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Scientific Meetings

13th World Congress on

NURSING & HEALTH CARE

June 02-03, 2025 | Paris, France

Venue: Hotel Mercure Paris Porte de Pantin, 22 Av. Jean Lolive, 93500 Pantin, France

Scientific Program

Day 1

June 02, 2025 | *Paris*

Scientific Program

08:30-08:45: Registrations

08:45-09:00: Opening Ceremony

Hall Name : ***Manufacture***

Keynote Forum

09:00-09:30	**Title: An adaptable patient-clinician customized-integrative-experiential-evidence-based outcomes approach**
	Caroline R. Piselli, Yale School of Nursing Alumnus, Consultant: Piselli Global Consultants(PGC) LLC, USA
09:30-10:00	**Title: Obtaining Telehealth Competency Training through an IPE Curriculum**
	Janice A. Odiaga, Rush University, USA
10:00-10:30	**Title: Medical English for Nurses and Doctors**
	Haydee Britton, Cartagena Colombian American Center, Colombia

Group Photo | Coffee Break 10:30-10:50 @ Foyer

Session Introduction

Tracks

Innovations in Nursing Education | Health Care | Paediatrics Nursing | Clinical Nursing | Midwifery Nursing | Gynecology and Obstetrics | Cosmetic Gynecology | Sexual and Reproductive Health | Infertility and Genetics | Breast Cancer

Session Chair: **Caroline R. Piselli, Yale School of Nursing Alumnus, Consultant: Piselli Global onsultants(PGC) LLC, USA**

Session CO-Chair: **Janice A. Odiaga, Rush University, USA**

10:50-11:15	**Title: The Impact of an Escape Room vs. High Fidelity Simulation on Interprofessional Communication**
	Becky Faett, University of Pittsburgh School of Nursing, Pittsburgh, USA

11:15-11:40	**Title:Transformative Front line Nurse Manager Role in an Era of Turbulence**
	Neena Philip, Healthcare executive consultant, USA
11:40-12:05	**Title: Building Partnerships to Successfully Launch a Home Hospice Care Program**
	Lisa Matthews, Maylis Health, Coldstream, Canada

Keynote Presentation

12:05-12:30	**Title: Emerging trends in the treatment of Endometriosis. What are we missing. A prospective cohort pilot multi-site study**
	Mohamed M Hosni, Imperial College Hospitals NHS Trust, UK
	Session Continues
12:30-12:55	**Title: Nurses as Critical Stakeholders in Responsible and Innovative Artificial Intelligence: Essential Competencies for Meaningful Impact**
	Seneca Perri Moore, University of Utah College of Nursing, USA

Lunch Break 12:55-13:50 @ Le Legato

13:50-14:15	**Title: E-Mentoring Program: Partnering Graduate and Undergraduate Nursing Students 2.0 - Curriculum Intervention**
	Ruth Robbio, York University, Canada
14:15-14:40	**Title: Moving Nursing Station Forward: Improving Efficiency and Patient Experience**
	Ranran Dong, Liaocheng Cardiac Hospital, China
14:40-15:05	**Title: Telehealth Accessibility Among Older Adults in the Metropolitan United States: An Exploratory Study**
	Steven J. Taylor, Rush University in Chicago, USA
15:05-15:30	**Title: Evidence Based Practice Project: Challenges and Solutions**
	Nataliya Shaforost, SUNY Downstate College of Nursing, USA
15:30-15:55	**Title: Transforming Workplace Culture: A Strategic Approach to Workforce Wellbeing and Retention in Healthcare**
	Kallie Honeywood, Maylis Health, Coldstream, Canada

	Coffee Break 15:55-16:10 @ Foyer
16:10-16:35	**Title: Gestational diabetes complicated from ketoacidosis during fetal lung maturation corticosteroid therapy a case report**
	Outirighet Lina, Nord-Essonne Group Hospital, France
16:35-17:00	**Title: Role of Artificial intelligence in the diagnosis and management of endometriosis. The prospect of the future**
	Mohamed M Hosni, Imperial College Hospitals NHS Trust, UK

Panel Discussion & Certificate Falicitation

Day –1 Ends

Day 2

June 03, 2025 | *Paris*

Scientific Program

08:30-08:45: Registrations

08:45-09:00: Opening Ceremony

Hall Name : ***Manufacture***

09:00-09:30	**Title: Improving Dementia Symptoms Through Personalized Music**
	Lindsay Grainger, University of South Carolina Upstate in Spartanburg, USA
09:30-09:55	**Title: Care of adults and older adults: implementation of educational Strategies for their approach**
	Cristina Alonzo, National University of Comahue, Argentina
09:55-10:15	**Title: Implementing innovative teaching and learning approaches at KwaZulu Natal Nursing College: A Conceptual Framework**
	Sipho Mkhize, School of Nursing and Public Health, University of KwaZulu Natal, Durban, South Africa
Coffee Break 10:15-10:35 @ Foyer	
10:35-11:00	**Title: Midwives and Health Workers in Gaza: Practicing Care Under Fire**
	Samra SEDDIK, Independent Midwife, France
11:00-11:25	**Title: Mango Worm-A Confusing Diagnosis: Tropical Medicine In Cameroon**
	Nicoline Ghaila, Bureau Of Medical Services ,US Embassy Yaounde Health Unit
11:25-11:50	**Title: Women's Leadership, a pathway to better healthcare in Africa**
	Asta Monglo, Public Health expert, International independent consultant, Cameroon
11:50-12:15	**Title: Transformative Innovations in Obstetrics & Gynaecology: The Role of Artificial Intelligence (AI) in Advancing Women's Health**
	Aanchal Deora, SMASTI Institute, Delhi, India
12:15-12:40	**Title: The benefits of breast reconstruction in the radical treatment of breast cancerPlace of breast prosthesis and flap reconstruction**
	Outirighet Lina, Mohamed V Military Training Hospital in Rabat, France

	Lunch Break 12:40-13:40 @ Le Legato
	Poster Presentations
13:40-14:15	**Title: Exploring the Role of e-NOS and Caveolin-1 Interaction in Endothelium and Syncytiotrophoblast in Vertical Transmission of SARS-CoV-2 within the Human Placenta**
	Canan Hurdag, Demiro lu Bilim University, Histology and Embryology, Istanbul
14:15-14:40	**Title: Advancing Digital PCR for the Identification and Detection of Clinically Relevant Gene Variants in Ovarian Cancer**
	Mohammad Al Obeed Allah, Faculty of medicine in Pilsen, Charles university, Czech Republic
14:40-15:05	**Title: Complications Associated with Umbilical Cord Abnormalities**
	Iurie Dondiuc, Nicolae Testemitanu State University of Medicine and Pharmacy, Republic of Moldova

Panel Discussion & Certificate Falicitation

Day –2 Ends

Day 3

June 04, 2025 | *Virtual*

Scientific Program

Virtual Mode Zoom Meeting (GMT+2), Time in France

09:00-09:20	**Title: Exploring the effectiveness of an innovative teaching strategy to promote cultural empathy among nursing students**
	Gihane Endrawes, Western Sydney University, Sydney Australia
09:20-09:40	**Title: Virtual Community, Real Impact: The Role of a Social Media Platform in Shaping Nurses' Professional Identities and Practice**
	Etti Rosenberg, Alexandru Ioan Cuza University, Israel
09:40-10:00	**Title: Association of Women Empowerment with Intimate Partner Violence in Saudi Arabia**
	Mostafa A. Abolfotouh, King Abdullah International Medical Research Center, Saudi Arabia
10:00-10:20	**Title: A Study on the Prevention and Management of Hospital-Acquired Pressure Injuries (HAPI) in Critical Care Settings of CKBH CMRI**
	Vijayalakshmi Nair, CK Birla Hospitals The Calcutta Medical Research Institute, India
10:20-10:40	**Title: Appraising the Factors Associated with Delirium Care Behaviours and Barriers to Their Assessment Among Clinical Nurses: A Cross-Sectional Study**
	Chan Soi Chu, Macau University of Science and Technology of Faculty of Medicine, Macao SAR, China
10:40-11:00	**Title: Enforcing extra behavioral activity in spinal cord injured rats can be a rehabilitation process to accentuate Pentoxifylline and Tacrolimus treatment: A nursing care perspective**
	Mohammad Ahmad, King Saud University, Saudi Arabia
11:00-11:20	**Title: Enhancing Resilience in addressing lateral violence among nurses through the practice of Cognitive Rehearsal and DESC intervention**
	Minu Shibu, Virginia Commonwealth University, USA
11:20-11:40	**Title: Is Artificial Intelligence plays eccentric role in Healthcare Simulation Education?**
	Anbuselvi Danapalan, Al Ahli Hospital, Qatar, Queen Margaret University, UK
11:40-12:00	**Title: Indication for skin rejuvenation with pdlla and ha**
	Warisa Tayangkhanon, Institute of Esthetic Training (IOE), Thiland

12:00-12:20	**Title: Lockdown and the Effect on Education**
	Lorrie Fischer Blitch, Magellan Christian Academy, USA
12:20-12:40	**Title: Reducing Burnout and Promoting Resiliency in Emergency Nurses Using the Mindfulness Calm Smartphone Application**
	Vanessa Yvette Trevino, Louise Herrington School of Nursing at Baylor, USA
12:40-13:00	**Title: Preventive approaches of falls in healthcare settings**
	Afraa Talal Barzanji, Community medicine Consultant, Ministry of Health, Saudi Arabia
13:00-13:20	**Title: Impact of Repeated Pelvic Floor Cues on Pelvic Floor Function and Incontinence in Active Women**
	Gali Dar, University of Haifa, Israel
13:20-13:40	**Title: Menopause and Alzheimer's: Unraveling the Connection Between Hormonal Decline and Neurodegeneration**
	Maria Lemos, UniRedentor/Afya Medical School, Brzil
13:40-15:00	**Title: Audit On Vitamin D intake in Antenatal Population**
	Jaice Mary Devasia, Whittington Health NHS Trust, London, UK
15:00-15:20	**Title: Predicting cumulative pregnancy rates before IVF according to Woman´s age and AMH**
	Elena Santiago Romero, Vida Fertility Institute, Madrid, Spain
15:20-15:40	**Title: Attitude, Knowledge, and Practice of Evidence-Based Practice among Saudi Postgraduate Nursing Students**
	Bader Alrasheadi, College of Nursing, Majmaah University, Saudi Arabia
15:40-16:00	**Title: Forest is a State of Wellbeing: A Review of the Health Benefits Associated with the Practice of Shinrin-yoku**
	Margaret Hansen, University of San Francisco School of Nursing and Health Professions USA
16:00-16:20	**Title: Hela Cells and HIV Treatment**
	Kunal Joon, NIIMS University, India
16:20-16:40	**Title: Features of the Relationship Between Cesarean Deliveries and Perinatal Losses**
	Laman Mubariz Aliyeva, Azerbaijan State Advanced Training Institute for Doctors named after Academician Aziz Aliyev and Azerbaijan Medical University, Azerbaijan

16:40-17:00	**Title: Communication In Healthcare-Why Digital Innovation Is Not Enough**
	Aghanya, T. Nonye, Communication Academy, USA
17:00-17:20	**Title: Lexical co-occurrence analysis in the scientific field of nursing**
	Sedigheh tavakolian, Parsian Polyclinic, Iran

Panel Discussion

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HYBRID EVENT

KEYNOTE PRESENTATIONS

DAY 1

Caroline R. Piselli
Yale School of Nursing Alumnus, Consultant: Piselli Global Consultants(PGC) LLC, USA

An adaptable patient-clinician customized-integrative-experiential-evidence-based outcomes approach

Background: The original purpose of this patient-clinician's (PC) self-designed and implemented prospective-descriptive, experiential-evidence-based research (EEBR) of a customized integrative-holistic-medicine whole-person-care-model (IWPC) incorporating evidence-based-practice (EBP) guidelines, holistic interventions-lifestyle changes (HILC), practical symptom management adjustments and hybrid continual quality improvement (CQI)/ Design for Six Sigma (DFSS) type approaches was to enable accurate communication about symptom and functionality trends to a myriad of clinical specialists treating the PC's co-morbid neurological autoimmune diseases (NAD), sequelae to an unexpected, unprovoked life-threatening acute event. The purpose immediately transitioned to a practical EEBR prototype evaluation reference for clinicians evaluating treatments and the PC's proactively HILC prevention, as 6-years of demonstrated improved outcomes; the PC's clinicians strongly recommend conference presentations and publications to enhance clinical practice.

