implementing risk management strategies across multiple organizations, executing transformational projects supporting healthcare providers deliver safe, efficient and quality care, developing tools to address patient risk and safety. She is also a Community Advisory Board member with the local police Board.

# The model to facilitate caring through the development of mindfulness has empowered student nurses to love themselves.

**Lerato Matshaka**

University of Johannesburg, South Africa

Introduction: The current study implemented a model of caring through the development of mindfulness. Love is an important concept in nursing. Self-love empowers the student nurses to present the best version of themselves in their caring relationship with the patients. Current media reports and research shows that nurses experience compassion fatigue, and they practice little to no self-care. Due to this, nurses tend to provide caring void of love to patients. Purpose: The purpose of the study was to evaluate the model as a framework of reference for student nurses to facilitate caring through the development of mindfulness. Method: A Qualitative, exploratory, descriptive, and contextual research method was followed. Purposive sampling was used to select participants for the study, these were third- and fourth-year nursing students at a higher education institution in South Africa, Johannesburg. Data were collected through focus group interviews; until data saturation was reached. Data analysis was done by following the coding strategies of Saldaña. Ethical considerations were followed. Findings: Three sub-themes emerged from the data, namely, the model was initially challenging to implement on self, but it improved the student nurses' ability to love themselves. The model helped the student nurses find their voice and to be the change they want to see. Through implementation of the model the student nurses learnt to deal with emotions and frustrations. Conclusions: Through implementation of the model student nurses were empowered to love themselves. This will ensure that student nurses become valuable to themselves and the patients.

## Biography:

Lerato Matshaka completed her Bachelor's degree (Cum Laude) in Nursing at the University of Johannesburg (UJ) in 2013. Lerato obtained her Research methodology for non-degree purposes at UJ in 2015 (Cum Laude), and completed her Masters' degree in Ethos and Professional Practice (Cum Laude) in 2018. Lerato is currently busy with PhD. Lerato was one of the eleven students that represented UJ at the Appalachian State University at the United States of America on a student exchange program in 2012. Lerato was the first recipient of the Albertina Sisulu Award at UJ in 2013. Lerato is a Lecturer at UJ.

# Lack of collaboration and its implication in the formulation and implementation of policies for prevention and control of noncommunicable diseases in South Africa

**Richard M. Rasesemola**
University of Johannesburg, South Africa

Collaboration between health and other sectors is necessary and much needed when addressing health issues. The health sector alone does not possess all the necessary resources to address health problems in the country. Thus, the burden of disease due to the non-communicable diseases requires interventions that are sometimes beyond the health sector's mandate. The aim of this study was to investigate collaboration in the policy formulation process for prevention and control of noncommunicable diseases in South Africa. This article presents strategies that could aid South African government to ensure collaboration by various sectors in addressing the noncommunicable diseases. This study took place in the provincial Department of Health of seven South African provinces.This was quantitative descriptive study done among purposefully sampled respondents from various health portfolios from seven provincial Departments of Health. Data were collected using questionnaires and analysed using descriptive statistical data analysis techniques. The results indicated that the Department of Health collaborates with private and government stakeholders in the policy formulation and implementation process, but excludes them in the setting the health agenda, adoption of policy options, and policy evaluation.

The lack of participation by other stakeholders in the critical phases of policy formulation will results in continued burden of disease due to poor prevention and control of non-communicable diseases in the country. This article provides recommendations that would ensure collaboration among various sectors to accelerate the response to the prevention and control of noncommunicable diseases in South Africa.

## Biography:

Richard Rasesemola is a PhD from Tshwane University of Technology focusing on non-communicable diseases, social determinants of health, and health policies. He is a critical care nursing fanatic and a lecturer and undergraduate course coordinator in the Department of Nursing at the University of Johannesburg.

# Impact of periodic mock pediatric resuscitations among healthcare teams

**Fatimah AL Abdullah**
King Abdul Aziz Hospital, National guard for health affairs, Saudi Arabia

**Background:** Cardio-pulmonary resuscitation (CPR) is a live-saving procedure for patients undergoing cardiac or respiratory arrest. Effective conduct of CPR enhances the survival rate among pediatric patients. The rare occurrence of in-hospital pediatric CPR leads to continuous decline in staff CPR skills. Moreover, successful and effective CPR conduct depends, not only on team members individualized skills, but also on team's effective communication and event management leadership during the procedure. These can best be developed and evaluated through repeated real-time exposures. Additionally, best practice recommendations advise for the use of team debriefing sessions post resuscitation to enhance shared learning and reflective discussions. The aim of this project is to evaluate the effectiveness of periodic mock pediatric resuscitations among healthcare teams (doctors, nurses and respiratory therapist) in a hospital setting.

**Method :** The project was conducted in King Abdul-Aziz Hospital in AL Ahsa, Saudi Arabia. The hospital has approximately 300-bed capacity, and provides primary and secondary care to adults and pediatrics. It has an acute wing consisting of a critical care unit, a step-down unit and an emergency department.

The project team consisted of assessors and facilitators including medical consultants and senior nurses from the pediatric intensive care unit and the emergency care unit, as well as nursing educators.

Twelve mock CPR calls were conducted over 12 months. They simulated cases of respiratory arrests, cardiac arrests, and septic shocks. These were conducted between the two departments (pediatric department and emergency department) consecutively.

Anonymous surveys were collected from staff members at the beginning of the project and then at the end. These assessed the need for the mock exercise and their self-assessment of CPR skill improvement. Additionally, facilitators evaluated responsiveness and team communication and leadership across the exercises.

**Result:** Based on performance evaluation forms and the utilized survey there was a noted improvement in resuscitations skills among participants (doctors, nurses and respiratory therapist). Utilization of the post resuscitation debriefing has improved remarkably. While visible leadership and effective communication continued to develop.

**Conclusions:** Implementing Pediatric Mock resuscitation calls increases the knowledge and skills retention for health care providers, with the potential to improve the quality of real CPR procedures and subsequently, patients outcome.

Additionally, it allows to focus on team communication and leadership as well as the use of debriefing post resuscitation, to enhance team performance and productivity.

# Effectiveness of an Instructional Program on Knowledge of Diabetic Patients about Osteoporosis at Teaching Hospitals in Duhok City

**Imad Elias Khaleel, Zhiyan Elias Khaleel**
Directorate Health of Ninavah, Iraq
Telkaif Education Directorate. Duhok, Iraq

Both type 1 diabetes (T1DM) and type 2 diabetes (T2DM) affect millions of people around the world. Diabetes is characterized by hyperglycemia and diabetes complications. Microvascular conditions analogous to retinopathy, nephropathy, and neuropathy are classical diabetic complications, as are macrovascular complications analogous to a cardiovascular complaint. Diabetes has been shown to alter bone during the last 50 years, and diabetic people are in advanced trouble of fracture. These fractures result in lifelong damage, lower quality of life, and a greater rate of death, putting a strain on both the health situation and financial resources on population the world. The aim of the study is to find out the effectiveness of an instructional program on knowledge of diabetic patients about osteoporosis at teaching hospitals in Duhok city.

A quasi-experimental design study has been carried out at Azadi teaching hospital in Duhok city from 18 May 2021 to 19th April 2022. A nonprobability (purposive) sample was selected. The sample included in the present study is (54) patients. The sample is divided into two groups; (27) patients in the study group who are exposed to the instructional program and (27) patients who are not exposed to the program. The study instrument was constructed depending on literature reviews and previous studies related to diabetes management and osteoporosis prevention in diabetic patients.

The instrument is composed of five parts and these parts are demographic data for patients, patients' knowledge about the relationship between osteoporosis and diabetes, knowledge about diabetes and its complications,' knowledge about controlling diabetes, and patients' knowledge about osteoporosis. Statistical analysis including descriptive statistics and inferential data analysis were used, in order to analyze and assess the results of the study, the application of the statistical package (SPSS) ver. (22.0) is carried out.

Results of testing comparisons significant with reference to studied items, as well as scoring scales assessments concerning effectiveness of an applying instructional program were reported highly significant differences at $P<0.01$ toward effect of program's contents through raising knowledge grades of studied respondents particularly at the post1 period

The study concluded that diabetic patients who visit the diabetic center at Azadi teaching hospital have minimum knowledge about managing their diabetes and its complications and the relationship between diabetes and osteoporosis before implementing the instructional program. After applying for the instructional program, results were reported highly significant relationship in the effect of the program's contents through raising the knowledge grades of studied respondents particularly in the post1 period.

The study recommends that an instruction program should be designed for all diabetic patients with both types of diabetes to improve their knowledge about osteoporosis, as well as patients' knowledge toward management of their diabetes and its complications should be updated periodically. The role of nurses should be activated in increasing awareness of the risk factors of osteoporosis and simple

preventive measures such as proper diet, physical exercise, and sun exposure.

## Biography:

I completed my master's degree from University of Mosul\ College of Nursing at 2012-2013 and PhD in adult nursing from University of Baghdad\ College of Nursing at 2021-2022. Now I teach t the Higher Institute of Health and at University of Nineveh\ college of nursing- second stage. I have published 4 Nursing research papers in local and international journals. I participated in the World Congress on Nursing and Healthcare during July 15-17, 2019 at Rome, Italy.

Bachelor's degree at University of Duhok College of science.

Chemistry departmentVolunteer training course on the general principles of basic Medical Laboratory departments (Biochemistry, tHematology, lmmunology, Microbiology and Molecular Techniques) in VIN

Specialized medkat laboratories-Duhok (3months). Volunteer with DAK organisation (11 months) Sep 2019 T Jul 2020. 1 am a teacher at Srejka Primary School (8 months Nov2o20 - Jun 2021. Work ln wash project in (pwj). Promote sustainable access to safe drinking Water and Sanitation services, and the adoption of key hygiene behaviors, including through marker~based approaches. Strengthen water sector governance. financing~ and institutions. Encourage the sound management and protection of freshwater resources, including through cooperation on shared waters. Ensure participation of women. girls, youth and marginalized poputations fn WASH programming. Now I'm a teacher at Kand intermediate school

Courses and training attended

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Generalinformation about medical laboratory instrument and equipment from 22 November-to 2 December 2021

Leadership course delivered by Peace Winds Japan (PWJ) (25 days) from Dec 2021- Jan 2022.

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# Restructuring of nursing practice in Kazakhstan, experience from a national tertiary hospital

**Altyn Zhumabayeva**
National Center for Neurosurgery, Turan Avenue 34/1, Astana, Kazakhstan

Kazakhstan, a young, economically emerging country, has been slow to shift from the past customs in its nursing practice. The common issues in nursing practice include lack of representation among the members of the board, direct management by the chief of medicine, fragmentation of nursing care, high workload, long shifts, and lack of standardization in nursing aid. Therefore, the National Center for Neurosurgery aimed to revolutionize nursing practice by taking international experience as a foundation for the implementation of the new structure.