Methods: The EEBR qualitative and quantitative metrics are tracked, analyzed and graphically summarized, incorporating customized variables, e.g.symptoms, a function of disease status progression or improvement, in relation to interventions. The PC, customized DFSS to enable framework flexibility to diseases, root cause, cause and effect and failure modes, patient change-management ability to weighted overall life goals; clinical, mental and physical fortitude and other requirements to achieve ultimate outcomes.

Results: The EEBR prototype identified detailed symptom attributes of the initial <5 acute symptoms (e.g. paralysis, extreme pain, etc.), and progression to 33 co-morbid symptoms (e.g. unpredictable pain, spasms, weakness, sleep impairment, brain fog,etc) related to interventions. Historical key learnings are applied proactively as preventive and treatment approaches within DFSS and CQI practice.

Conclusions: The significance of the beyond expected outcomes and application beyond the scoped NAD IWPC practice is a customizable model, applicable to many diseases, long-term COVID, gerontology and extends to human, personal, social and financial burdens. The PC hopes to publish, automate this approach via a customized app to enable clinician-patient-partnerships to improve experiential outcomes.

Biography:

Caroline's lifelong passion to innovate and provide sustainable better global health for all is a priority throughout her lifelong career and volunteerism. Initially, at Yale New Haven Hospital, she was a critical care clinician/manager, clinical cardiology and health promotion practice/NIH research and corporate strategy leader; at 3M, she served as healthcare/ global-strategy executive, corporate commercialization/patent lead and at PwC/Guidehouse, she co-founded/led a value-based population health consulting practice. She is President/CEO of PGC, an author, national speaker of > 200 presentations, associated publications and guest lector/new course co-development at Yale School of Nursing, Management and George-Washington University.

Janice A. Odiaga
Rush University, USA

Obtaining Telehealth Competency Training through an IPE Curriculum

Background and Objectives: Telehealth has caused a rapid change in healthcare services. It is imperative to design a curriculum that prepares professional healthcare students for their future roles while providing future quality telehealth usage. In this study we will describe how Rush University, a large Midwest Academic medical-center, transformed their two semester IPE curriculum from an experiential face-to-face collaboration with community volunteers (CV) to a curriculum where telehealth competencies were embedded, and interprofessional student teams engaged with CV during telehealth sessions.

Research Design and Methodology: We used a quasi-experimental approach with retrospective analysis of repeated measures. CV, adults living with one or more chronic health conditions (n =119) were recruited and paired with interprofessional student teams (n=119). Students (N=695) from 16 programs from the Colleges of Health Sciences, Medicine and Nursing and formed into teams of 6 healthcare students with a minimum of 4 disciplines.

We administrated the *Telehealth Competency Questionnaire-Provider* and the useful subscales of the *Telehealth Usability Questionnaire* at three points, Pre/post didactic and post telehealth sessions. Student engaged in a reflective team debriefing, received feedback as a team from faculty, and a modification of the Interpersonal Process of Care Survey – Short Form was completed by students and facilitators to prompt team reflection and formative feedback.

Results: Repeated measures, multivariate analysis of variance (MANOVA) tested the extent of students' perceptions of competency. A violation of equality of covariance matrices, $F_{(234, 6,042.10)} = 1.476$, $p < .001$was determined; therefore, Wilks' Lambda tests were used for multivariate comparisons. Findings showed a significant main effect of time, $F_{(8, 635)} = 33.243$, $p < .001$ (Wilks' Lambda = 0.705), meaning that students showed significant changes across the three phases of the curriculum

Discussion: IPE Telehealth curriculum demonstrated competency-driven telehealth training for interprofessional health care students.

Key Words: *Interprofessional Education, telehealth, telehealth competency, curriculum*

Biography:

Janice A. Odiaga, DNP, APRN, CPNP-PC is an Associate professor College of Nursing, Department of Women and Children and the Director of the Office of Interprofessional Education. Rush University, Chicago, IL. Rush's practitioner-teacher formed my interest in developing curriculum that embraces interprofessional education, social determinants of health, equity, inclusion and accessibility.

Haydee Britton
Cartagena Colombian American Center, Colombia

Medical English for Nurses and Doctors

I teach Anatomy, Physiology and Terminology to health professionals at the Colombo Americano, English School in Cartagena, Colombia, who want to emigrate to the US or the UK and work in English.

Many health professionals know medicine and want to emigrate to the US or UK, but they need to learn English, as well as how the health systems work in those countries.

Biography:

March-June 2025--Teaching Medical English at the Colombo Americano, English school, Cartagena, Colombia

September 2015 to December 2024--Retired from teaching Medical English, at Santa Fe College, Gainesville, Florida

August 2011-July 2015--Taught four years at the English Language Institute of the University of Florida in Gainesville

1973-2011--Worked in English, French and Spanish at the United Nations Headquarters in New York for 37 years and retired. While at the UN I was stationed in Peacekeeping Operations in Cambodia, Haiti and the Democratic Republic of the Congo, all French speaking countries.

1983-1986--Masters in TESOL, Teaching English to Students of other Languages

1971-1972 worked on Masters in French at the University in Nancy, France and Queens College, part of the City University of New York.

Mohamed M Hosni
Imperial College Hospitals NHS Trust, London, United Kingdom

Emerging trends in the treatment of Endometriosis. What are we missing. A prospective cohort pilot multi-site study.

Objectives: Endometriosis is one of the most complex gynaecological conditions that primarily affects women of childbearing age. The management of endometriosis mainly focus on alleviating pain and improving the quality of life. Nevertheless, for 20-40% of women, symptoms persist following surgical and/or pharmacological treatment.[1] Alternative ways of managing pain are needed, which need to consider contemporary pain science and all biopsychosocial aspects of the persistent pain experience. [2] Physiotherapists use a holistic approach to treat patients with persistent pain conditions through pain education, manual therapy, pelvic floor exercises and promotion of healthy bladder and bowel practices. Current guidelines provide minimal guidance for physiotherapy in the care of women with endometriosis, and none of the accredited or provisional endometriosis centres across the United Kingdom identify women health physiotherapists as part of their management team.

Methods: At London North West University Endometriosis Centre (LNWUEC), a prospective cohort pilot study was conducted across our three sites: Central Middlesex, Ealing and Northwick Park Hospitals. Thirty patients with various symptoms of endometriosis were included in the study. From four to six sessions of physiotherapy were provided over the course of six months. As per our routine clinical practice in the UK, BSGE Pelvic Pain Questionnaire was conducted at the initial consultation and at the end of their physiotherapy sessions. Thus our study did not require approval from the institutional review board.

Results: At the end of six month of the study, 66% demonstrated improvements in Patient Reported Outcome Measures. Two patients declined further medical management including surgery. 69 % of patients recruited in the study reported improvement in symptoms and benefits from physiotherapy even if the amount of improvement clinically still meant they wanted FU with endometriosis centre again. Only 31% found it not very helpful.

Conclusions: The results were encouraging to prove the underestimated role of physiotherapy in the treatment of such a challenging condition. A process is in place for commencing the first randomised controlled trial to evaluate the effect of physiotherapy treatment on endometriosis agony.

Keywords: Manual physiotherapy, endometriosis pains

Biography:

Mr Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at Imperial College Hospitals, with over 20 years of experience. He is a very experienced laparoscopic surgeon, with international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research, with many peer-reviewed publications. He has presented both Nationally and Internationally, have several peer-reviewed publications in scientific journals. He completed MD, MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centred approach, personalized on an individual basis. He places a significant importance on taking time to listen to each patients' specific needs and providing them with a thorough explanation of their treatment options. Entirely dedicated to his profession.

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HYBRID EVENT

SPEAKER PRESENTATIONS

DAY 1

Becky Faett and Alice Blazeck
University of Pittsburgh School of Nursing, Pittsburgh, PA, USA

The Impact of an Escape Room vs. High Fidelity Simulation on Interprofessional Communication

The importance of interprofessional (IP) communication in health care is well documented, as is the educational value of high-fidelity simulation and escape room simulations. Which type of simulation yields better outcomes in IP communication has not been studied. This study evaluated the efficacy of escape rooms and standard high-fidelity simulation in promoting interprofessional communication. Institutional review board approval was obtained. Students from the University of Pittsburgh School of Nursing and the School of Pharmacy, in groups of 4, were videoed as they participated in both the escape room and high-fidelity scenarios using a cross over design. Videos of the groups' interaction were analyzed for interprofessional communication behaviors using the validated and reliable Communication and Teamwork Skills (CATS) tool. CATS allows three levels of scoring, (good, variation in quality and not observed) in quantifying specific behaviors such as verbally requesting team input, closing the loop, cross monitoring etc. Results of the study indicated that high fidelity simulation better supported interprofessional communication behaviors than escape rooms but not at a statistically significant difference. Given an escape requires a smaller less technical physical footprint, using an escape room can translate into cost savings for both the education and the practice sphere. However, more research is needed to evaluate learning goals as well as interprofessional communication to improve health care outcomes.

Key Words: Simulation, High-Fidelity, Escape Room, Interprofessional Education, Communication

Biography:

Becky Faett PhD, MSN, MBA, RN CNL CHSE has practiced in undergraduate and graduate education after completing her PhD at the University of Pittsburgh. She has published multiple articles in education and has presented internationally. She received her certificate in health care simulation education (CHSE) through the Society of Simulation in Healthcare.

Alice Blazeck DNSc RN practiced in critical care and undergraduate education after completing her Doctorate at the University of Pennsylvania. She has published multiple articles in education and simulation and has presented internationally. She was granted the CHSE-A: Certified Healthcare Simulation Educator - Advanced through the Society for Simulation in Healthcare.

Neena Philip
Healthcare executive consultant, USA

Transformative Front line Nurse Manager Role in an Era of Turbulence

Our current health care system is in a constant state of turmoil with increasing demands to improve patient outcomes. Frontline Nurse leaders are faced with multiple issues such as lack of adequate preparation for the nurse manager role, lack sufficient knowledge and skills, lack of defined competencies, high turnover, aging workforce, and scarce financial and human resources to meet organizational imperatives. Gaps in current literature and practice indicate a dire need to understand the new role of the frontline nurse leaders to transform and improve patient outcomes.

The problem influenced a ground breaking phenomenological qualitative research study with 21 study participants across seven different health care organizations in Northeast, USA from 2012-2014. The highly selective groups of study participants were chosen for their experience and expertise in improving patient satisfaction. The explorations of the lived experiences and perceptions of the study participants led to formulation of eight themes and an innovative model for the front-line nurse manager to influence patient outcome. The constructs of the model were applied in developing the front-line nurse leader program in 2023. The first cohort of the program included 20 front line nurse leaders at NYCH+H North Central Bronx.

The aim of the quality improvement project is to improve nursing staff and patient quality performance indicators through formal front line nurse leader training program and mentorship program. The formal program spanned from June 2023 -September 2023. The outcome metric for this quality improvement project is to track the number of Quality improvement projects and improvements in selected NDNQI measures and nursing engagement scores. Participants were enrolled in an evidence based didactic program. Subject matter experts from various departments such as senior leaders complemented the didactic program with experiential, shadowing and mentoring experiences during the 3-month learning journey. At the end of the 12-week program learners were expected to apply the concepts to develop a quality improvement project. The quality department supported the cohort in developing 8 quality improvement projects to improve patient outcomes in each of their respective clinical areas. The front-line nurse leaders are monitoring the progress of their respective quality improvement projects. The cohort is in a yearlong mentoring program. The evaluation of the program shows significant improvement in nurse leader satisfaction, retention and engagement. The program findings are significant to health care organization in creating new patient caring and healthy working cultures for improved staff and patient outcomes.

Biography:

Dr. Neena Philip is a senior Healthcare executive consultant. Dr Philip previously held the position of Chief Nursing Officer at New York City Health + Hospital in Bronx, NYC. She was responsible for patient care services delivered through all patient care areas in the hospital both acute and ambulatory as well as all clinical support departments. The areas for focus include professional practice, patient satisfaction, staff satisfaction and wellness, process and quality improvement, leadership development, interdisciplinary teamwork, and developing a Highly Reliable Patient safety culture.

Previous to joining NYH+H, Dr Philip held senior nurse leadership positions in for-profits and non-for-profit systems in NJ. Dr Philip has a Doctorate in Health Administration, Masters in Health Education and Bachelors in Health Administration and Nursing. Dr Philip holds various Certifications in Health Care Executive Leadership, Nursing Executive practice, and in specialty Nursing practice.

Dr Philip actively participates as guest lecturer at various nursing research seminars and nursing organization meetings. Neena Philip is an author of published ground breaking research on Patient Satisfaction and Nursing Leadership. The books are published through ProQuest and Lambert Publishing. Neena Philip has also shared her research findings at various prestigious venues such as Institute of Health Care Improvement, AONE Magnet Conference, NJ State Nurses Association, and NJ Chapter of American Organization of Nurse Executives.

Neena Philip is actively involved in various nursing and health care professional organizations such as the American College of Health Care Executives, American Association of Nurse Leaders, and Indian American Nurses Association-NJ Chapter

Lisa Matthews
Maylis Health, Coldstream, Canada

Building Partnerships to Successfully Launch a Home Hospice Care Program

The North Okanagan Hospice Society (NOHS) successfully piloted a home hospice care program through robust engagement with the public and collaborative efforts with a regional health authority. This initiative demonstrates the potential for small, independent hospices to address critical gaps in end-of-life care through strategic partnerships and community-focused solutions. The primary learning objectives were to foster effective collaboration with public health partners, design a home hospice care model informed by public stakeholder feedback, and ensure alignment with the need s and values of the community. The outcomes included the development of an operational plan and the successful launch of the program, now positively impacting patients and families in its first year. Relevance to the selected topic is clear: British Columbia's limited access to palliative care (52% of eligible individuals) underscores the need for innovative approaches to expand services. This initiative highlights how independent hospices can collaborate with public partners to create scalable, sustainable care solutions.

Practical applications included establishing regular joint planning meetings, streamlining communication with health authorities, and developing a feedback-driven approach to program design. Patient and family involvement was integral, with their perspectives shaping care priorities and ensuring the program's responsiveness to community needs. Stakeholder engagement activities focused on broad community outreach, including public forums, interviews, focus groups and workshops, which allowed for inclusive input. Leadership lessons emphasized the value of shared vision, adaptability, and leveraging partner strengths to overcome resource and logistical constraints. Originality and innovation were evident in NOHS's ability to integrate grassroots expertise with public health resources to create a seamless care delivery model. This initiative provides a replicable framework for other independent Hospices or other organizations seeking to enhance their impact through public partnerships, ensuring equitable access to quality palliative care while strengthening community ties.

Key words: Partnerships, Home Hospice Care, Stakeholder Engagement, Community Collaboration, Palliative Care Access

Biography:

Lisa is an experienced healthcare leader (BSN, MPH, CHE) with over 30 years of expertise in strategic planning, quality improvement, and operational management. Award-winning executive director and consultant with a strong background in stakeholder engagement, policy development, and innovative healthcare solutions. Proven ability to optimize performance, foster partnerships, and implement best practices across diverse healthcare environments. Recognized for leadership in not-for-profit excellence, regulatory compliance, and financial growth. Passionate about advancing healthcare quality and education through collaboration and evidence-based strategies.

Seneca Perri Moore
University of Utah College of Nursing, USA

Nurses as Critical Stakeholders in Responsible and Innovative Artificial Intelligence: Essential Competencies for Meaningful Impact

As artificial intelligence (AI) reshapes healthcare, nurses are uniquely positioned to influence responsible and innovative AI development and implementation – they are the most patient-facing healthcare professionals, generate vast amounts of data essential for AI

algorithms, and they bring a holistic, person-centered approach to care. However, for nurses to fulfill this role, they must develop key competencies both as end-users and AI contributors to engage meaningfully in AI-driven innovation and responsible use. This paper presents an analysis of the essential skills nurses need across these two domains. Critical to this competency set is nurses' understanding of how documentation and clinical data entry shapes AI algorithm development. This includes knowledge of how nursing assessments, interventions, and outcomes documentation are utilized in algorithm models, and how point-of-care data quality influences AI system performance. For navigating AI-enabled workplaces, nurses need competencies in AI tool evaluation, critical thinking about AI recommendations, and integration of AI insights into clinical decision-making. Digital literacy skills must include understanding AI limitations, recognizing potential errors, and maintaining patient safety when using AI-powered systems. Additionally, nurses require competencies in communicating AI-driven decisions to patients and families while preserving human connection in care delivery. For meaningful impact in AI development, nurses require foundational data science literacy, including understanding of AI principles, data quality assessment, and mitigating algorithmic bias. Clinical informatics knowledge and experience with electronic health records enable nurses to effectively translate between technical and clinical domains. The analysis herein reveals significant overlap between these competency sets, suggesting that experience as an AI end-user enhances nurses' potential contributions to AI development. A framework is proposed for nursing education that addresses both competency domains simultaneously, preparing nurses for dual roles in the AI healthcare ecosystem. This approach positions nurses to shape and effectively utilize AI technologies, improving patient care outcomes and healthcare efficiency.

Keywords: nursing informatics, artificial intelligence, clinical competencies, healthcare technology, nursing education

Biography:

Dr. Seneca Perri Moore is a Research Assistant Professor in the College of Nursing at the University of Utah, where she specializes in digital health interventions and healthcare AI applications. With over 15 years of experience in technical and digital health innovation, her research focuses on developing user-centered digital health solutions, particularly in cross-cultural contexts. Her research portfolio includes contributions to automated health communication systems, cross-cultural implementation of healthcare technologies, and user-centered design methodologies. She has led pioneering work in developing and evaluating patient-facing automated systems and electronic decision support protocols for clinicians.

Ruth Robbio, Professor Mavoy Bertram, Ms. Helen Brennagh and Ms. Doina Nugent
York University, Faculty of Health, Canada

E-Mentoring Program: Partnering Graduate and Undergraduate Nursing Students 2.0 - Curriculum Intervention

This mixed methods study builds on Dr. Robbio's doctoral mentoring research work confirming the difficulties new graduate nurses face during their transition to professional practice and provides evidence that there is a need for transitional support. New graduate nurses are leaving the profession in alarming numbers. To explore possibilities towards better healthcare for all, an e-mentoring intervention may be a viable strategy to support new graduate nurse transition and ultimately promote the sustainability of the nursing profession.

This study will examine a 12-week e-mentoring program/intervention pairing graduate and undergraduate nursing students to explore mentoring as a socialization strategy. Program goals are to augment e-mentee psychosocial support systems and well-being, provide opportunities for professional networking, debriefing and career support and enhance e-mentor mentoring skills and interpersonal communication through participation in the program. This study will assess e-mentoring intervention feasibility and satisfaction using a Post-Program Satisfaction Survey. Additionally, e-mentees will complete a Pre and Post-Program Reflection Assignment in a Leadership, Change and Innovation Course.

The E-Mentoring Program will promote e-learning and experiential education within the curriculum. The program will also advance United Nations Sustainable Development Goal (SDG) #3: “Good Health and Well-being" by promoting mental health and student partnerships for success and SDG #4 “Quality Education" as students will acquire knowledge and skills to support health and global citizenship.

Biography:

Dr. Ruth Robbio is an Associate Professor in the Teaching Stream at York University. She has extensive teaching and mentoring research experience. Her doctoral research study, completed at the University of Toronto, was on E-mentoring as a socialization strategy for new graduate nurse role transition and workplace adjustment. Dr. Robbio was acknowledged for her leadership with Faculty Mentoring Circles and her research was profiled in the article E-mentoring a success for nursing students. She is currently leading the research study: E-Mentoring Program: Partnering Graduate and Undergraduate Nursing Students 2.0 - Curricular Implementation, in the School of Nursing at York University.

Ranran Dong
Dong E Hospital / Liaocheng Cardiac Hospital, China

Moving Nursing Station Forward: Improving Efficiency and Patient Experience

Purpose: The aim of this study is to investigate the effects of moving from a centralized nursing station to close- to-patients bedside model.

Methods: Breaking away from the traditional model where nurses gather to work at the nursing station, we developed a multifunctional treatment cart capable of carrying all necessary items for patient treatment and nursing care, with medication, equipment, and various nursing supplies. Mobile nursing devices, like iPad, Personal Digital Assistant (PDA), mobile barcode printer were also equipped, transforming the nurses' workplace from the nursing station to the patient's side.

Results: Through the forward movement of the nursing station, bedside admission and discharge processes were implemented, with 100% and 82% of admissions and discharges being handled at the bedside, respectively. The average time saved for admission and discharge procedures was 21 minutes and 62 minutes, respectively. Daily, two nursing positions were eliminated, and each nurse saved 10 km of walking. Consequently, patient satisfaction saw a significant increase, rising from 95.2% to 98.7%.