Since 2012 the Head of the Nursing practice was equated to the Chief of Medicine and became a member of the board. A separate structure of nurses, parallel to physicians was created, where nurses were supervised by the Head of the Nursing Practice. The proportion of the nurses was changed from 1 per 15 to 1 per 5 patients according to the WHO standards. The fragmentation of the nurses was removed, and universal nursing care is practiced, etc. The 24-hour shifts were replaced by 10- and 14-hour shifts. Over 300 standard operating procedures were created and implemented into nursing practice.

The success of the changes is evidenced by the increase in satisfaction with the working conditions among nurses from around 60% to approximately 90%. A similar positive trend was observed in patient satisfaction surveys, where the indicators have increased from 85% to 94%. Nurses are an integral part of the medical system, therefore, their education and working conditions will directly reflect the success and progress of healthcare systems.

## Biography:

Altyn Zhumabayeva has graduated from the Tselinograd Railway Medical School with a degree in nursing (1982-1985), the Institute of Nursing “Emily” with a degree in management of nursing practice. In 2019, she graduated from the International Economic Institute under the program “Master of Business Administration (MBA)” with a degree in “Management in Public Health” (Health Management)”. From 2012 to the present, he has been the director of nursing at JSC “National Center for Neurosurgery”. In 2018, she was awarded the state award “Shapagat medal”. In 2016 she was awarded the medal “25 Years of Independence of the Republic of Kazakhstan”.

# Importance of oral hygiene in intensive care unit.

**Sonya Ghosh**
Dhaka Medical College Hospital and Bangladesh Nurses Association (BNA), Bangladesh

**Oral hygiene :** Oral hygiene is the practice of keeping mouth clean and disease – free. It involves brushing and flossing teeth as well as visiting dentist regularly for dental X-rays, exams and cleanings.

**Why mouth care is important in ICU:** Saliva plays an important role in oral clearance with mastication and swallowing. It has an important enzyme, lysozyme that inhibits bacterial growth. In ICU, external stresses result in increased drying of mucosa thereby increasing the risk of caries, periodontal disease etc.

**Advantages of good oral hygiene :**

1. Healthier teeth and gums.
2. A beautiful smile.
3. Fresher breath.
4. A reduced need for dental work such as fillings, crowns, bridges, implants or dentures.
5. A lowered risk of heart disease, stroke, diabetes and other health concerns.
6. A reduced risk of oral cancer.

Recommended oral care Interventions for Ventilated patients:

| Intervention | Rationale |
|---|---|
| 1. Conduct an initial admission and a daily assessment of the lips, oral tissue, tongue, teeth, and saliva of each patient on a mechanical ventilator. | Assessment allows for initial and early identification of oral hygiene problems and for continued observation of oral health. |
| 2. Unit specific protocols should be implemented that assist patients at risk of developing VAP ( Ventilator – associated pneumonia) in maintaining saliva production and oral tissue health and minimizing the development of mucositis. | Saliva provides both mechanical and immunological effects which act to remove pathogens colonizing the oropharynx. |
| 3. Keep the head of the bed elevated at least 30 degrees ( unless medically contraindicated) and position patient so that oral secretions pool into buccal pocket, especially important during such activities as feeding and brushing teeth.<br>4. Patients oral and subglottic secretions should be suctioned continuously or intermittently / routinely with the frequency dependent upon secretion production. | Elevation aids in preventing reflux and aspiration of gastric contents; oral secretions may drain into subglottic area where they become rapidly colonized with pathogenic bacteria. Minimize aspiration of contaminated secretion into lung. |

**Results :** Most participants were nursing professionals (80.3%) working 12- h shifts in the ICU (70.4%); about coated tongue and nosocomial pneumonia, respectively ( P<0.05). Most reported using spatulas, gauze, and toothbrushes ( 49.3%) or only toothbrushes ( 28.2%) with 0.12% chlorhexidine (49.3%) to sanitize the oral cavity of ICU patients ( P<0.01). Most professionals felt that adequate time was available to provide oral care to ICU patients and that oral care was a priority for mechanically ventilated patients ( 80.3% and 83.1%, respectively,P<0.05). However, most professionals ( 56.4%) reported feeling that the oral cavity was difficult to clean ( P< 0.05).

**Conclusions:** Ventilator – associated pneumonia is a serious condition that increases mortality and morbidity, but it is also preventable. Critical Care Nursesare the direct caregivers for patients in the ICU, and it is important for Nurses to be made aware of the benefits of complying with adequate oral care practices to decrease the incidence of Ventilator – associated pneumonia.

## Biography:

I completed my B.Sc in Nursing degree from Chittagong Nursing College. After that I worked as a Nurse in Central Hospital Limited mainly in Intensive care unit patient for Critical care nursing and Specialized care. In August 2018 I completed my Masters in Clinical Social Work from Dhaka University and now I am working as a Nurse in One Stop Emergency Center at Dhaka Medical College Hospital specially for Intensive and Specialized care . Recently I am conducting a research on the Care of Intensive Care Unit Patients.

# Lacking international collaboration, the world lost quality full nursing care in the worldwide demand

**Majharul Islam**
Dhaka Medical College Hospital ,Bangladesh nurses Association (BNA) Bangladesh

**Introduction:** Increasing competition in every field today also affects the healthcare industry. The most important competitive advantage of health service providers is to provide quality health services. The need for increased quality of healthcare services has been identified via health-related information and advances in technology, changes in expectations and opinions about health care, an increase in individuals' involvement in their health care and increased cost and competitiveness in the health sector

The quality and adequacy of healthcare services can be measured based on views and satisfaction of patients and their relatives . Patient satisfaction is the most important indicator of quality of care and it considered an outcome of healthcare services. Patient satisfaction measurement provided crucial information on performance thus contributing to total quality management.

**Total quality full nursing care management :** includes professional knowledge, competence and application of appropriate technology, the patients' perception about the type and level of the care they have received . In today's consumer-oriented healthcare markets, a patient-centered measure of satisfaction with the quality of nursing care received is a major component of hospital quality management systems. Patients need their problems diagnosed and treated properly, their function restored and/or symptoms relieved.

**What does Global Collaboration mean:**

* Sharing and learning in practice

* Local and regional/global student/faculty exchanges

* Improved networking

* Scope of practice/standards

* Extraprofessional collaboration

* Team building/working together

* Cultural sensitivity

* Shared mission/vision/goals

* Sharing of innovations

* Partnerships and Joint research

What does nursing need for international collaboration to happen:

* Physical exchanges between students and between practitioners

* Increase awareness about function of professional organizations, become active in professional organizations

* Increased communication via electronic and face to face platforms

* Common skill set through standards

How can we promote networking for global collaborations?

- Arrange Conferences in the worldwide.
- Make technology available at workplaces and share this technology in worldwide among nurses.
- Use Twitter, Facebook, blogs for the purpose of professional development .
- Encourage a reading culture one country to another country.
- Development of skill for nurses outside of clinical arena such as public speaking and advocacy.

**Termination :** Last of all I recommended that ,empowerment of Registered Nurses be prioritized to promote glob-al collaborative efforts locally, regionally, and internationally. There are common barriers that are present in the professions across cultures, and exploration and discussion of success stories may lead to discovery of applicable or transferable solutions to other clinical settings. There is often a focus on the lack of resources which detracts from the ability to use the full power of nurses ' skills and abilities to find solutions to problems within the profession.

## Biography:

Majharul Islam was born on 30 December 1989 in the urban city of narsingdi in Bangladesh. He completed a Diploma in Nursing Science and midwifery in 3year from Green Life College of Nursing in Dhaka Bangladesh, He also completed her post-basic BSc in the field of Public Health Nursing from a renowned public University (Chittagong University) at Chittagong in Bangladesh. Now he is a student of MSN (Nursing Management) at the National Institute of Advanced Nursing Education and Research,(NIANER) Bangladesh in Dhaka, He joined a government job in 2013 as a Senior Staff Nurse(SSN) at (Dhaka Medical College Hospital), which the largest and tertiary level hospital in Bangladesh. He also has a lot of experience in the casualty emergency, orthopedic operation theater, and palliative care unit. He is also an executive member, of the Bangladesh nurses Association (BNA).

# Evaluation Of Brain Injury Scores on Magnetic Resonance Imaging In Infants With Hypoxic Ischaemic Encephalopathy Treated with Erythropoietin And Therapeutic Hypothermia Compared To Infants Treated With Therapeutic Hypothermia Alone – A Protocol.

**Mary Ghazawy**
University of Queensland, & Mater Research Institute, Brisbane, Australia

**Background:** In Australia in 2017 4.6% of neonatal deaths were due to hypoxic ischaemic encephalopathy (HIE). The introduction of therapeutic hypothermia (TH) has led to a decrease in mortality rates of these infants. A current multi-centre trial is evaluating the use of erythropoietin with TH to further reduce mortality and morbidity (PAEAN ACTRN12614000669695). Magnetic resonance imaging (MRI) is used determine severity of brain injury and can contribute to decisions regarding withdrawal of life-sustaining measures. The pattern of injury seen on MRI has not changed with the introduction of TH. There is a suggestion from pilot trials that the severity of brain injury is reduced in infants treated with erythropoietin. We hypothesise that in late preterm and term infants with moderate or severe HIE receiving therapeutic hypothermia and enrolled in PAEAN, treatment with a 5-dose course of erythropoietin (1000 U/kg/dose) over the first 7 days of life reduces the likelihood of an abnormal MRI at 4-8 days of age.

**Methods:** Each MRI will be assessed by two independent readers, with a third available to resolve disagreements. Scoring items for each of two validated scoring systems will be entered into a electronic database. Statistical analysis using regression methods will be used to compare MRI abnormalities in each study arm and to examine whether erythropoietin treatment alters prediction of outcome .

**Potential Impact:** Understanding the test characteristics of MRI scans in infants enrolled in PAEAN will help guide clinicians and parents in decisions about care for infants with HIE.

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## KEYNOTE PRESENTATIONS

## DAY 1

**Mohamed A Hendaus**[1,2,3]
[1]Department of Pediatrics Section of Academic General Pediatrics, Sidra Medicine, Doha, Qatar.
[2]Department of Pediatrics, Section of Academic General Pediatrics, Hamad Medical Corporation, Doha, Qatar.
[3]Department of Clinical Pediatrics, Weill-Cornell Medicine, Doha, Qatar.

# Parents attitudes toward the human papilloma virus (HPV) vaccine: A new concept in the State of Qatar

**Background:** Human papillomavirus (HPV) is one of the leading causes of cervical and genital cancer in both genders.

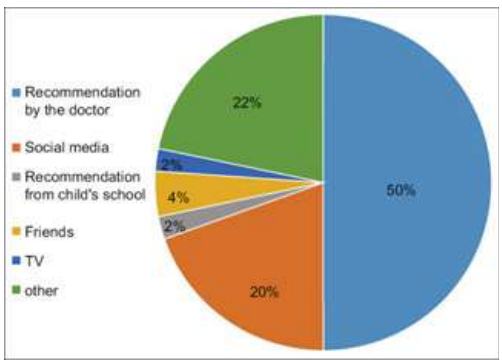
**Purpose:** To delineate parental attitude regarding HPV in Qatar.

**Methods:** A cross-sectional study using a questionnaire was conducted at Sidra Medicine, Qatar.

**Results:** A total of 334 questioners were completed. More than 60% of the parents were not aware that HPV can cause cervical and genital cancer. When asked about the level of comfort in giving their children a vaccine that would prevent them from getting genital cancer, 77% of the participants answered "very comfortable." Interestingly, less than 4% of the parents stated that their children's primary care physicians ever mentioned that such a vaccine exists. When asked about the most preferable mode of receiving information regarding the HPV vaccine, 54% preferred the clinician's office, followed by 34% of whom preferred social media. In terms of the preferred age to receive the vaccine, 45% of the participants preferred to administer the vaccine to their children before they were mature enough to understand sexual relations, while 22% recommended vaccination right before marriage and 15% preferred to wait till they were grown up and decide for themselves. Furthermore, only 42% of the caregivers agreed that it is important to explain to their children that the vaccine can protect against some of the sexually transmitted infections. Finally, approximately 20% of the participants were not convinced about the HPV vaccine.

**Conclusion:** A large proportion of parents residing in Qatar have a positive perception regarding the HPV vaccine. Parents' attitudes and perceptions are considered indispensable targets for community health intervention. We will share the result of our study with the ministry of public health in Qatar with a goal to incorporate the HPV vaccine in the National Immunization Schedule.

**Keywords:** Children; HPV; Qatar; pediatric; vaccine.



Sources that would positively influence parents to accept the vaccine after refusal

**Recent Publications (minimum 5)**

Hendaus MA, Jomha FA. COVID-19 vector-based vaccine causing thrombosis. J Biomol Struct Dyn. 2021 May 17:1-3. doi: 10.1080/07391102.2021.1927847. Epub ahead of print. PMID: 33998976.

Hendaus MA, Jomha FA. Covid-19 induced superimposed bacterial infection. J Biomol Struct Dyn. 2021 Jul;39(11):4185-4191. doi: 10.1080/07391102.2020.1772110. Epub 2020 Jun 9. PMID: 32448041.

Hendaus MA, Jomha FA. Can virus-virus interactions impact the dynamics of the covid-19 pandemic? J Biomol Struct Dyn. 2021 May 17:1-5. doi: 10.1080/07391102.2021.1926327. Epub ahead of print. PMID: 33998968.

Hendaus MA. Remdesivir in the treatment of coronavirus disease 2019 (COVID-19): a simplified summary. J Biomol Struct Dyn. 2021 Jul;39(10):3787-3792. doi: 10.1080/07391102.2020.1767691. Epub 2020 May 20. PMID: 32396771; PMCID: PMC7256348.

Hendaus MA, Darwish S, Saleh M, Mostafa O, Eltayeb A, Al-Amri M, Siddiqui FJ, Alhammadi A. Medication take-back programs in Qatar: Parental perceptions. J Family Med Prim Care. 2021 Jul;10(7):2697-2702. doi: 10.4103/jfmpc.jfmpc_1141_20. Epub 2021 Jul 30. PMID: 34568157; PMCID: PMC8415692.

## Biography:

Dr. Mohamed Ata Hendaus is a senior consultant in academic general pediatrics and a member of the pediatric residency program core faculty. He received his training at the University of Illinois at Chicago Medical College and at Mount Sinai Hospital. He is a Diplomate of the American Board of Pediatrics, a Diplomate of the American Board of Medical Specialties, a Lebanese Medical Board certified and a Fellow of the American Academy of Pediatrics.

In terms of research and publications, he has conducted and taken the lead in novel research across a variety of areas concerning pediatrics. His work has also been presented in the most prestigious international pediatric conferences such as the American Academy of Pediatrics National Conference & Exhibition as well as the Canadian Pediatric Society.

As for administration, Dr. Hendaus is the Chairman of the Pharmacy and Therapeutics Committee and the Deputy Chairman of the IRB at Sidra Medicine in Qatar.

Dr. Hendaus has had the privilege to teach and coach medical students from Weill-Cornell Medical College in Qatar, the University of Illinois at Chicago, Qatar University and the Chicago Medical School. He has been also involved in the education and training of Pediatrics and Family Medicine Residents from Hamad Medical Corporation and previously Pediatric Residents from Mount Sinai Hospital, Christ Hospital and Hope Children's hospital in the State of Illinois.

Dr Hendaus has received numerous awards including the Globe of Excellence Award, the Arab Pediatric Medical Research, Rising Star Award in Clinical Practice, Merit Award in Research, and Excellence in teaching Award, to mention a few.

# The National Health system in Italy from newborn to elderly

**Sakina Abouhjar**
Pediatrician -NeonatologistCristo Re General Hospital of Rome, Italy

Introduction: Congenital coxa vara is a rare progressive trophic deformity in varus of the femoral neck with a cervicodiaphyseal angle less than 120°, and it appears after the age of walking with a limp. Materials and methods: We report a retrospective study of 13 children (18 hips) with congenital coxa vara treated in the department of pediatric orthopedics and traumatology over a period of 12 years, between January 2009 and December 2021. Results: We have operated 16 hips over the 12 years. The average age of patients was 8 years, with extremes ranging from 3 years to 14 years. The predominance of females was clear (62% of cases). Congenital coxa vara was unilateral in 8 children. 16 hips were operated immediately, while 02 hips received orthopedic treatment consisting of motor rehabilitation and monitoring. The surgical technique performed was proximal intertrochanteric or subtrochanteric femoral valgization osteotomy with placement of the LCP plate in 09 hips and the DCP plate in 07 hips. The therapeutic results were evaluated clinically and radiologically by NSA and HEA. The best results were obtained in hips with initial NSA ≤ 90° where we have obtained postoperative HEA ≤ 40° and in those where we used an LCP plate. We have noted 2 cases of recurrence, 3 cases of necrosis of the femoral head, 1 hip had displacement of the hardware and 1 had pseudarthrosis of the osteotomy site. Conclusion: early diagnosis in congenital Coxa vara allows good results espacially when therapeutic thechnic and osteosynthesis material are adapted.

## Biography:

Dr. Abouhjar graduated in medicine at the University of Tripoli in 2006, she transferred to Rome/Italy where she joined Tor Vergata University of Rome in Paediatrics specialisation school; duringher residency training Sakina realised her passion for newborns and spent the last two years in neonatology wards and concluded her specialisation in 2015. Since then she's been working in both paediatric and neonatal fields in different Italian hospitals, developing strong relationships with colleagues and families of different nationalities as dr. Abouhjar speaks different languages. She's married and a mother of two boys and a girl. Her interest is to provide the best care for her patients and their families.

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## POSTER PRESENTATIONS

## DAY 1

# The impact of social media on therapeutic decisions making process among nurses and nursing students relating to their own health, their family's and their patient's health

**Elena Maoz**
Shamir Academic School of Nursing, Hebrew University in Jerusalem, Israel

Social media (SM) have a considerable impact on the individual's professional decision-making process (PDMP). Over the past few years, SM have a significant place in the healthcare system. Healthcare staff tend to use SM for many hours a day, both for their personal needs and for promoting professional goals. Using SM may enhance and empower professional education in hospitals and clinical community nursing. Moreover, SM can influence PDMP. This cross sectional (n=245), comparative (nursing students and staff), based on the Epistemic Theory study formally examined and quantified how nursing students and nursing staff are influenced by SM in their PDMP. The study's questionnaire consists of three parts: demographics, knowledge authorities used by nursing students and staff for PDMP (Cronbach's α–0.9) and the amount of use of various SM sources. According to study results, nursing students and staff use SM for PSMP relating to themselves and their families more than for PDMP relating to their patients (p=.01). Professional qualification of the staff does not affect the use of SM for PDMP (p=.11). Nursing students use SM for PDMP less than veteran staff (p<.05). Staff nurses working 6-10 years use SM more than students (p<.05). It can be concluded that all the participants use SM for PDMP. Therefore, the technology is not just for young nurses. Surprisingly, veteran nurses use SM more than young nurses and students. This may derive from the desire of veteran nurses to expand and update their professional knowledge.

## Biography:

Elena Maoz is a PhD student in the Hebrew University in Jerusalem. She is a senior teacher and the director of the research forum in Shamir Academic School of Nursing. She published and presented researches in professional nursing journals and conferences on issues related to professional education and academic and clinical dishonesty.

# Literature review on case study meetings of nurses in Japan

**Arisa Saito, Shinobu Saito, Mariko Tobise**
Graduate school of Nursing, Chiba University, Japan

**OBJECTIVE:** The objective of this study was to determine the significance of case study meetings and future research topics by organizing what kind of reports there were on case study meetings of nurses in Japan, and what had been revealed in previous studies about the experiences of nurses in case study meetings.

**METHODS:** Using Ichushi-Web, we searched for articles published up to December 2021 with the keywords “case study meeting” and “nurse” as keywords, and 55 articles from 2000 to 2021 were selected for analysis.

**RESULTS:** There were reports on case studies in Japan that showed their effectiveness and significance, reports that examined the means and management methods of case study meetings, and reports that found practical issues using the contents of case study meetings as research subjects. Only 7 reports clarified the experiences of nurses in case study meetings. During case study meetings, nurses had not only positive experiences, such as broadening their perspective and being emotionally supported, but also negative experiences, such as being evaluated for their personalities.

**DISCUSSION:** Case study meetings provided nurses with positive experiences that they could not have had alone. However, negative experiences also existed, and there was no report on how these experiences were developed and what effects they had on the health of patients. These issues need to be identified.

## Biography:

After graduating from School of Nursing, Chiba University, I worked as a nurse mainly for infants and toddlers at the Center for Pediatric Nursing and Specialized Care. In March 2022, I obtained a Master of Science in Nursing, and I am currently a faculty member in the basic nursing field of Chiba University. I am conducting research on basic nursing education and case studies.