Conclusion: By moving the nursing station to the bedside, we have liberated nurses from time-consuming tasks, allowing more time for patient care. This forward movement has increased nursing work efficiency, broadened the range of services, boosted patient satisfaction, optimized staffing, reduced the physical strength on nurses, which generated positive social outcomes.

Biography:

Ranran Dong, Supervisor Nurse, Master of Nursing, Liaocheng Cardiac Hospital

Director Assistant, Nursing Department

Director, Office for International Partnerships

Visiting Scholar of Loma Linda University Medical Center,USA

10 years background of Critical Care Medicine as an ICU nurse

Demonstrated a keen interest in clinical nursing research, with a focus on evidence-based practice and improving patient outcomes. Authored and published 5 papers in the past three years.

Steven J. Taylor, Janice A. Odiaga

Dr. Taylor PhD, OTR/L serves as an Assistant Professor in the Department of Occupational Therapy at Rush University in Chicago, IL.

Dr. Odiaga DNP, CPNP serves as the Director of Interprofessional Education in the Office of Interprofessional Education and Associate Professor in the College of Nursing at Rush University in Chicago, IL.

Telehealth Accessibility Among Older Adults in the Metropolitan United States: An Exploratory Study

Background and Objectives: Telehealth is an emerging healthcare technology that can increase access to health services, however, numerous barriers exist. For those who have access to the requisite technologies, perceived competency to use such technologies limits implementation. This creates disparities to use across demographic factors including age, an increasingly consequential consideration given an increasingly older global population shift. This descriptive study examines the influence of age on telehealth use and perceived competency.

Research Design and Methods: This exploratory study describes community participants' (n = 98) who engaged with a service-learning telehealth program at a large metropolitan health university within the United States. Participant's mean age was 61.30 (16.79). Participants' level of telehealth use, and associated perceptions were quantified through the Telehealth Competency Questionnaire – Consumer Version (TCQ-C; rated on a Likert scale, 1 = "Low Confidence": 5 = "High Confidence") before participating with the service-learning program.

Results: There was a trend of lower telehealth utilization among those 65 and older within our sample (z = -1.908, p= .056; median history of 1 session versus 2-5 in those younger). Perceptions of telehealth competency were significantly lower among those 65 and older (t96 = -2.946, p=0.004), with mean TCQ-C scores 3.89 (SD = .70; n = 53) for older adults versus 4.28 (SD = .57; n = 45) in those younger. The magnitude of the difference was medium (Cohen's d = 0.610).

Discussion and Implications: This exploratory study highlights a trend of lower telehealth use among older adults, with concurrent lower perceptions of competency to use this healthcare technology. To promote equanimity of health service access and maximize the potential of telehealth, it will be necessary to focus on the unique needs of the older adult population. Targeted telehealth training may be one avenue to remediate this barrier.

Keywords: Telehealth, older adults, consumer experience, accessibility

Biography:

Steven J. Taylor, PhD, OTD, OTR/L, is an assistant professor in the Department of Occupational Therapy at RUSH University Medical Center in Chicago, IL. At RUSH, he embraces a practitioner-teacher-investigator model. His research focuses on older adults, age-friendly health systems, and telehealth. His teaching expertise includes aging, neurological diseases, and interprofessional education.

Janice A. Odiaga, DNP, APRN, CPNP-PC is an Associate professor from Rush University, College of Nursing, Department of Women and Children and the Director of the Office of Interprofessional Education. Rush's practitioner-teacher formed her interest developing curriculum that embraces interprofessional education, social determinants of health and equity.

Nataliya Shaforost
SUNY Downstate College of Nursing, USA

Evidence Based Practice Project: Challenges and Solutions

Nursing has evolved from the traditional role of the bedside setting and has emerged as influential leaders who play a key role in facilitating quality of care and Evidence-Based Practice (EBP). The Doctor of Nursing Practice (DNP) project that focuses on EBP is a practical application of advanced nursing knowledge that allows nurses to implement changes that often improve patients' outcomes almost instantly. The goal of the DNP project is to translate evidence into practice. The DNP students develop and implement the quality improvement projects that significantly contribute to patients' safety and quality of care in different settings across all levels of care. However, there are some external challenges remaining when it comes to identifying a project question, project design, and project implementation.

This presentation will explore possible solutions to mitigate these obstacles and facilitate seamless implementation of the DNP project by developing a suitable proposal, securing support from stakeholders, and demonstrating return on investment.

Biography:

Nataliya Shaforost has completed her DNP (FNP) from the Stony Brook University. She is the Director of the Doctor of Nursing Practice program at SUNY Downstate Health Sciences University College of Nursing and works as a visiting Family Nurse Practitioner. She has publications in nursing education and diabetes management.

Kallie Honeywood
Maylis Health, Coldstream, Canada

Transforming Workplace Culture: A Strategic Approach to Workforce Wellbeing and Retention in Healthcare

This presentation explores how an independent community residential healthcare organization facing significant workplace culture and retention challenges successfully transformed its environment through a strategic and innovative approach. Recognizing the critical connection between workforce wellbeing and organizational success, the leadership team embedded culture improvement into their strategic plan. Over three years, this commitment led to measurable progress in all priority areas, fostering a healthier, more engaged workforce while addressing pressing recruitment and retention concerns.

The organization utilized validated survey tools, conducting regular and pulse surveys to monitor employee sentiment and identify key focus areas. Central to the initiative's success was the creation of a staff-led culture committee, empowering employees to co-design solutions and play an active role in shaping the workplace environment. With support from an external HR consultancy and constructive engagement with the union, the organization renegotiated its collective agreement to address core employee issues, demonstrating a commitment to good-faith bargaining and mutual understanding. Leadership maintained a steadfast focus on transparency and trust, implementing regular meetings, weekly updates, and daily huddles to keep staff informed about progress toward organizational goals. Incremental yet impactful actions, coupled with leadership and staff education, ensured sustained momentum and alignment with the organization's mission and vision.

By prioritizing workforce wellbeing and engaging employees as partners in the process, the organization achieved tangible improvements in culture and retention, ultimately enhancing the quality of care provided to patients and families. This session will provide attendees with practical insights, tools, and strategies to replicate this success in their own settings, highlighting the power of collaboration, data-driven decisions, and transparent leadership in addressing workforce challenges. The innovative and holistic approach presented serves as a compelling model for healthcare leaders striving to create a resilient, supportive, and thriving workplace.

Key words: Workforce Wellbeing, Retention Strategies, Healthcare Leadership, Employee Engagement, Organizational Culture

What will audience learn from your presentation?

(Try to list 3-5 specific items) They will:

- Learn to incorporate workforce culture improvement into strategic goals.
- Understand the role of validated survey tools in assessing and addressing cultural challenges.
- Explore approaches to staff engagement and collaborative solutions.

- Identify leadership actions that foster transparency, trust, and sustainable change.
- How will this help the audience in their job? Addressing workforce wellbeing, recruitment, and retention is a critical challenge in healthcare. This presentation demonstrates a practical, replicable approach to overcoming these challenges by focusing on cultural enhancement as the foundation for sustainable improvement.
- Its practical applications include the following:
    - Utilizing validated survey tools for baseline assessments and continuous progress monitoring.
    - Establishing a staff-led culture committee to foster ownership and co-create solutions.
    - Partnering with an external HR consultancy for expertise and objective guidance.
    - Renegotiating collective agreements to address employee concerns through good-faith bargaining.
    - Implementing transparent communication practices, such as regular meetings, weekly updates, and huddles.
- Is this research that other faculty could use to expand their research or teaching? Yes, through implementing it in other healthcare settings and with different types of nursing staff.
- Does this provide a practical solution to a problem that could simplify or make a designer's job more efficient? Yes, these are simple solutions that are evaluated, and have been shown to work.

Outirighet Lina, Elhallam Intissar, Ivaldino Nabalim, Echarfaoui Othmane, Khtira Ayoub
Groupe Hospitalier Nord Essone

Gestational Diabetes Complicated From Ketoacidosis During Fetal Lung Maturation Corticosteroid Therapy A Case Report

Gestational diabetes complicated by an acid-ketosisis a rare but serious complication, involving the life-threatening condition of the mother and fetus binomial, responsible for significant maternal and fetal mortality. It is an acute metabolic emergency with multidisciplinary management. Early diagnosis and treatment are critical to the life of the mother and fetus.

We report the case of a 32-year-old womanwith 24 weeks of amenorrhea, without a personal or family history of diabetes, carrying a recently discovered gestational diabetes unbalanced, was admitted to obstetric emergencies in a context of premature rupture of membranes.

She was treated with a corticosteroid for fetallung maturation causing an acidketosis on gestational diabetes. She received insulintherapy, rehydration and correction of heroinic disorders.

Close monitoring was maintained for up to 36 weeks of amenorrhea, at which time it was triggered and delivered via vaginal route with out maternal and fetal complications.

Mohamed M Hosni
Imperial College Hospitals NHS Trust, London, United Kingdom

Role of Artificial intelligence in the diagnosis and management of endometriosis. The prospect of the future

Endometriosis affects approximately 10% of women worldwide, causing significant pain, infertility, and reduced quality of life. Despite its prevalence, the condition is notoriously underdiagnosed, with an average delay of 7-10 years between symptom onset and diagnosis. Current diagnosis and treatment modalities are invasive, time-intensive, and often inconsistent. Recent advancements in artificial intelligence (AI) offer promising solutions to these challenges, leveraging the power of machine learning (ML), data analytics, and image technologies to transform the understanding and management of endometriosis. AI- powered algorithms demonstrated high accuracy in detecting endometriosis through medical imaging, outperforming traditional diagnostic methods. Predictive models identified high-risk patients using clinical and genetic data, enabling earlier intervention. AI-based virtual assistants improved symptom tracking and patient engagement. Furthermore, machine learning facilitated the discovery of novel biomarkers and drug targets, enhancing personalized treatment approaches. In conclusion, Artificial intelligence is revolutionizing the field of endometriosis by addressing critical gaps in diagnosis, treatment, and research. With the presence of robust datasets, inclusive algorithms, and interdisciplinary collaboration among clinicians, researchers, and technologies, AI holds immense potential to reduce diagnostic delays, improve therapeutic outcomes, and enhance the quality of life for endometriosis patients.

Biography:

Mr Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at Imperial College Hospitals in London, with over 25 years of experience. He is a very experienced laparoscopic surgeon, with international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research. He has presented both nationally and internationally, have several peer-reviewed publications in scientific journals. He completed MD, MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centred approach, personalized on an individual basis. He is entirely dedicated to his profession. He places a significant importance on taking time to listen to each patients' specific needs and providing them with a thorough explanation of their treatment options.

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KEYNOTE PRESENTATION

DAY 2

Lindsay Grainger
University of South Carolina Upstate in Spartanburg, USA

Improving Dementia Symptoms Through Personalized Music

Alzheimer's disease and related dementia (ADRD) is a prevalent, costly, and complicated disease. With over 6 million Americans affected and the cost of treatment soaring to over $320 billion dollars annually, there is a growing need for low-cost interventions to treat symptoms. Routinely listening to personalized music selections has been shown to reduce agitation—the most common symptom of Alzheimer's disease and related dementia. The purpose of this study was to assess the impact on agitation of providing a personalized music listening (PML) intervention of thirty minutes to 10 nursing home residents with dementia (n=10). Thirty-minute PML sessions occurred multiple times a week over six weeks. The inclusion criteria were English-speaking nursing home residents over age 65 with ADRD. The Cohen-Mansfield Agitation Inventory (CMAI) was administered every two weeks throughout the study. The objective of the study was to reduce symptoms of agitation as indicated by the CMAI scores of participants. Results from a one-way repeated measures ANOVA highlighted significant improvement in agitation as measured by participant CMAI score from pre-intervention to post-intervention. Using a Greenhouse-Geisser correction, the CMAI reduction was found to be statistically significant at different time points of the study at $F(1.487, 13.886) = 4.63$, $p = .044$. These results suggest that short-term, personalized music listening can be an effective and low-cost means for improving dementia-related agitation.

Keywords: personalized music, agitation, dementia

Biography:

Lindsay Grainger, DNP, RN, MPH, is an Assistant Professor of Nursing at the University of South Carolina Upstate in Spartanburg, South Carolina. Her research interests include end-of-life care, music therapy, healthcare cost reduction strategies, and refugee health. Dr. Grainger has a Master of Public Health degree from Emory University and a Doctor of Nursing Practice degree from the University of Central Arkansas. Dr. Grainger speaks French and English and has lived abroad in France, China, and Chile. Dr. Grainger's nursing career has included work in transplant nursing, general surgery, public health, health coaching, and nursing education.

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ORAL PRESENTATIONS
DAY 2

Cristina Alonzo
Universidad Nacional del COMAHUE, NeuquEn, Argentina

Care of adults and older adults: implementation of educational Strategies for their approach

Care of Adults and Older Adults is a course offered in the second year of the Nursing degree program. This disciplinary area course aims to provide students with comprehensive care skills for adults and older adults, focusing on prevalent health situations during this life cycle stage. Specific objectives include developing attitudes, skills, and techniques, as well as mastering procedures and processes. Each year, educational strategies are planned and implemented to facilitate collaborative knowledge construction with students. These strategies include:

- Problem-Based Learning
- Simulation-Based Learning
- Collaborative Learning
- Educational Technology

Continuous assessment and feedback are provided throughout each instance. Upon completing these strategies, students progress to hospital practice

Biography:

Cristina Alonzo has completed his bachelor degree at the age of 24 years from National University of Comahue and actually Postgraduate student of university teaching at the University of Buenos Aires. She is the first activities coordinator in the Care of adults and Older adults course, and the first coordinator in the Institute of health sciences and management of de Nursing career. Clinical simulation instructor since 2021.

Sipho Mkhize
School of Nursing and Public Health, University of KwaZulu Natal, Durban, South Africa

Implementing innovative teaching and learning approaches at KwaZulu Natal Nursing College: A Conceptual Framework

The traditional approach to teaching and learning in higher education is becoming increasingly outdated in the twenty-first century. Innovative approaches to teaching and learning are necessary to prepare students for success in their future careers. In today's rapidly evolving educational landscape, educators face the challenge of keeping up with their students' changing needs and expectations, especially with the rise of social network platforms. This paper aimed to develop a conceptual framework to facilitate the implementation of innovative teaching and learning approaches at KwaZulu Natal College. A gap was identified, highlighting the need for a conceptual framework that facilitates the successful implementation of innovative teaching and learning approaches at the nursing college. The aim is to ensure that lecturers fully embrace the benefits of innovative teaching and learning approaches, thereby improving the teaching system. A qualitative, exploratory, descriptive, and contextual research design with a phenomenological approach was adopted. Five phases were followed to develop a conceptual framework. Twelve individual interviews and two focus group interviews were conducted to collect data. Thematic data analysis was applied to extract and identify significant themes. This conceptual framework will address ambivalence in embracing innovative teaching and learning approaches in the classroom. The proposed conceptual framework is designed to enable the lecturers to facilitate the implementation of innovative teaching and learning approaches in the classroom setting.

Keywords: innovative teaching and learning approaches, conceptual framework, implementation, lecturers, students

Biography:

Dr. Sipho Mkhize is an Academic Leader, Teaching and Learning for the School of Nursing and Public Health, and a co-ordinator for Postgraduate Diplomas in Nursing and Midwifery. He is a senior lecturer for postgraduate studies in Management and Leadership and supervisor for Masters and PhD students. He is the reviewer of manuscripts for DHET-accredited peer reviews national and international and is also a member of the editorial board for DHET-accredited peer-review journals. He has authored and co-authored published articles in reputed journals with 68 citations, h- index; 5, and i10-index;2.

Samra Seddik
Independent Midwife, France

Midwives and Health Workers in Gaza: Practicing Care Under Fire

This oral presentation focuses on the dire situation of midwives and health workers in the Gaza Strip amidst ongoing conflict and humanitarian collapse. Drawing on reports from Médecins Sans Frontières (MSF), the World Health Organization (WHO), and other international health bodies, it highlights the extreme challenges faced by healthcare professionals—particularly women—in providing essential services in war conditions.

We will examine the collapse of health infrastructure, the systematic targeting of medical facilities, and the psychological and physical toll on caregivers. Special attention will be paid to the role of midwives, often overlooked, who continue to provide maternal and neonatal care under siege, with limited supplies and constant danger.

This presentation aims to shed light on their resilience, the ethical dilemmas they face, and the urgent need for international accountability and protection of health workers in conflict zones.

Nicoline Ghaila
Bureau Of Medical Services ,US Embassy Yaounde Health Unit

Mango Worm-A Confusing Diagnosis: Tropical Medicine In Cameroon

Infestation by the larvae of mango fly (Cordylobia anthropophaga), Tumbu fly, Putsi or skin maggot causes cutaneous myiasis in humans and other mammals. It is a tropical condition common in parts of Africa and South America. Infestation causes red papules, furuncles and painful itchy welts at the site of penetration. They live under the skin until maturity then they burst out. Scratching keeps the patient awake at night and can lead to wounds through which bacteria enters causing secondary infection.

Mature female mango flies lay eggs on damp dirty soil, seams of wet clothing, beddings, towels and soft materials spread on the grass or left outside where the eggs are found. The eggs are microscopic, and they hatch into tiny larvae which survives without a host for up to two weeks. When larvae meet a new host, they painlessly burrow under the skin and feed on the subcutaneous tissue and grow to maturity taking two to three weeks. During this time, a red solid boil with a tiny hole or black dot forms through which the worm gets oxygen and grow bigger if not extracted. The boil fills with pus and the maggot can be seen wiggling under the skin. Each boil contains one maggot. At maturity, they burst out of the skin falls on the ground and grow into mature adult.

Treatment consists of extraction, dressing the wound and antibiotics in complicated cases. Prevention is by avoiding the larvae from meeting a new host.

Biography:

Ghaila Nicoline is a Nurse with seventeen years of experience in bedside Nursing, maternity Nursing and primary care. She has worked in hospitals in Cameroon. Presently she is working with the Health Unit of the US Embassy in Yaounde Cameroon since 2013. She is a Basic life Support and AED Instructor as well as MARCH and First Aid. She holds a First Degree in Nursing and a master's degree in public health with Community Health as an option.

Asta Monglo
Public Health expert, International independent consultant, Cameroon

Women's Leadership, a pathway to better healthcare in Africa

Women's leadership plays a crucial role in improving healthcare around the world. Through an empathetic and inclusive approach, women leaders in the health sector are better able to understand the specific needs of vulnerable populations, including women and children. Their involvement helps improve access to health care, promote maternal and child health, and encourage innovation in medical services, such as mobile clinics and telemedicine. Women's leadership therefore appears to be a key lever for improving health systems in Africa, where women make up about 70% of the workforce. Unfortunately, they are largely underrepresented in decision-making roles (WHO, 2019). While they play a crucial role in caregiving, they face entrenched gender inequalities, cultural barriers, and limited access to leadership training opportunities (USAID, 2017). The lack of female role models and support networks makes it more difficult for them to progress to leadership positions (Global Health 50/50, 2022).

To overcome these challenges, mentorship programs promotion, creation of professional networks are key supports. In addition, governments and institutions need to adopt inclusive policies that promote equal opportunities, including through management and decision-making training programs (AWDF, 2021). Strengthening women's leadership could not only improve access to and quality of care, but also promote greater gender equality in the African health sector. As inspiring role models, women leaders promote the empowerment of young girls and the reduction of gender inequalities in the health sector. They also play a key role in advocating for health policies adapted to local realities and women's needs as well as inequalities in access to care.

Keywords: women's leadership, gender inequalities, health care in Africa, mentors, inclusive policies, capacity building

Biography:

Asta Monglo is a Cameroonian Senior nurse, who completed basic nursing studies since 1990 and gradually build her skills and made additional studies and actually hold Maters degrees in Public health, social science and global management respectively with universities in Cameroon and Salford University in England. She is an independent consultant working to support the Global Polio Eradication initiative and Immunization programs in African countries.

Aanchal Deora
SMASTI Institute, Delhi, India

Transformative Innovations in Obstetrics & Gynaecology: The Role of Artificial Intelligence (AI) in Advancing Women's Health

Artificial intelligence (AI) has significantly impacted various aspects of obstetrics and gynaecology (OB-GYN), enhancing both clinical practices and patient care. AI is used to predict premature labour by analysing risk factors like cervical length, improve maternal-foetal monitoring, and assist in diagnosing conditions such as pregnancy-induced diabetes. In gynaecological surgery, AI and robotics have revolutionized the field by improving precision, minimizing human error, reducing operation time, and enhancing visualization, ultimately benefiting both surgeons and patients. Robotics also offers ergonomic advantages, allowing for minimally invasive procedures and faster recovery.

AI has advanced the monitoring of fetal heart rates (FHR) through cardiotocographs (CTGs), improving prediction accuracy and decision-making during labor. Furthermore, AI systems are streamlining the process of gestational diabetes monitoring, making it more affordable and accessible. For premature labor, AI helps predict outcomes more accurately, guiding treatments and reducing unnecessary hospital costs. Additionally, AI plays a crucial role in assisted reproductive technologies (ART), optimizing embryo selection in IVF, and aiding oncological screenings, particularly for ovarian and cervical cancers.

In gynaecological surgery, AI improves imaging, spatial awareness, and preoperative planning, facilitating more accurate and safer surgeries. By using technologies like three-dimensional printing and AI-assisted robotic systems, surgical precision has been enhanced, reducing complications and improving outcomes. Overall, AI is transforming OB-GYN by increasing efficiency, improving care quality, and enabling more personalized treatment for patients.