# Examining the nursing practice-related difficulties of new nurses who experienced on-campus training due to the COVID-19 crisis and how to overcome these difficulties

**Mariko Tobise, Arisa Saito, Shinobu Saito**
Graduate school of Nursing, Chiba University, Japan

**Objective:** This study aims to identify the difficulties in nursing practice faced by new nurses who have experienced on-campus training as a substitute for on-the-job training in the wake of the COVID-19 pandemic and how to overcome these difficulties.

**Methods:** A self-report questionnaire survey was administered to 50 nurses who experienced on-campus training as a substitute for on-the-job training. The data were subjected to qualitative and inductive analyses.

**Ethics approval:** Conducted with the approval of the ethics review committee of the university to which it belongs (approval number NR3-31).

**Results:** Twenty copies of the questionnaire were collected (40.0% response rate), out of which 6 were excluded, and 14 were included in the analysis. The difficulties faced by nurses trained on-campus were divided into six categories, including “difficult to visualize the nursing process based on on-campus training with case development on paper.” Additionally, six categories were formed as ways to overcome the difficulties, including “a motivated learning attitude and conformance to careful practice by comparing on-the-job training experiences with those of peers.”

**Discussion:** Medical institutions that accept new nurses need to consider the on-the-job training situation for supporting nurses. It was suggested that, during on-campus training, providing an environment that allows students to interact with patients will help alleviate their difficulties once they become nurses.

## Biography:

I worked as a clinical nurse in the cardiovascular ward for about 20 years and played the role of a teaching instructor for many years. I got my master’s degree four years ago and am now a faculty member of fundamental nursing at Chiba University in Japan. Also, I am writing a dissertation with the aim of obtaining PhD. The study focuses on simulation education and nursing practicum education.

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## SPEAKER PRESENTATIONS

## DAY 2

# Drivers of Patient Experience: Overview of Evidence Based frameworks and Practice Exemplars

**Rana Abdel Malak, PhD, NEA-BC, CGNC, FAAPM**
Executive Healthcare Consultant | Faculty Member, Beirut, Lebanon

This paper explores the development of the patient experience concept and its current high relevance to healthcare. The drivers of patient experience will also be examined using a compare and contrast approach of the two most prominent and evidence based frameworks on the topic (Institute of Healthcare Improvement Model and The Beryl Institute Framework), followed by walk-through of exemplars from the practice for successful implementation of these drivers leading to tangible organizational transformation.

## Biography:

A seasoned high profile healthcare consultant, executive, professional trainer, and educator; Dr. Rana Abdel Malak is based in Beirut, Lebanon and works on projects worldwide. PhD holder in 2016 from the University of Texas, USA, with a research focus on healthcare leadership and management, coupled by a long standing experience in acute care practice, executive leadership, and consulting.

Dr. Abdel Malak is highly credentialed academically and professionally. She is dually certified by the American Board as nurse executive advanced level (NEA-BC) and by the International Council of Nurses as Global Nurse Consultant (CGNC). Recipient of many awards and honors and featured as speakers in many national, regional, and international professional venues. She is the first recognized international appraiser by American Nurses Association for nursing continuing professional development. Has an extensive operational experience in the implementation of tier one international designations and accreditations, and other breakthrough initiatives driving healthcare excellence in the Middle East.

# Namaste Care: Helps People with Advanced Dementia Live Not Just Exist

## Joyce Simard MSW

**Adjunct Associate Professor School of Nursing and Midwifery, College of Health and Sciences Western Sydney, Australia. University of Minnesota, Ithaca College Founder Namaste Care International**

Namaste Care is a small group program for residents in a nursing home or assisted living who can no longer participate in traditional activities. Often residents were kept clean, fed, changed and placed in front of a television. Residents were exisitng not living. The Namaste Care program provides qulaity of life for residents especially those with advanced dementia.

Namaste care can be offered as a small group program or can be brought to wherever the person is living. Two principles of The room or space where Namaste Care is offered as a small group is as free from distractions as posssible. Residents are taken there after breakfast for the morning session. They are greeted inidvidually and assessed for pain. A soft blanket is tucked around them and they are offered a beverage. Morning activities include gentle washing of the face and moisturizing of the face, hands, arms and legs. Their hair may be combed or scalps massaged. All of these activities are offered with a slow loving touch approach with the carer softly talking to them. They leave the room for lunch and return for the afternoon activities that may include bringing seasonal items to them, feet soaking, nail care and fun activities such as blowing bubbles. Beverages are offered on a continous basis for both the morning and afternoon sessions. Namaste Care can be brought to the persons bedside and offered by trained staff or volunteers. Supplies are not expensive and no additional staff has to be hired.

### Biography:

Joyce Simard MSW is an Adjunct Associate Professor School of Nursing, University of Western Sydney Australia. She is a private geriatric consultant residing in Florida (USA). She has been involved in long-term care for over 40 years.

Professor Simard has written numerous articles and chapters in healthcare books “The Magic Tape Recorder”, and “The End-of-Life Namaste Care Program for People with Dementia” now in its third edition. She has been involved with grants studying the outcomes of Namaste Care internationally. with the School of Nursing, University of Western Sydney, Australia, St. Christopher’s hospice (UK), the University of Worcester (UK) and Lancaster University (UK). Ms. Simard is a popular speaker for organizations all over the world.

# A quantitative study: nurses' attitude towards drug users in Hong Kong

**Wong W. C.[1] DBA, MSN, RN(P), Ng, K. T.[2] BSN, RN(P), Ng K. K.[2] BSN, RN(P), Pang C. H.[2] BSN, RN(P), Lau P. C.[2] BSN, RN(P), Lee, H. S.[2] BSN, RN(P), Mak, C. M.[2] BSN, RN(P), Mak, T. M.[2] BSN, RN(P), Ng, C. Y.[2] BSN, RN(P), Poon, K. M.[2] BSN, RN(P)**

[1]Hong Kong Metropolitan University
[2]Hospital Authority, Hong Kong

Drug users always have multiple health problems, and they seek help from the public health care system in Hong Kong. Nurses working in public sector of health care in Hong Kong play an important role in providing care to treat and prevent these adverse outcomes. Notwithstanding the nursing management of drug users is commonly incorporated in the curriculum of training, health care professional showed negative attitudes towards these clients. This study was aimed to assess the attitudes towards drug users in Hong Kong; and to assess the related factors influenced nurses' attitudes of nurses towards drug users in Hong Kong. It was a cross-sectional study employed convenience sampling. Samples were recruited from public through social media. Eligible samples were invited to self-administrate the online questionnaires. Information sheets could be accessed online before they started filling out the questionnaires. The questionnaire was consisted of two parts: demographic information and Drug and Drug Problems Perception Questionnaire (DDPPQ). Implied consents were employed. Ethical approval was obtained from a local university before study started. 383 valid questionnaires were collected and analyzed. It was found that nurses worked in general health care settings were prone to less positive attitudes towards drug users than nurses worked in psychiatric health care settings. Enrolled nurses had a less positive attitude towards drug users than registered nurses. Besides, nurses who occasionally worked with drug users demonstrated a less positive attitude towards drug users, compared with nurses who worked with drug users frequently.

## Biography:

Dr. W. C. Wong is a Registered Nurse and Registered Psychiatric Nurse in Hong Kong. She obtained the Bachelor of Nursing with Honors and Master of Science in Nursing in 2001 and 2010 respectively. She also obtained a Post-Graduation Diploma in Psychiatric Nursing in 2005. Subsequently, she obtained a DBA in 2015. Before started her academic career, she worked in various hospital specialties and had considerable clinical experience. Dr. Wong is an Associate Professor at the Hong Kong Metropolitan University (formerly called The Open University of Hong Kong) in 2011. Her research interests include mental health nursing and nursing education. (-4)

# A Comparison Between Two Methods of Delivering Information Pre-Coronary Angiography

**Maha Al Kassar**
Makassed University of Beirut, Lebanon

Most of patients are experiencing anxiety pre-coronary angiography. Elevated anxiety has the potential to negatively influence individuals psychologically and physiologically. Lowering coronary angiography associated anxiety is a key factor in improving patients' well-being. The aim of this study was to explore the effectiveness of delivering verbal and video education in lowering pre-procedural anxiety among patients undergoing elective diagnostic coronary angiography. Research design: A quazi experimental research design was utilized. Subject: A convenient sample of 100 patients admitted for an elective diagnostic coronary angiography was recruited and assigned randomly into control and study groups at Makassed General Hospital in Lebanon. Tools: Pre and post- interventional anxiety levels were assessed objectively by comparing physiological parameters associated with anxiety and subjectively by using self-reported anxiety measure of Speilberger's State Anxiety Inventory (SAI) and Profile of Mood States (POMS).Results: The use of verbal education or the video education to prepare patients for a coronary angiography is effective in lowering pre-procedural anxiety levels; the mean of pre-interventional anxiety for the study group was 52.18 versus 42.62 for the control group ($P<0.0001$) and post-interventional anxiety was 50.34 for the study group versus 40.70 for the control group ($P<0.0001$). However, none of these interventions surpass the other; there was no statistical significant difference ($P=0.91$) between the study and the control groups. On the other hand, there was no statistical significant difference in physiological parameters associated with anxiety measured prior to and post interventions between the groups.

# Increase the number of CRRT trained nurses in critical care units including the ICU & COVID ICU from 38% to 100%

**Sudha Anbalagan Senthamizh Selvi**
Nursing Educator, Wadi Aldawaser General Hospital, Ministry of Health, KSA

Background: CRRT is progressively more applied in the intensive care settings. It's significant for critical care nurses to be skillful and knowledgeable in initiating and managing the patients receiving CRRT by ensuring safety and quality of care. It's been observed that in the course of COVID outbreak since the year 2020 there's additional necessity for CRRT care services due to ARF secondary to COVID-19. It's found that in Wadi Aldawaser General Hospital lack of trained and practiced nursing staffs for CRRT on hemodynamically unstable patients in ICU and COVID- ICU. Objectives: To train 100% of critical care unit nursing staffs for performing CRRT procedure. To create nursing competencies to assess and evaluate the critical care nurses' skills on CRRT procedure. Methodology: FOCUS-PDCA methodology adopted for this study. Results: 21 (100%) of critical care nurses were trained for CRRT by using multifiltrate Fresenius and Gambro Prismaflex machines. 11 (100%) and 6 out of 10 (60%) ICU & C- ICU nurses were trained with excellent competency level for performing CRRT procedure respectively. Recommendations: Constant CRRT competency assessment and continuous training is required for critical care nurses on CRRT at best of every six months in a year. CRRT training should be made as a pre-requisite for critical care nurses before appointing them.

## Biography:

Ms. Sudha Anbalagan has completed her MSc Psychiatric Nursing from The Tamil Nadu Dr. M.G.R Medical University and BSc Nursing & PGDHM from Annamalai University faculty of Medicine, Tamil Nadu, India. She is the Nursing Educator, at Ministry of Health and She was a lecturer at Ministry of Higher Education, Kingdom of Saudi Arabia.

# Management of adhesive small bowel obstruction in children

**Najoua Aballa**
University Cadi Ayyad, Morocco

Introduction: Adhesive small bowel obstruction (ASBO) is one of the leading causes of surgical emergencies. Unfortunately, it does not spare children.

Materials and methods: This is a retrospective Study involved 61 cases of ASBO in 57 children, within a period of 7 years, from January 2012. It aims to discuss the management of ASBO in pediatrics.

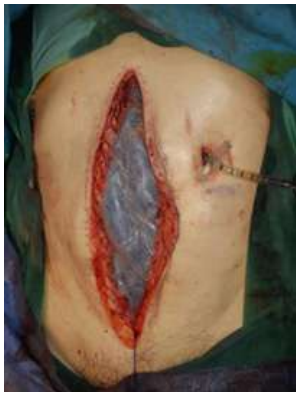
Results: A masculine predominance of 80.7% was found. The mean age was 7 years. Complicated appendicitis was the most common previous surgical condition leading to ASBO. Three patients have no medical nor surgical history, and one patient was treated for abdominal tuberculosis. Pain and vomiting were present in all children. 11 cases were operated-on immediately, and 50 cases had non-operative management trial. 14 cases with unsuccessful conservative management underwent delayed surgery. Recurrence occurred in 4 patients. Mortality was encountered in two patients.

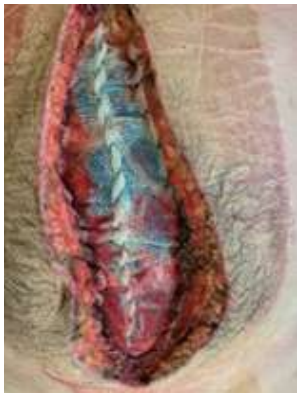
Conclusion: Conservative management is a safe and effective therapeutic approach for managing ASBO in selected children without predictor signs of strangulation and bowel ischemia.

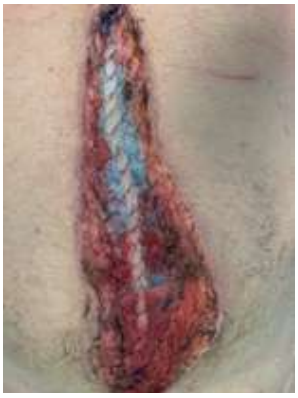
# Open abdomen and negative pressure wound therapy for acute peritonitis especially in the presence of anastomoses and ostomies

**Orestis Ioannidis**
4th Department of Surgery, Medical School, Aristotle University of Thessaloniki, General Hospital "George Papanikolaou", Thessaloniki, Greece, telonakos@hotmail.com

Acute peritonitis is a relatively common intra-abdominal infection that a general surgeon will have to manage many times in his surgical carrier. Usually it is a secondary peritonitis caused either by direct peritoneal invasion from an inflamed infected viscera or by gastrointestinal tract integrity loss. The mainstay of treatment is source control of the infection which is in most cases surgical. In the physiologically deranged patient there is indication for source control surgery in order to restore the patient's physiology and not the patient anatomy utilizing a step approach and allowing the patient to resuscitate in the intensive care unit. In such cases there is a clear indication for relaparotomy and the most common strategy applied is open abdomen. In the open abdomen technique the fascial edges are not approximated and a temporarily closure technique is used. In such cases the negative pressure wound therapy seems to be the most favourable technique, as especially in combination with fascial traction either by sutures or by mesh gives the best results regarding delayed definite fascial closure, and morbidity and mortality. In our surgical practice we utilize in most cases the use of negative pressure wound therapy with a temporary mesh placement. In the initial laparotomy the mesh is placed to approximate the fascial edges as much as possible without whoever causing abdominal hypertension and in every relaparotomy the mesh is divided in the middle and, after the end of the relaparotomy and dressing change, is approximated as much as possible in order for the fascial edges to be further approximated. In every relaparotomy the mesh is further reduced to finally allow definite closure of the aponeurosis. In the presence of ostomies the negative pressure wound therapy can be applied as usual taking care just to place the dressing around the stoma and the negative pressure can be the standard of -125 mmHg. However, in the presence of anastomosis the available date are scarce and the possible strategies are to differ the anastomosis for the relaparotomy with definitive closure and no further need of negative pressure wound therapy, to low the pressure to -25 mmHg in order to protect the anastomosis and to place the anastomosis with omentum in order to avoid direct contact to the dressing. The objective should be early closure, within 7 days, of the open abdomen to reduce mortality and complications.







**What will audience learn from your presentation?**

- Open abdomen should be carefully tailored to each single patient taking care to not overuse this effective tool
- Every effort should be exerted to attempt abdominal closure as soon as the patient can physiologically tolerate it
- All the precautions should be considered to minimize the complication rate
- Negative pressure wound therapy in peritonitis seems to improve results in terms of morbidity and mortality and definitive abdominal closure
- When an ostomy is present there are only subtle differences in management
- When an anastomosis is present consider:
- Placing the anastomosis remotely to visceral protective layer and thus the negative pressure
- Place the omentum over the anastomosis
- Decrease the negative pressure to even as low as -25 mmHg
- Perform a sutured anastomosis rather than a stapled one

## Biography:

Dr. Ioannidis studied medicine in the Aristotle University of Thessaloniki and graduated at 2005. He received his MSC in "Medical Research Methodology" in 2008 from Aristotle University of Thessaloniki and in "Surgery of Liver, Biliary Tree and Pancreas" from the Democritus University of Thrace in 2016. He received his PhD degree in 2014 from the Aristotle University of Thessaloniki for his thesis "The effect of combined administration of omega-3 and omega-6 fatty acids in ulcerative colitis. Experimental study in rats." He is a General Surgeon with special interest in laparoscopic surgery and surgical oncology and also in surgical infections, acute care surgery, nutrition and ERAS. He has received fellowships for EAES, ESSO, EPC, ESCP and ACS and has published more than 130 articles with more than 3000 citations and an H-index of 28

# Giving your patients a "FASTHUG" can reduce the incidence of ventilator-associated pneumonia

**Samantha Gear**
Intensive Care Nurse –International SOS, Australia

Ventilator-associated pneumonia (VAP) is a hospital pneumonia which occurs 48 hours or more after tracheal or mechanical ventilation. VAP occurs in 9-27% of intubated patients, increasing mortality and morbidity in critically ill patients, resulting in an increase in hospital stay by up to 9 days. VAP causes a chain reaction, ultimately resulting in financial costs to the healthcare system. The Institute for Healthcare Improvement has recommended the use of the "FASTHUG" bundle to reduce VAP in mechanically ventilated patients. This bundle is also recommended for best practice in the Intensive Care Unit. The bundle includes deep vein thrombosis prophylaxis, stress ulcer prophylaxis, feeding, elevation of the patient's head-of the bed to 30-40 degrees, analgesia, glucose control and daily sedation holiday. The sedation holiday encourages the use of a spontaneous breathing trail and provides an opportunity to assess the patient's neurological status by the use of a Glasgow coma scale (GCS). The "FASTHUG" bundle should be implemented on daily rounds with the multidisciplinary team. The bundle may not benefit all patients; however, it provides an opportunity to reassess the patients plan of care and implement a strategy which improves quality of care and safety for the patient.

## Biography:

Samantha has completed her postgraduate studies in Intensive Care Nursing at the age of 22 years from La Trobe University in Melbourne. She graduated from nursing in Australia and moved to work overseas. Currently, she is an intensive care nurse working for Cleveland Clinic Abu Dhabi, however, will soon be relocating to Sydney to work for International SOS.

# Addressing the Disparity of Awareness in the Prompt Evaluation of and Treatment of Eating Disorders in Adolescents

**Deetta K. Vance, DNP, FNP-BC**
Indiana State University School of Nursing, Terre Haute, IN 47807

Presently, there is a disparity in awareness concerning appropriate screening and access to care for adolescent patients at risk for eating disorders. This disparity comes from the lack of health care provider (HCP) awareness that eating disorders are biopsychosocial mental illnesses impacting the entire family unit, and can lead to serious impacts to health and increased mortality if not addressed promptly. Eating disorders are a severe disturbance in eating behaviors, as well as emotional responses and thoughts resulting in unhealthy weight loss or gain. The majority of patients afflicted with eating disorders are diagnosed with a combination of anorexia, bulimia, and binge-eating. In adolescents, bullying in schools, body image disturbance, genetic predisposition, and other mental illnesses including anxiety, depression, and obsessive compulsive disorder leads to eating disorder development.

Responsibility for timely screening, evaluating, treatment and referral falls to HCPs. Many patients diagnosed with any type of eating disorder do not present with obvious signs of illness such as being underweight. Because the signs of a patient with an eating disorder may not be apparent, increasing awareness through education of common signs and symptoms will result health care providers in utilizing appropriate screenings to facilitate prompt diagnosis and referral to treatment. By proactively gaining access to referrals for patients and families identified to be at risk for an eating disorder diagnosis, HCPs are able to expedite and increase access to life-saving care. HCP involvement in supporting both patient and family is imperative in improving outcomes in this vulnerable population.

## Biography:

Dr. Deetta K. Vance completed her Family Nurse Practitioner degree at Indiana State University and her Doctorate of Nursing Practice from the University of Alabama. She is an Associate Professor in the School of Nursing at Indiana State and has served the community in a variety of practice fields including palliative medicine, school-based care, urgent care, and occupational health, as well as volunteering in the local community to provide physicals to underserved youth.

# Interprofessional Simulation Education; A depression/suicide case scenario

**Valerie A. Esposito RN MS PMHBC PhD (abd)**
York College CUNY

Nursing education has undergone endless challenges in the recent past. Having a shortage of nursing professors, lack of clinical opportunities for students, and of course COVID restrictions have all impacted the way current nursing is taught. Fortunately, the nature of the nursing profession is one of flexibility and using creativity to meet goals. One way to address providing clinical experiences for nursing students has been to use virtual or in-person simulation. This has been a valuable form of pedagogy for many nursing programs as an alternate way to safely learn their role. Taking that concept to another level, the use of inter-professional disciplines during a simulation has been successfully used. By having a multitude of healthcare providers script and participate in a simulation for not only nursing students, but medical, respiratory, social work, dental, occupational therapy, physician assistant and more, the students can participate in their own discipline's role while interacting with other students in a mock realistic simulation. A depression/suicide interdisciplinary educational simulation was written and successfully piloted and ran by this author for an entire city university system.