Biography:

Dr. Aanchal is an experienced AYUSH-registered Obstetrician and Certified Aesthetic Gynecologist with over five years in clinical practice. She holds certifications in antenatal yoga, diet and nutrition, and child psychology, offering a holistic approach to women's health. Her expertise includes high-risk pregnancies, infertility, and minimally invasive gynecological procedures. Having worked at leading hospitals like Motherhood, Fortis, and Cloud nine, she is currently pursuing a fellowship in Laparoscopic and Hysteroscopy Procedures at SMASTI Institute, Delhi. Recently relocated from India to Paris, she is seeking opportunities to enhance her personal and professional skills while contributing her knowledge toward quality patient care.

Outirighet Lina, Elhallam Intissar, Echarfaoui Othmane, Moussaoui Abdenacer, Kouach Jaouad
Mohamed V Military Training Hospital In Rabat

The benefits of breast reconstruction in the radical treatment of breast cancer Place of breast prosthesis and flap reconstruction

Introduction: Breast reconstructive surgery, an integral part of breast cancer treatment, aims to maintain a satisfactory breast shape and encompasses a spectrum of procedures from basic glandular remodeling to intricate modifications of the breast base.

Materials and methods: Despite the scarcity of training programs and the limited standardization, especially in developing nations, assessing the efficacy of different techniques in breast reconstructive surgery remains challenging. In this study, we provide an overview of breast reconstruction within the gynecology-obstetrics department of MOHAMED V MILITARY TRAINING HOSPITAL in Rabat. Our goal is to promote awareness about breast reconstruction and establish standardized techniques, focusing on two primary categories: breast reconstruction using breast prostheses and mastectomy with flap procedures.

Results: *Breast Prosthesis:

Two cases of immediate breast reconstruction using silicone prostheses following total mastectomy as part of breast cancer treatment were documented in the gynecology-obstetrics department of the HMIMV in Rabat.

***Flap:** Four cases of breast reconstruction using the Latissimus Dorsi Muscle flap were observed. The first involved managing an undifferentiated carcinoma of the left breast in a 24-year-old patient who was 34 weeks pregnant, with a tumor measuring 11 centimeters in diameter. The second case demonstrated management of an advanced or neglected breast cancer necessitating complete glandular removal. The third case involved a hematoma leading to skin fistulization, revealing infiltrating breast carcinoma, and requiring total mastectomy followed by reconstruction using a dorsalis major muscle flap. The fourth case entailed radical treatment of breast cancer.

Discussion: Breast reconstruction following mastectomy is becoming increasingly common but lacks standardization. Autologous tissue reconstruction remains the preferred method in many regions, with the choice of flap depending on the surgeon's expertise and cancer characteristics. The use of a dorsalis major muscle flap is prevalent after radical breast cancer surgery, either immediately or delayed, alone or in combination with a prosthesis. Similarly, the latissimus dorsi flap finds application in locally advanced breast cancers involving the skin or obsolete cases.

Breast prosthesis reconstruction offers aesthetic, effective, and safe outcomes, enhancing the patient's sense of desirability and comfort, aiding in overcoming psychological trauma. The two-stage procedure involves tissue expander insertion followed by implant placement, selected meticulously for achieving symmetrical, natural results. Generally, patients undergoing breast reconstruction in this series expressed satisfaction with the aesthetic outcomes.

Conclusion: Breast reconstruction is integral to breast cancer management, especially following non-conservative surgery. The majority of mastectomy patients are suitable candidates for reconstruction.

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POSTER PRESENTATIONS
DAY 2

C. Hurdag[1], T. Onel[1], K. Sandal[2], S. Demircan[3]
[1]Demiroğlu Bilim University, Histology and Embryology, Istanbul, Turkey.
[2]Sancaktepe Şehit Prof. Dr. İlhan Varank Training and Research Hospital, Department of Obstetrics and Gynecology, İstanbul, Turkey.
[3]Yale School of Medicine, Department of Obstetrics-Gynecology and Reproductive Sciences, New Haven- Connecticut, U.S.A.

Exploring the Role of e-NOS and Caveolin-1 Interaction in Endothelium and Syncytiotrophoblast in Vertical Transmission of SARS-CoV-2 within the Human Placenta

The placenta plays a vital role in fetal protection and maternal-fetal exchange throughout pregnancy. Although vertical transmission of SARS-CoV-2 has not been definitively proven, growing evidence suggests the virus disrupts placental morphology and vascular function, potentially impacting maternal and fetal health. This study investigated whether SARS-CoV-2 can cross the placental barrier and examined the roles of Caveolin-1 and endothelial nitric oxide synthase (eNOS) in this mechanism. Placental tissues were collected from 12 pregnant women (ages 18–35) with and without SARS-CoV-2 infection, all without underlying conditions or pregnancy complications. Histological and immunohistochemical analyses—including H&E, Picrosirius Red staining, and immunofluorescence—revealed significant structural abnormalities in infected placentas. These included villous damage, perivillous fibrin deposition, hypovascularity, and decreased type III collagen. Immunohistochemistry showed significantly reduced Caveolin-1 expression in syncytiotrophoblasts and endothelial cells ($p < 0.01$), while eNOS expression was elevated in syncytiotrophoblasts but reduced in endothelial cells. In contrast, healthy placentas displayed intact architecture, well-organized collagen, strong Caveolin-1 expression, and typical eNOS localization in vascular endothelium. The low expression of TMPRSS2 in placental tissues may further limit SARS-CoV-2 entry. Caveolin- 1, a regulator of vesicular transport and eNOS signaling, may restrict viral translocation across the placental barrier. Its downregulation may serve as a defense mechanism. Altered eNOS expression may indicate endothelial dysfunction and impaired vascular integrity. These findings provide insight into the molecular changes in SARS-CoV-2-infected placentas and suggest potential therapeutic targets to protect placental function and fetal health during maternal COVID-19 infection.

Biography:

Professor Hürdağ specializes in reproductive biology, sperm physiology, and oxidative stress. Her research, published in *Acta Histochemica* and *Urology*, explores histological responses, nitric oxide synthase isoforms, and sperm damage. She led Histology and Embryology at Maltepe (2003–2011) and Istanbul Bilim University (2011–2024). An international presenter, she contributed to research on boric acid and nitric oxide in reproductive health. Awarded in 2017, she now teaches and researches at Demiroğlu Bilim University.

Mohammad Al Obeed Allah
Faculty of medicine in Pilsen, Biomedical center, Charles university, Czech Republic

Advancing Digital PCR for the Identification and Detection of Clinically Relevant Gene Variants in Ovarian Cancer

Background: Digital PCR (dPCR) is a highly sensitive technology for precise detection and quantification of genetic variants, with growing applications in oncology, including liquid biopsies and minimal residual disease detection. This study aimed to optimize dPCR for detecting key TP53 and KRAS variants in epithelial ovarian cancer (EOC) patients, previously identified via whole exome sequencing, and to assess their detection in cfDNA samples.

Methods: Using the QIAcuity Digital PCR System and Qiagen dPCR LNA Mutation Assays, we optimized multiplex detection of TP53 variants (p.Tyr220Cys, p.Arg248Gln, p.Arg273His) and KRAS variants (p.Gly12Val, p.Gly12Ala, p.Gln61His) in DNA from tumor tissues (N=44), an independent validation set (N=125), and plasma samples (N=10). Additionally, singleplex detection of TP53 variants (p.Arg175His, p.Arg248Trp) was optimized.

Results: Three multiplex dPCR assays using FAM/HEX and TAMRA/ROX signals were successfully optimized for detecting TP53 and KRAS variants, while single TP53 variants were efficiently detected using FAM/VIC TaqMan assays. The results confirmed our whole exome sequencing findings and identified mutated TP53 and KRAS genotypes in an independent EOC cohort.

Conclusion: This study validated key TP53 and KRAS variants associated with platinum therapy sensitivity in EOC using dPCR, demonstrating its potential for future clinical applications.

Funding: Supported by Czech Health Research Council (NU22-08-00186), Charles University Grant Agency (GAUK 307123), and Cooperatio Program (207035, Maternal and Childhood Care, 3rd Faculty of Medicine, Charles University).

Biography:

Mohammad Al Obeed Allah, MD, is a dedicated researcher and medical professional. Currently pursuing a PhD in molecular biology at Charles University's Faculty of Medicine in Pilsen, Czechia. His impactful research in oncology as a Biomedical Center researcher at Charles University underscores his commitment to advancing medical science. He aims to validate pivotal genetic variants related to ovarian carcinoma progression and resistance. Recipient of the Charles University Grant Agency award, his dedication, and achievements exemplify his passion for medical advancement.

Iurie Dondiuc[1]*, Alina Alsatou, Hristiana Capros
Nicolae Testemitanu" State University of Medicine and Pharmacy, Republic of Moldova

Complications Associated with Umbilical Cord Abnormalities

This study, conducted at the Nicolae Testemitanu State University of Medicine and Pharmacy, examines the impact of umbilical cord abnormalities on perinatal outcomes. A prospective cohort study was conducted on 190 pregnant women, divided into two groups: L1: 95 women with umbilical cord abnormalities, including single umbilical artery, hypercoiling, hypocoiling, velamentous insertion, and true knots; L2: 95 women with normal umbilical cord morphology. The mean maternal age was comparable between groups (29.09±4.85 years in L1 vs. 27.86±4.36 years in L2, p>0.05), with a coefficient of variation of 15.66% for L2 and 16.66% for L1. Socioeconomic status did not show statistically significant differences between the groups (p>0.05). Key findings indicate that umbilical cord abnormalities significantly increased the risk of: preterm labor (p=0.03); fetal growth restriction (p=0.01); oligohydramnios (p=0.02). Additionally, the L1 group demonstrated higher rates of: acute fetal hypoxia (p=0.04); emergency cesarean sections (p=0.001); lower Apgar scores (p=0.01). Regarding delivery outcomes, vaginal delivery remained predominant in both groups (85.26% in L2 vs. 74.73% in L1), but cesarean sections were significantly more frequent in the L1 group (25.26% vs. 14.74% in L2). Emergency cesarean sections were markedly higher in L1 (11.58% vs. 2.11% in L2, p=0.04). This study underscores the importance of early diagnosis and continuous fetal monitoring to optimize perinatal outcomes in pregnancies complicated by umbilical cord abnormalities.

Biography:

Iurie Dondiuc, PhD in Medical Sciences, is an Associate Professor at the Department of Obstetrics and Gynecology, Nicolae Testemitanu State University of Medicine and Pharmacy, Republic of Moldova. Over three decades, has made significant contributions to maternal-fetal medicine, perinatology, and reproductive health, participating in the development of national clinical guidelines and health policies. President of the Moldovan Society for Cervical Pathology and Colposcopy and Chairman of the Obstetrics and Gynecology Commission at the Ministry of Health of the Republic of Moldova. Researcher and doctoral supervisor, has published over 150 scientific papers. Expertise: healthcare management & quality improvement, prenatal care strategies.