**Keywords:** innovative pedagogy, simulation, nursing education, interdisciplinary

## Biography:

Prof. Valerie Esposito Kubanick has over 30 years of nursing experience that began as an LPN. In 1988 she earned her AAS and RN from CUNY Queensborough Community College, then BS and MS in Nursing Administration at Adelphi University. She is a PhD (abd) and has experience in both critical care nursing and med/surg, however she is an ANCC Board Certified Nurse in Psychiatry and Mental Health with extensive experience in all areas of inpatient and outpatient care. Prof Valerie Esposito Kubanick has conducted research in Emotional Intelligence related to communication and nursing leadership. She has created and administered a series of seminars for the Tourette Association of America and presents Tourette Syndrome nationwide to healthcare providers, and high school and college students. Prof. continually advocates for patients with disabilities through local, state, and federal agencies, and is the Assistant Director of the American Diversity Forum, Youth Division.

# The Efficiency of Combining Daily Interruption of Sedation with Early Progressive Mobility Protocol on Clinical Outcomes of Critical Ill-Ventilated Patient

**[1]Zeinab M. Aysha, [2]Gehan Youns**
[1]Lecture Critical care Nursing ,Tanta university
[2]Assistant. Prof. Critical Care Nursing, Tanta University

Early mobilization in the intensive care unit (ICU) is currently a hot topic. One of the most massive and threatening long-term complications among critically ill ventilated patients is (ICU)-acquired weakness. As a result, early progressive mobility protocol and discontinuation of sedation in the early days of treatment were linked to better outcomes. The study aimed to evaluate the efficiency of combining daily interruption of sedation with an early progressive mobility protocol on the clinical outcomes of critically ill ventilated patients. An experimental research design was utilized in this study. The research was carried out in Tanta Main University Hospital's ICUs, specifically the post anesthetics and emergency critical care units, which treat patients with a variety of diseases in the acute stage of their illness. A purposive sample of 60 adult mechanically ventilated patients of both sexes, who met the inclusive criteria, was randomly divided into two groups of 30 patients each, Group I (control group) and Group II (studied group). Four tools were used for data collection. Tool I: Critically ill patient assessment tool Tool II: Health assessment and clinical data assessment tool Tool III: The Perme ICU Mobility Assessment Score (PIMS) Tool (IV): Medical Research Council (MRC) strength score. The study's major findings revealed that there was a statistically significant difference between the two groups (I and II) in terms of progressive mobility milestone and level, Medical Research Council (MRC) strength score, and functional evaluation, with P = 0.000, 0.000, and 0.001 respectively. Moreover, there were highly statistically significant differences between the two groups(I&II) regarding their clinical outcomes such as improvement in the level of consciousness, length of hospital stay, adverse events from immobility, prognosis weaning outcome, and discharge status, as well as a reduction of ICU, acquired weakness by improving functional recovery and muscle strength, It was recommended that they merge both hands in hand for daily sedation interruption with the Early Progressive Mobility Protocol as part of the daily routine care for those critically ill ventilated patients to improve their clinical outcomes.

**Keywords:** Early Progressive Mobility Protocol, Ventilated Patient Clinical Outcomes, Functional Status, ICU Acquired Muscle Weakness.

# Congenital coxa vara in children

**Amine EL KHASSOUI, EL MOUHTADI AGHOUTANE, Tarik SALAMA, Redouane EL FEZZAZI**

Department of Pediatric Orthopedic Surgery, CHU Mohamed VI, Faculty of Medicine and Pharmacy, University Cadi Ayad, Marrakech, Morocco

Introduction: Congenital coxa vara is a rare progressive trophic deformity in varus of the femoral neck with a cervicodiaphyseal angle less than 120°, and it appears after the age of walking with a limp. Materials and methods: We report a retrospective study of 13 children (18 hips) with congenital coxa vara treated in the department of pediatric orthopedics and traumatology over a period of 12 years, between January 2009 and December 2021. Results: We have operated 16 hips over the 12 years. The average age of patients was 8 years, with extremes ranging from 3 years to 14 years. The predominance of females was clear (62% of cases). Congenital coxa vara was unilateral in 8 children. 16 hips were operated immediately, while 02 hips received orthopedic treatment consisting of motor rehabilitation and monitoring. The surgical technique performed was proximal intertrochanteric or subtrochanteric femoral valgization osteotomy with placement of the LCP plate in 09 hips and the DCP plate in 07 hips. The therapeutic results were evaluated clinically and radiologically by NSA and HEA. The best results were obtained in hips with initial NSA ≤ 90° where we have obtained postoperative HEA ≤ 40° and in those where we used an LCP plate. We have noted 2 cases of recurrence, 3 cases of necrosis of the femoral head, 1 hip had displacement of the hardware and 1 had pseudarthrosis of the osteotomy site. Conclusion: early diagnosis in congenital Coxa vara allows good results espacially when therapeutic thechnic and osteosynthesis material are adapted.

# Evaluating High Fidelity Simulation and Debriefing –Critical Thinking and Knowledge Retention in Nursing Students

**Dr. Pamela Treister, DNP, CNS, RN, CMSRN, AE-C**
New York Institute of Technology, NY 11568, USA

Nursing students learn in many different formats – through "old fashioned" textbooks, didactic sessions of classes, clinical experiences, practice laboratories, and low/high-fidelity simulation lab experiences. Simulation is used on a regular basis – both as a replacement for clinical experiences (especially during COVID), as well as in conjunction with the above-mentioned formats for teaching. Simulation and debriefing can increase knowledge retention and critical thinking. We assess simulation scenarios to improve teaching. The impact of simulation and positive effects on student learning outcomes are evaluated. The goal is to have smart nurses who have increased patient safety and outcomes.

High fidelity simulation, in which the "patient" responds and interacts with the student's actions, can have significant impact on student learning. Using high fidelity simulation scenarios allow for debriefing in a step-by-step process. Numerous scenarios are presented across all areas of nursing - inclusive of Medication Administration, Medical/Surgical Nursing, Maternity, End of Life, and Mental Health. All have an impact on SBAR communication, learning, and debriefing. Simulation provides a "safe place", where if mistakes are made, or if the patient expires due to student interactions or lack thereof, a learning situation takes place, leading to increased patient safety in the clinical area. There is no failure in simulation. Debriefing provides opportunities to reinforce positive interactions, correct mistakes, and increase knowledge retention. The goal is to see a positive impact on patient care provided by the student. Further enhancement of simulation learning takes place when professors review evaluations from the students regarding their experiences. Evaluations including if the cues were geared to the student's level of understanding, knowledge, and skills, if the teaching methods were helpful and effective, and whether the debriefing helped to improve nursing skills, are essential in helping to prepare our future nurses.

## Biography:

Pamela Treister completed her BSN, MS, and CNS from Hunter College in New York, and doctoral studies – DNP in Leadership, from Quinnipiac University in Connecticut. As a nurse of 37 years, she has worked in medical/surgical nursing, trauma, neurosurgical ICU, and has taught in hospitals and colleges. Dr. Treister is a textbook reviewer, volunteers as a peer reviewer for journals, and is an auditor for CMSRN. She is certified in Medical-Surgical Nursing, and as a Certified Asthma Educator (AE-C). Dr. Treister is a Clinical Associate Professor at NYIT teaching nursing. Dr. Treister has published, presented, and spoken at more than a dozen conferences, nationally and internationally, and is considered to be a clinical expert in her field.

# Nursing Educators as pilots flying in foggy weather

**Mary Estelle Bester**
Georgia Southern University, GA 30460, USA

Teaching future nurses has always been challenging. Globally nursing educators can recall difficult times, including finding suitable clinical sites, bridging the theory and practice gap, and preparing students for the reality shock once they enter the healthcare environment as new graduates. Developments over the past few years pose more challenges. The Covid-19 pandemic, increased violence aimed also at healthcare institutions and nursing staff, burnout of healthcare professionals, and global nursing shortages create a scenario where student nurses question their career choice, and some opt-out during the program, or soon after graduating.

Pilots when facing potential foggy weather must make critical decisions. Are they changing the flight path, delaying departure, adding more flight crew, selecting a different aircraft, or canceling a particular flight? Some of these options are not popular, nor satisfying to all stakeholders. Nursing educators must, like pilots value their mission, values, and safety of the flight crew and passengers, critically evaluate their mission, program, teaching and learning strategies, and collaboration with stakeholders in clinical practice. Flexibility and re-alignment of purpose, process, and outcome have become a necessity if we want to bring this “aircraft” safely home.

## Biography:

Mary Estelle Bester has completed her Ph.D. from University Stellenbosch, South Africa. Being 20 years in South Africa in Nursing Education, and 10 years in Jeddah, Saudi Arabia as a Program Director for Practice, Quality, and Research, she joined Georgia Southern University in August 2017 as an Assistant Professor in Nursing. She has presented at more than 25 national and international conferences. Special interests are technology-enhanced learning (TEL), and Evidence-Based Teaching (EBT) Practices.

# A rare emergency testicular torsion in undescended testis

**Najoua Aballa**
University Cadi Ayyad, Morocco

**Introduction** Cryptorchidism can be complicated by testicular torsion more than normo-descended one. It is associated with a high risk of ignorance and delay diagnosis witch rise testicular necrosis.

**Material and methods:** we retrospectively reviewed the medical records of 7 cases of male children admitted to our institution for torsion on the undescended testicle, over an 11-year period since May 2009.

**Result:** Seven patients underwent surgery for UDT torsion. The median age was raging from 15 days to 14 years old, and only two had respectively 15 days and 14 months. The left testis is involved in all cases. One patient had bilateral UDT, and the others had left side UDT. Only three patients were known having an UDT and are waiting for surgery. Five patients were admitted in the hospital for groin pain associated to inflammation signs and swelling of the groin. Inconsolable crying was noted in our two younger patients. The mean patient delay was 35 hours ranging between 24 hours and ten days. Three patients only underwent Doppler ultrasound showing an inguinal testis with decreased blood flow to the affected testis comparatively to the other side. Exploration was performed through inguinal approach; in three cases the testes were preserved. In 4 cases, we found necrotic testis (figure 1,2). A systematic orchidopexy of the other side was performed. Postoperative pathological finding showed no signs of malignancy. Outcome of the three patients with conservative approach was uneventful, no hypotrophic signs were detected after 4 years' follow-up

**Conclusion:** Testicular torsion of undescended testis is a rare phenomenon that should be suspected, diagnosed and treated without delay, in order to improve salvage rate of testis and decrease complications such as infertility and testicular malignancy. This series should raise awareness among physicians of torsion of UDT in patients with groin or abdominal pain with improved recognition of cryptorchidism and earlier surgical intervention.

# EDUCATIONAL TECHNOLOGY IN NURSING

**Mary Anbarasi Johnson**
Professor and Head, Pediatric Nursing Department, College of Nursing ,CMC Vellore

**What will audience learn from your presentation?**

Nursing needs to incorporate technology in all it domains namely education, practice ,administration and research

We are in a computer era and for nursing to be in power with other professions we need to teach the usage of educational technology for daytoday life practice to enable nurses to excel

Learning about educational technology and practicing it makes nurses life easy and minimizes stress as multitasking at a higher speed is possible with the usae of technology

## Biography:

I am Mary Anbarasi Johnson working as a professor and Head in pediatric nursing department ,CMC Vellore.I worked as Clinical Nurse Specialist in PICU for a year and as Assit Professor in USA for two years.I also worked in administration(Assistant Director of Nursing ) in nursing ,in Saudi Arabia Defence Sector. I am very much interested in reviewing articles.I have published in 70 national , international journals and presented in around 30 national and international conferences. I have also contributed for 5 book chapters and published a book. I have served in CMC Vellore as addl.Deputy Nurisng Superintendent for staff training and quality assurance aswell in CMC Instituitional research board as a member for a term of 4 years.CMC gave me opportunity to be part of national projects like GFATM, ICMR Infection control project, IMNCI , CSA , OSCE by DrMGR Medical University ,Diabetic Nurse Specialist programme either as trainer or Master trainer . I am reviewer or editorial member or advisory member in more than 50 international journals.CMC Vellore also gave me an opportunity to be papersetter or examiner for six universities in India and for CMAI Board ,Bangalore aswell inspector for BSc N programme under Dr.MGR Medical University.I give all thanks to Lord Jesus Christ who sustains me every moment .I am indepted to my family ,teahcers in CON CMC and friends for their encouragement and support.I thank my mother instituition CMC Vellore , St.Joseph Regional Medical Center & St.Michaes Hospital ,Milwaukee CON, also TPC , ,RIHospital Kamismushayt Defense Hospital Saudi for their friendship and guidance who play a special role in mentoring and nurturing me till date.

# Reduction of CLABSI(HAI) rates in paediatric post surgical ICU by implementing multimodal strategy as a part of patients safety.

**Jenita John Vaghela**
Zydus Hospital, Gujarat, India

**Introduction/Backgroud:** Healthcare associated infections (HAIs) continue to be a source of great medical and economical strain for health care system across the world. HAIs are a cause of significant morbidity and mortality in patients receiving healthcare. Anyone getting medical care is at some risk for an HAI. So as a part of Promoting Safety and Quality (IPSG 5) to reduce the HAI we should follow structured infection prevention and control guidelines.Most common HAIs are CAUTI, VAP, CLABSI & SSI. So CLABSI is one of the common HAI. CLABSIs are a preventable complication that results in thousand of deaths annually and billions of dollars in added costs to treat patient. A Central line Associated Blood Stream Infection occurs when germs (usually bacteria or viruses) enter the bloodstream through the central line.So to prevent CLABSI health care providers must use stringent infection control practices recommended by CDC during insertion and use.

**Aim/Objective:** To reduce CLABSI rates by implementing multimodal strategy as a part of patient safety goal in paediatric post surgical ICU.

**Study Design/ Methodology:**

**Study Area:** Paediatric Post surgical ICU. Study is conducted in two phase. In first phase retrospective study for baseline CLABSI RATE is done from monthly data collected by the Infection prevention and control department for the year 2017 and 2018.

In second phase multimodal strategic interventions that aimed to reduce to CLABSI were initiated in January 2019 and the prospective study is done for period of six month from January 2019 to July 2019 to evaluate the effect of multimodal strategy on CLABSI RATE. The incidence rates of CLABSI for the six months are compared between the baseline which was taken as past 2 year (2017 & 2018 ) average. CLABSI rate is calculated as per 1000 central line days.

**Base line data:**

- CLABSI RATE in 2017 is 7.03 and in 2018 is 4.99.Average rate is 6.01. We took our average rate 6.01 to us want to 50% reduction by implementation of multimodal strategy.
- Hand hygiene compliance before enhance intervention

Year 2017 – 57.14%

Year 2018 – 58.9%

- Average Central line days monthly

Year 2017 -925

Year 2018 – 958

As a part of multimodal strategy we re emphasize on central line bundle care, used frequent reminder,

Feedback of hand hygiene, Motivate the staff,frequent environmental deep cleaning and interactive continue nursing education has been implemented.

**Results**

- After implementation of the multimodal strategy we found that our bundle care compliance is increased specially scrub the hub protocol which is most important factor to prevent CLABSI. Before intervention it was 50% compliance but after intervention it was 69.8% compliance which was audited by IC team.
- Hand hygiene compliance rate is increased gradually.
- In our baseline data calculated which was taken from 2017 & 2018 ,33% of CLABSI is occurred between 3-7 days of insertion of central line while 67% of CLABSI is occurred after 7 days of insertion.So early removal of unnecessary central lines are also one of the major major component of CLABSI bundle approach. After implementing multimodal strategy there was a reduction in average monthly central line day in the ICU.average 10% reduction in monthly central line days.(Jan 2019-July 2019 average central line days monthly 859).
- Reduction in CLABSI rate In July 2019 CLABSI rate was 2.04 per 1000 central line days. As per the prospective study for the period of January 2019 to July 2019 average CLABSI rate was 3.85 per 1000 Central line days.

**Discussion/Findings**

A bundle is a structured way of improving the processes of care and patient outcomes;a small, straightforward set of evidence based practices-generally three to five – that when performed collectively and reliably,have been proven to improve patient outcomes. Reminder for early removal of unnecessary central line is implemented during each medical round. Centrally

**Conclusion** Our findings suggest average 50% reduction of clinically relevant paediatric post surgical CLABSI rate with implementation of multimodal interventions which includes re emphasize on central line bundle care, frequent reminder for hand hygiene, Feedback of hand hygiene, Motivate the staff,frequent environmental deep cleaning and interactive continue nursing education. In initial phase we faced behavioral issue,attitude issue & resistance to change which is overcome by training, effective communication & team building spirit. Improvement including behavioral change in a practical manner is te key principles of good implementation practice.Implementing multimodal interventions focusing on CLABSI bundle is effective in reducing the incidence rates of CLABSI. Multimodal strategy focusing enhance interactive training and feedback to staff for CLABSI bundle compliance is more effective way to reduce CLABSI.

## Biography:

Myself Ms. Jenita John Vaghela .I m a registered NURSE and certified Infection preventionist. I have 13 yrs experience as an Infection Control Nurse at UN mehta institute of cardiology and research centre .Recently working as an Assistant nursing superintendent at Multispeciality hospital.I have studied healthcare quality management too from CAHO.I have won national prizes for scientific poster presentations. THANKS

# Implementation of Perinatal Problem Identification Programme requires institutional support

**Kelebogile Leah Manjinja**
Sefako Makgatho Health Sciences University; South Africa

Perinatal problem identification programme (PPIP) is a simple; user-friendly computer based programme that is used to capture perinatal data. Information obtained from PPIP data provides a reliable picture of perinatal care in South Africa that directs the health worker to areas that needs improvement. Hence, institutional support to professional nurses and midwives is imperative for an effective implementation of the programme. PPIP is more than just a data collection tool in identification of avoidable factors but a changing practice tool for quality care and best practice. Therefore, appropriate implementation of practice solutions emanating from the PPIP in S.A is crucial, not only to improve quality of care but to allow professional nurses to take ownership of the implementation process. In this situation, implementation of PPIP requires institutional support for its optimal implementation. It is necessary to explore and describe the need for a dedicated person to coordinate the implementation of PPIP, capacity and skills development programme and benefits of attending mortality meetings; training and workshops because implementation of PPIP requires institutional support most importantly for professional nurses and midwives.

Kelebogile Leah Manjinja has completed her master's degree in nursing, advanced midwifery and neonatal nursing science at the age 40 years from Sefako Makgatho Health Science University in South Africa. She is a nurse educator working as a lecture of research (WIL) at Gauteng College of Nursing; SG Lourens Campus, South Africa. She has presented her study findings at Society of Midwives South Africa and SMU research day.

## Biography:

Dr. Najla Barnawi is assistance professor earned her Ph.D. from Decker School of Nursing at Binghamton University in the US. She is a chairperson of the community services and Alumni units in CON-R at KSAU-HS, and Chairperson the Researcher Developer Committee in Ministry of Education Project. She has several publications, one of her recent publications is a Book titled Culturalism in Health Care Context: Women with Female Genital Cutting

# Incidence of adverse clinical outcomes and their association to a strict definition of sustained feeding tolerance in the first probiotic study under US IND- Analysis of the first 708 extremely low birth weight infants in the IBP-9414 'Connection Study'

**Anders Kronstrom**
Infant Bacterial Therapeutics, Stockholm, Sweden

Probiotics are used in premature infants despite lack of adequate studies on safety and tolerability with use of a pharmaceutical grade probiotic under US and EU INDs. Safety events and their association to sustained feeding tolerance (SFT) are evaluated with maintained treatment-blind in the first 708 ELBW infants of the 'Connection Study', which involves enteral once daily dosing of IBP-9414 (L. reuteri,109 CFU) randomized 1:1 with sterile water placebo from 48 hrs of birth till cGA 34w+6d. 48 infants (%) died and 182 had totally 402 serious adverse events (SAEs). These were dominated by infections (71 infants), respiratory (61 infants), GI (61 infants), IVH, PDA and ROP SAEs. A primary study endpoint is time to a strict definition of SFT, involving 10 consecutive days with enteral feeding of >120ml/kg/day, no parenteral macronutrients and average growth of >10g/kg/day. SFT was reached at mean 18days by 537 infants with mean BW 852g. The time to SFT associated to cGA, BW, 5-min Apgar score, NEC confirmed by independent adjudication of abdominal radiographs, abdominal symptoms, intestinal perforation, respiratory and cardiac SAEs, hypotension, LOS, systemic antibiotic days, BPD, ROP, PDA, and duration of hospitalization (all $p<0.003$). The effect on time to SFT for e.g. a GI perforation was 15.5 days, a cardiac or hypotensive event 8.9 and 6.1 days, and 0.8 days per GA week. Mortality was low and the SAE profile was consistent with expectations. Reasons for withholding enteral feedings may benefit from evaluation.

## Biography:

Anders Kronström, M.Sc., M.B.A., is the Chief Operating Officer of Infant Bacterial Therapeutics AB. Anders has over 20 years of experience working in the pharmaceutical industry. His experience spans across all stages of drug development in different disease segments. During his career at AstraZeneca he has had senior leadership positions within Project Management and Business Development. More recently, he was a CEO of Biosergen AS, a Norwegian biotechnology company.