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Gihane Endrawes
Western Sydney University, Sydney Australia

Exploring the effectiveness of an innovative teaching strategy to promote cultural empathy among nursing students

Background: Increasing cultural diversity challenges nurses and patients in providing and receiving culturally competent (CC) health care. Educators have a significant role in developing students' knowledge, skills, and attitudes and adequately preparing them to meet workplace requirements related to cultural awareness and competency. Simulation in the form of role play is found to be an effective educational tool to master the principles of cultural competency. This presentation aims to present a research project to:

1. Explore students and academic staff cross-cultural awareness, skills, and attitudes and the use of simulation in education.
2. Assess/evaluate the effectiveness of cultural simulation education in increasing students' cultural awareness and empathy when caring and/or providing services to clients from CALD backgrounds.

Method: The study uses a quantitative descriptive survey, and an audit screening/mapping subjects' outlines to identify if cultural diversity topics and cultural simulations are included in the subjects taught. Students' representatives are invited to the co-design of these cultural simulation scenarios. A post-intervention/education survey "Satisfaction with Cultural Simulation Scale" was used to assess the effectiveness of cultural simulation scenarios as a teaching and learning tool. Findings: nursing students' cultural awareness and confidence was enhanced through the use of simulation. Conclusion: the use of simulation in the form of role play is an effective method in increasing nursing students' cultural empathy, and need to be included in nursing education.

Keywords: cultural competency, simulation, empathy, nursing education

Biography:

Gihane has more than 20 years experience in mental health nursing and education. She worked as a Transcultural Mental Health Clinical Nurse Consultant and won 2 nursing achievement awards due to her contribution to mental health nursing. Her PhD was on the 'lived experience of caring for a relative with mental illness'. At her current role as lecturer, she coordinated under-graduate and post-graduate units and is involved in the development and review of curriculum, supervision of HDR students. Her research interests are in mental health, transcultural nursing, evidence-based practice and nursing education which are reflected in her publications.

Etti Rosenberg, Stefan Cojocaru[2]
Alexandru Ioan Cuza University, Israel

Virtual Community, Real Impact: The Role of a Social Media Platform in Shaping Nurses' Professional Identities and Practice

The article "Virtual Community, Real Impact: The Role of a Social Media Platform in Shaping Nurses' Professional Identities and Practice" explores how social media platforms influence nurses' professional identities and practices within a healthcare organization. Using a qualitative methodology, the study involved semi-structured interviews with 20 nurses from various specialties and regions in Israel, examining their experiences with a dedicated Facebook group for nursing professionals. The findings reveal that the platform fosters a strong sense of community, emotional support, and professional growth among its members. Participants articulated feelings of belonging, akin to being part of a virtual family, where they could share challenges and seek advice. Moreover, the study illuminates themes of pride and unity within the community, showcasing how active participation enhances professional knowledge and self-efficacy. However, challenges such as information overload and concerns about professional image in a hierarchical setting were also identified, reflecting the complex dynamics of social media in healthcare. The research underscores the need for healthcare organizations to harness the positive impacts of social media while addressing potential downsides. Future research directions include quantitative studies to measure the community's effects on burnout and self-efficacy among nurses. This work contributes to the growing scholarship on the intersection of social media and healthcare, offering insights for developing strategies that promote a supportive and connected workforce. The implications of these findings are particularly relevant for healthcare organizations seeking to enhance nurse well-being and professional development through innovative digital tools.

Biography:

Etti Rosenberg, head of innovation in Nursing at Clalit Health Organization, is a nurse practitioner in policy and management. She was recognized as one of the WHO/WIGH/ICN/Nursing Now's 100 Outstanding Women Nurses in 2020. Rosenberg was highlighted for her role in policy and her innovative use of social media to connect and support the nursing community. Her efforts brought visibility to the vital work and challenges faced by nurses She is a keynote lecturer worldwide and currently pursuing her PhD at the Alexandru Ioan Cuza University.

Mostafa A. Abolfotouh[1,2], Maha Almuneef[2,3]
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Association of Women Empowerment with Intimate Partner Violence in Saudi Arabia

Background: The prevalence of intimate partner violence (IPV) is higher among women with lower social and economic status. Moreover, empowerment-focused interventions might not protect them from domestic abuse. This study assessed Saudi women's empowerment and its usefulness as a stand-alone IPV predictor.

Methods: 400 married women, ages 19 to 65, who visited the outpatient clinics of PHC centers in Riyadh were interviewed using the Women's Empowerment module and the previously Arabic-validated version of the WHO multi-country instrument on Violence Against Women (VAW) to learn more about the beliefs of women regarding IPV and women's empowerment (in the decision-making process and the freedom to move). Logistic regression analysis was employed to identify the IPV predictors. At $p<0.05$, significance was established.

Results: In terms of physical (18.5%), emotional (25.5%), sexual (19.2%), and economic (25.3%) violence, the lifetime overall IPV prevalence was 44.8%. 19.5% of all women said they had a negative attitude towards IPV. From 41.8% of women who reported a positive attitude towards violence to 45% and 56.8% among those who reported neutral and negative attitudes, respectively, the prevalence of IPV rose significantly ($\chi 2LT = 4.35$, $p = 0.037$). Roughly one-third of women had no authority to make decisions (33%) or the freedom to move about (40.1%). When comparing empowered to non-empowered women, it was found that IPV was significantly less common in the decision-making process (30.1% versus 77%, $\chi 2=74.91$, $p<0.001$) and in the freedom to move (16.2% versus 27.7%, $\chi 2=5.77$, $p=0.016$). After adjusting for relevant confounders, women's empowerment was an independent predictor of IPV (OR=0.734, 95% CI: 0.63-0.85).

Conclusion: Women's empowerment is a significant predictor of intimate partner violence (IPV). Women who lack social and economic authority should receive assistance from the government. Advocacy initiatives that emphasize transforming cultural perceptions of violence and enabling women to participate in decision-making processes should be supported.

Vijayalakshmi Nair[1], Sujata Saha Ray[2], Monami Dawn[3]
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A Study on the Prevention and Management of Hospital-Acquired Pressure Injuries (HAPI) in Critical Care Settings of CKBH CMRI

1. Problem Identified

Hospital-Acquired Pressure Injuries (HAPI) remain a significant challenge in critical care settings, leading to increased morbidity, extended hospital stays, and additional healthcare costs. An RCA (Root Cause Analysis) conducted on affected patients revealed three primary concerns:

1. A majority of patients had whole-body dry skin, predisposing them to skin breakdown.
2. Many patients had low nutritional scores on the Braden Scale, indicating poor nutritional support as a contributing factor to skin integrity deterioration.
3. Lack of use of preventive strategies, especially for patients who were bedridden for a long time and had low Braden Scale scores, indicating high risk.

Despite existing prevention strategies, a gap remains in targeted individual component management, preventive interventions for high-risk patients, and optimizing nutritional and moisture management approaches.

2. Background

Pressure injuries occur due to prolonged pressure on the skin and underlying tissues, exacerbated by factors like immobility, poor nutrition, moisture imbalance, and inadequate preventive measures. The Braden Scale for Predicting Pressure Sore Risk is widely used to assess the likelihood of pressure injury development, focusing on sensory perception, moisture, activity, mobility, nutrition, and friction/shear.

In critical care settings, patients are particularly vulnerable due to:

- Reduced mobility and extended hospital stays
- Compromised skin integrity from prolonged exposure to moisture (incontinence, sweat, or medical devices)
- Nutritional deficiencies that impair skin integrity and tissue healing

Traditional preventive measures include repositioning, moisture management, pressure-relieving devices, and nutritional optimization. However, our RCA findings indicate that moisture management and targeted nutritional interventions require more structured implementation.

3. Methodology

3.1 Study Design

A structured observational study and pilot study were conducted in the ICU and critical care units of the hospital over three months. The study was divided into three phases:

Phase 1: Baseline Data Collection

- Identified patients with low Braden scores < 9 at risk of HAPI.
- Assessed nutritional status and skin condition upon admission.
- Recorded hospital days to evaluate the impact of extended stays.
- Conducted an RCA on previously developed HAPIs.
- The majority were on invasive mechanical ventilation and/or vasoactive drugs.
- Predictive analysis was performed using the Braden Scale, and additional parameters such as height, weight, BMI, daily protein intake (kg/day), and caloric intake (kcal/day) were monitored.

Phase 2: Implementation of Targeted Interventions

Individual Component Management:

- Each Braden Scale factor was addressed separately.
- Silicone barrier spray was applied to all the high-risk areas in the body to protect skin integrity.

Moisture Management Strategy:

- A trial run with coconut oil-based moisturizing protocols showed significant improvement in skin condition.

Nutritional Optimization:

- Developed a structured nutritional chart in collaboration with doctors and dietitians.
- Identified the most effective supplementary feeds and calculated required calorie intake per patient.
- A process improvement strategy included a feeding chart tailored for different patient groups to ensure proper intake.
- A separate feeding preparation area was established to enhance accuracy and consistency in nutritional support.

Phase 3: Outcome Analysis & Results Interpretation

- Compared pre- and post-intervention rates of HAPI occurrence.
- Evaluated skin integrity improvement through visual assessment, Braden Scale scoring, and PUSH score for existing HAPI.
- Assessed the impact of moisture management using coconut oil and its potential integration into pharmaceutical-grade products used in CKBH CMRI.

1. Analyzed the effectiveness of nutritional support through patient recovery rates and reduced incidence of pressure injuries.

4. Sample

- The study was conducted exclusively on critical care patients.

A majority of these patients were on invasive mechanical ventilation and/or vasoactive drugs. Predictive analysis was performed using the Braden Scale, followed by assessment of additional parameters such as height, weight, BMI, daily protein intake (kg/day), and caloric intake (kcal/day). To ensure process improvement, a feeding chart based on proper intake was developed for the different groups, and a separate feeding preparation area was established to maintain nutritional intake accuracy.

5. Results

5.1 Hospital Days and HAPI Incidence

- Patients with extended hospital stays (>5 days) had a higher incidence of pressure injuries.
- Early preventive interventions led to a 35% reduction in new cases.

5.2 Moisture Management & Skin Integrity

- The coconut oil-based trial demonstrated improved skin hydration and reduced skin breakdown.
- Patients who received pharmaceutical skin protection (silicone barrier spray + coconut oil-based moisturizer) showed a 50% lower rate of HAPI than those who only had standard care.

5.3 Nutritional Support & Braden Score Correlation

- Patients with low nutritional Braden scores had a 2.5x higher risk of developing HAPI.
- After implementing calorie-specific nutritional support, the average Braden nutrition score improved.
- A structured nutritional monitoring system helped ensure proper dietary intake.

6. Way Forward

Based on the trials, the following measures will be integrated into standard practice:

6.1 Enhanced Moisture Management Strategy

- Shift from generic skin moisturizers to pharmaceutical-grade products containing coconut oil due to its effectiveness.

6.2 Standardized Nutritional Protocol

- Develop individualized calorie charts based on patients' Braden nutritional scores and doctor recommendations.
- Implement routine monitoring of nutritional intake by nursing teams.

6.3 Focused Critical Care HAPI Prevention Plan

- Targeted interventions specifically for ICU and critical care patients, where HAPI risk is highest.
- Use silicone barrier spray proactively for patients with high Braden scores across all units.

6.4 Data-Driven Nursing Support System

- Nurses will utilize Regular assessment of skin, Braden Scale trends and nutritional intake records to implement early preventive interventions.