# Copy & Paste in Electronic Medical Records; A Case Manager Role in Improving Documentation in EMR.

**Eman Ramadan Ali**
Al Rahba Hospital UAE

**Background:** Electronic Medical records (EMR) are used by healthcare workers to record and track the health metrics and information of their patients; nevertheless, it is a document that must withstand the analysis of insurance payers and legal review. According to JCIA definitions 2019, the term copy and paste refers to the process of copying (or duplicating) patient information from a previous note in an EMR and pasting it into a new note in the patient's EMR. The use of copy and paste and auto-populate in EMRs can provide a benefit of increasing the efficiency of documenting important patient information. However, Copy and paste functionality may promote inaccurate documentation with risks for patient safety. From the billing perspective, inappropriate use of copy functionality could suggest to third party reviewers that services were provided when, in fact, they were not, resulting in the submission of an unsupported bill.

**Purpose:** To illustrate copy and paste events in clinical documentation, identify safety risks, describe existing evidence, highlight the case management role to improve HCW documentation and implement recommended practice for safe reuse of information through copy and paste.

**Methodology:** A performed systematic literature review (from 2012 to July 2019) to identify publications addressing frequency, perceptions/attitudes, patient safety risks, existing guidance, and potential interventions and mitigation practices. In addition to the current policies and procedures, and evidence based recommendations.

**Results:** The literature review identified more than 15 publications that were included to investigate this concern. Inclusive, 66% to 90% of clinicians routinely use copy and paste. Another study of diagnostic errors found that copy and paste led to 2.6% of errors in which a missed diagnosis required patients to seek additional unplanned care.

The Journal of General Internal Medicine conducted a survey of 302 physicians on physician attitudes towards copy and paste. The survey revealed that when copy and paste was used, 183 (61%) of physicians found it more difficult to find new information, 215 (71%) believed the EMR contained more outdated information, and 214 (71%) thought the EMR contained more inconsistent information.

Despite physicians reporting several concerns about the information contained in the EMR when copy and paste was used, the same survey reported that (90%) of the 253 physicians generating electronic notes indicated they used copy and paste when they wrote their daily progress notes.

**Conclusion:** Based on literature review, prohibiting copy-and-paste would be an option to reduce the risk for patient safety, but it is not the optimal solution, as it can be a timesaver when used cautiously.

Reviewing a number of institutional policies to guide Health care worker documentation in EMRs have been developed by institutions, payers, and case managers with the goal of reducing patient care risks as well as preventing fraud and abuse.

Education sessions by case managers and coders targeting the physicians and other health care workers would help them understanding the risk that touches patient safety as well as the financial loss

of revenue to the organizations if not documenting the proper diagnosis and procedures in patients' EMR.

Drawing on existing evidence, one of the studies developed four safe practice recommendations:

1) Provide a mechanism to make copy and paste material easily identifiable
2) Provide bundled package documentation per speciality (ex: drop down list, tick boxes)
3) Ensure the provenance of copy and paste material is readily available
4) Ensure adequate staff training and education
5) Ensure copy and paste practices are regularly monitored, measured, and assessed.

**Limitations:** Despite regular copy and paste use, evidence regarding direct risk to patient safety remains sparse, with significant study limitations.

## Biography:

Eman is an Arab gulf-born girl, where she was raised up in Abu Dhabi , UAE graduated from Fatima College of Health Sciences with a Bachelor of Science in Nursing in 2011. She is licensed HAAD-RN (Health Authority Abu Dhabi), a licensed Trauma Nurse (TNCC), a licensed Advanced Cardiac Life Support (ACLS), a licensed Pediatric Advanced Life Support (PALS), Certified Six Sigma Green Belt (SSGB) and an active member of International Council of Nurses (ICN) and member at Emirates Nursing Association (ENA). The ambitious girl pursed her higher education and enrolled in Swiss Business School in 2018, and currently she is a holder of Master Degree in Health Care Management and Leadership.

Eman is currently Leading the Case Management Team at Healthpoint hospital. She introduced the Care Coordination model within outpatient specialties to lean the workflow of patient journey from OPD to IP. Previously, She was case manager covering Inpatient Long Term Care, and Behavioral Science Pavilion at Sheikh Khalifa Medical City and Al Rahba hospital. In addition to her role in Quality and Education as the JAWDA Lead within Case Management team. Her area of expertise includes;

Critical Care Units, Pediatrics; NICU, Infectious disease, psychiatric, COVID Transfers and Long Term and Rehabilitation. She has total of 10 years of clinical experience as a registered nurse in Emergency Department (ED) including registered nurse, charge nurse, education and case management.

Eman is a recognized speaker in SKMC and other entities. She has spoken in the 4th, 5th, 6th, SKMC Emergency Symposium. She was an organizer and speaker in nursing and allied health development day in 2016. She is a member of the organizing committee and a speaker at the SEHA Nursing, Midwifery and Allied Health Conference (SINMAC). Eman authored several healthcare related papers and studies; the major study she has conducted is

the "Effectiveness of orientation Program for ED Nurses", which was shared as abstract presentation on the ICN Regional Conference – Sept.2018.

Eman knows that being a nurse can be exhausting at times, but having the knowledge and power to heal others is what keeps her challenged all the time. The greatest reward to her is a smile or a prayer from a patient, colleague and she is so dedicated to her family and the one she loves.

# Osteotomies in the treatment of devlopmental dysplasia of hips in children

**Amine EL KHASSOUI, Tarik SALAMA, EL MOUHTADI AGHOUTANE, Redouane EL FEZZAZI**

Department of Pediatric Orthopedic Surgery, CHU Mohamed VI, Faculty of Medicine and Pharmacy, University Cadi Ayad, Marrakech, Morocco

Introduction: Pelvic and femoral osteotomies are currently widely used in the treatment of hip dyspasia in children. They aim to improve the coverage of the femoral head and increase the stability of the hip. They also help treat acetabulum dysplasia, thus promoting harmonious growth of the hip and reducing the risk of early osteoarthritis. Patients and methods : It's a retrospective study of 77 patients and 100 hips, compiled in the pediatric surgery department over a period of 10 years from January 2009 to December 2019. results: it's about 77 patients, there middle-aged was 4 years and 9 months, with a female predominance ( 81.5% of cases). The luxation and dysplasia of the hips of our patients were classified according to two radiological classifications: Tonnis and HTE angle (normal < 10). The Salter osteotomy, femoral osteotomy or both were performed respectively in 38 %, 31 % and 24 %of cases. The triple pelvic osteotomy were performed in 7 % of cases. we observed tee occurrence due to osteochondrosis of the femoral head in 9 cases, reluxation in 10 cases and coxa vara in 4 others. The evaluation of our results was made according to the Severin classification. The average follow-up was 1 year and a half. Conclusion: Multiple techniques of osteotomy are currently used in the treatment of devlopmental dysplasia of the hip. However, several factors determine the choice and the success of the technique adopted including the child's age, the severity of acetabular dysplasia, the incongruence of the hip and femoral anteversion.

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## E-POSTER PRESENTATIONS

## DAY 2

# Curriculum humanistic competence of nursing teachers: a grounded theory study

**Zi-han Yang Hui-min Zhai Si-jing Liang**
School of Nursing, Southern Medical University, Guangzhou 510515,China

**Objective** To explore the characteristics of curriculum humanistic competence of nursing teachers, and to provide basis for the construction of evaluation index system of curriculum humanistic competence of nursing teachers.

**Methods** 24 experts in nursing and humanities were interviewed in a semi-structured way, and the interview data were encoded in three levels by Strauss and Corbin's grounded theory.

**Results** five primary codes (knowledge, skill, professional attitude, personality trait and intrinsic motivation), 11 secondary codes and 39 tertiary codes were finally obtained.

**Conclusion** this study further excavates and improves the curriculum humanistic competence characteristics of nursing teachers. On this basis, the evaluation index system of curriculum humanistic competence of nursing teachers can be constructed in the later stage to provide access, assessment and evaluation basis for humanistic teaching of nursing courses.

**[Key words]** Education, Nursing; Curriculum Humanities; Competence; Qualitative Research; Grounded theory

## Biography:

Hui-min Zhai is the head of Department of Nursing Humanities and Mental Nursing, School of Nursing, Southern Medical University. She has been teaching for 32 years. In recent 5 years, she has presided over 8 national and provincial projects. And she served as the vice chairman of the Humanity Nursing Professional Committee of Guangdong Nursing Society, the director of the China Life Care Association and the vice chairman of the Humanity Nursing Professional Committee, and the reviewer of the nursing journal.

# Impact of COVID-19 mitigation measures on preterm birth: a systematic review and meta-analysis

**Meidi Shen**
Peking University School of Nursing, Beijing 100000, China

**Objective:** To evaluate the impact of COVID-19 mitigation measures on preterm birth and explore the underlying mechanisms.

**Methods:** COVID-19 and preterm birth were used as keywords to retrieve related records from December 31, 2019 to February 18, 2022 in electronic database. For data synthesis, a random-effect model was chosen. Meta-regression and post-hoc subgroup analyses were used to investigate the sources of heterogeneity and underlying mechanisms.

**Results:** This systematic review and meta-analysis included two quasi-experimental and 16 cohort studies which reported on 1763654 and 1669252 pregnancies, respectively. The meta-analysis of two quasi-experimental studies indicated reduction of preterm birth in months after implementing COVID-19 mitigation measures. And the meta-analysis of 16 cohort studies reported that COVID-19 mitigation measures resulted in a reductive tendency in preterm birth, but there was no significant statistical difference (OR: 0.95, 95% CI: [0.91,1.00]). The reduction of preterm birth could be attributed to reduced stress (17/18, 94%), active lifestyle changes (14/18, 78%), and preventive behavioral changes (14/18, 78%) as a result of COVID-19 mitigation measures.

**Conclusion:** This is the first review to highlight the importance of the COVID-19 mitigation measures on preterm birth, that seems to decrease the rate of preterm birth by reduced stress, healthy lifestyle changes, and preventive behavioral changes. COVID-19 mitigation measures provided us a natural perspective to assess the effectiveness of primary prevention strategies of preterm birth. These findings suggested that more emphasis be placed on interventions for primary prevention of preterm birth in pregnant women, thereby reduce the incidence of preterm birth.

## Biography:

She has completed master's degree at the School of Nursing, Jilin University in 2021 and currently studying for a Phd at the School of Nursing, Peking University. She has published 3 papers in well-known journals with a cumulative impact factor of more than 10.

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