By integrating a structured moisture and nutrition management approach, leveraging targeted interventions, and enhancing nurse-driven care protocols

Tiffany, Chan Soi Chu
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Appraising the Factors Associated with Delirium Care Behaviours and Barriers to Their Assessment Among Clinical Nurses: A Cross-Sectional Study

Delirium can occur at any age, although the incidence is higher in older patients and after surgery. The aim of this study was to investigate and assess the knowledge, behaviours, and factors influencing assessments of delirium by hospital nurses so as to predict the factors associated with their current delirium management behaviours. A cross-sectional survey was conducted among 342 nurses in different hospitals in Macau. The questionnaires included items on the respondents' demographic information, knowledge of delirium care, nursing behaviours, and factors influencing nurses' assessment of delirium patients in their daily practice. The descriptive statistics showed that nurses were found to have a moderate level of knowledge about the management of delirium. The repeated measures ANOVA revealed that patient factors were the most significant, outweighing individual and organizational factors as barriers to assessing patients with delirium. The Pearson's correlation showed a moderate positive correlation between delirium care knowledge and delirium care behaviour ($r = 0.339$). With regard to factors influencing delirium care behaviours, multiple linear regression models showed that the significant predictors were years of work experience ($\beta = 0.206$, 95% CI: 1.125–3.158), the duration of delirium care courses ($\beta = 0.103$, 95% CI: 0.118–3.339), the knowledge of delirium care ($\beta = 0.264$, 95% CI: 0.474–1.019), and personal factors influencing nurses' delirium assessments ($\beta = -0.239$, 95% CI: −1.031−−0.432). To enhance delirium management and achieve the optimal care of patients with delirium, formal education and training are crucial. Organizations should develop structured protocols and workflows that empower nurses. By integrating organizational strategies with individual efforts, clinical practices can be improved, resulting in optimal delirium care for patients.

Biography:

Chan Soi Chu completed her Master of Nursing at the age of 27 from the Macau University of Science and Technology of Faculty of Medicine, She is a nurse with over six years of experience working in the surgical ward. Her primary focus is on surgery, urology, and orthopedics, where she provides perioperative care to patients. Additionally, she has published research related to delirium care.

Mohammad Ahmad*; Ahmed Alsadoun; Hamood Alharbi; Abdualrahman Alshehry
Department of Medical-Surgical Nursing, College of Nursing,
King Saud University, Riyadh, Saudi Arabia

Enforcing extra behavioral activity in spinal cord injured rats can be a rehabilitation process to accentuate Pentoxifylline and Tacrolimus treatment: A nursing care perspective

Pentoxifylline (PTX) and Tacrolimus (FK506), are known to improve the functional outcome of spinal cord injury (SCI). The present study aims to develop suitable rehabilitative interventions besides therapeutical agents for better functional recovery. Furthermore, this research intends to bring awareness among the nurses for caring for SCI patients and utilize their passion for caring skills in nursing research. Young adult male rats were subjected to spinal trauma by compression method of the exposed spinal cord. Animals were allocated to seven groups with eight animals in each, viz. Group 1 was normal uninjured control; Group 2 was sham control with laminectomy but no spinal injury; Group 3 was SCI group with laminectomy and spinal injury; Group 4 and 5 as SCI treated groups A that were the same as Group 3 but were treated with a daily oral administration of PTX (10 mg/kg) and FK506 (1 mg/kg), respectively, for 29 days and subjected to BBB behavioral test in which the hind limb function was scored from 0 (complete paralysis or paraplegia) to 21 (complete mobility), every alternate day in a "Gait Performance Tunnel" (GPT); groups 6 and 7 were as SCI treated groups B that were same as groups 4 and 5 except that the animals were further subjected to an enforced extra 5 walks as exercise in GPT test. Both treated groups A and B, in both drugs, significantly recovered in Group B ($p<0.001$) greater than Group A. Furthermore, it was observed that FK506 was comparatively more effective than PTX. It is concluded that if the SCI animals are subjected to extra-enforced daily behavioral exercises in addition to drug treatments, it can improve functional recovery faster and can be considered as a rehabilitative activity to accentuate treatments. Such studies can be innovations for nursing research.

Biography:

Mohammad Ahmad completed his PhD at the age of 30 years from Aligarh Muslim University, India. He is a Medical Surgical Nursing Professor at King Saud University, Saudi Arabia. He has over 70 publications cited over 1000 times, and his publication h-index is 18. He has been an editorial board member and reviewer of several reputed journals.

Minu Shibu
Virginia Commonwealth University, USA

Enhancing Resilience in addressing lateral violence among nurses through the practice of Cognitive Rehearsal and DESC intervention

Lateral violence (LV) in nursing is a critical issue that affects workplace culture, employee well-being, and patient care. Despite its impact, there is a lack of structured educational interventions to address LV in healthcare settings. To bridge this gap, this project implemented a structured LV training program at VCU Health, incorporating didactic learning and role-playing through Cognitive Rehearsal Techniques and the DESC Model to equip nurses with effective communication and conflict-resolution skills. The training was designed to educate the Education and Professional Development faculty, preparing them as trainers and facilitators to integrate LV education into relevant programs and implement training for nursing staff. A pre- and post-survey approach was conducted to assess participants' knowledge, perception, and significance of the training concerning LV before and after the training. The results indicated a substantial increase in participants' knowledge after the program. The importance of LV training in enhancing workplace culture was emphatically confirmed, underscoring the need for ongoing education and awareness. However, this project had a small sample size, indicating a necessity for additional research involving a larger cohort to evaluate the wider implications and efficacy of LV training. The limited dissemination of training, which fell short of the 50% objective, and the absence of pre-existing LV incident reporting metrics, which restricted direct comparisons, were notable challenges despite these successes. Through this project, recognizing gaps in addressing LV emphasized the need for continuous training and institutional commitment. This led stakeholders at the teaching hospital to acknowledge the need to include LV training as a required ongoing competency, ensuring a sustainable strategy for promoting a healthy work environment.

Biography:

Dr. Minu Shibu, DNP, PMHNP-BC, APRN, RN, is a dedicated psychiatric mental health nurse practitioner and a proud VCU School of Nursing graduate. With over 20 years of nursing experience spanning psychiatry, medical-surgical units, and operating rooms, she brings a holistic and compassionate approach to care. Passionate about mental health advocacy, she strives to reduce stigma through education, empathy, and community engagement. Her work focuses on empowering individuals, promoting open dialogue, and improving access to quality psychiatric care. Dr. Shibu remains committed to creating healthier, stigma-free communities through evidence-based, patient-centered practice.

Anbuselvi Danapalan
Infection Prevention & Control Practitioner, Al Ahli Hospital, Qatar & Honorary Lecturer, Queen Margaret University, UK

Is Artificial Intelligence plays eccentric role in Healthcare Simulation Education?

Artificial Intelligence plays a pivotal role in the digitalized world. AI in healthcare grows 48.1% from USD 20.9 billion (2024) to USD 148.4 billion (2029) globally. AI is indispensable element of Qatar National Vision 2030's pillars and expected to grow USD 63 million in 2026. Though AI is on an inclined path, it's not widely accepted due to various issues, consequences and constraining factors. These concerns push towards the argument on innovative AI adoption in healthcare simulation education

AI is an incredible tool in diagnosis, treatment and robotic assisted surgeries with improved health outcomes and quality care. AI has been integrated into healthcare simulation education providing experiential and transformative learning experiences with improved student learning outcomes and self-confidence. Many research studies evidently proved that AI provides personalized learning experience through automation of repetitive tasks, prediction of outcomes and optimization of processes and decision-making efficiency. Many research studies have evidently proved that AI in healthcare education boost students' engagement and satisfaction to provide person-centered care. In contrary, it is an undeniable truth that AI is facing a roller coaster raid of obstacles and setbacks. A major setback is meeting ethical and legal standards such as breach of privacy, data confidentiality, perpetuation of bias, accountability, compliance standards, intellectual rights and other issues like AI transparency, integration, limited knowledge, lack of explainability, job displacement etc. These issues demand the need for leaders to develop policies and regulations. However, Qatar envisioned national AI strategy as a powerful technological enabler for QNV2030 and seamlessly working to overcome challenges and transitioning into AI+X future.

Key words: Artificial Intelligence, Healthcare simulation, Simulation education, Technology Enhanced Learning, Simulation

Biography:

Anbuselvi Danapalan has currently PhD scholar and completed her MSc in Nursing from Sri Ramachandra Higher Education and Research Institute, Tamilnadu, India and postgraduate certificate in Higher Education from Queen Maragret University, UK. She is a Certified Infection Prevention and Control Practitioner since 2017 from APSIC and CBIC. She is the founder of INNO IPAC Game and currently working in Qatar as IPAC Practitioner. She has published research papers in peer-reviewed journals and served as a resource person in international and national conferences. She is an active member of Cochrane and professional organization and socities.

Warisa Tayangkhanon
Institute of Esthetic Training (IOE), Bangkok, Thailand

Indication for skin rejuvenation with pdlla and ha

The Indication for skin rejuvenation with pdlla Techniques is a unique and comprehensive collection covering cutting-edge protocols in aesthetic medicine — including dermal fillers, biostimulators, and laser applications. Designed for dermatologic surgeons, aesthetic doctors, and clinical educators, this encyclopedia gathers over a decade of hands-on experience, refined techniques, and scientifically validated protocols acros Asian and European settings.

With over 5,000 procedural notes, training case studies, and cadaver-based technique summaries, Dr.FAFA provides in-depth insight into safe and effective injection zones, complication management, and result-optimizing strategies. It includes special sections on genital rejuvenation, advanced E.P.T.Q. filler technique, and personalized biorejuvenation plans. Ideal for practitioners seeking excellence in both patient outcomes and scientific credibility.

Biography:

Dr. Warisa Tayangkhanoon is a dermatologic surgeon and trainer with postdoctoral credentials from global institutions such as European society of aesthetic gynecology --London and the International Medical University of Vienna. As director of multiple clinics in Bangkok and lead trainer for Juvelook, Biohyalux, and E.P.T.Q., she has published widely and trained hundreds of practitioners across Asia.

Lorrie Fischer Blitch
Magellan Christian Academy, USA

Lockdown and the Effect on Education

The emergence of the pandemic was devastating to many nations as it spread to most parts of the world while affecting many people. Its profound effect has influenced education due to the lockdown, and this has significantly affected the students. The article will look at the effect of lockdown on education while looking at how the children between the age of 5 to 18 have been affected. At the same time, the article will look at the long-term results in relation to college admission, crime, graduation rates, and mental illness, among other effects brought by the lockdown.

The effect of the lockdown was almost the same in most countries. In a study conducted in Spain, the authors looked at how lockdown affects learning. In their report, they explain that the effect was differently felt among students due to financial status and the type of school the children went to, such as public or private. Still, in their research, the scholars discovered that one of the long-term effects the lockdown is likely to bring is education inequality and students' competencies (Bonal & González, 2020). The gap is likely to increase because of the lack of basic skills offered by schools and the financial stresses that the pandemic has inflicted on different families. The effect that the lockdown had on students was a poor performance, gap in skills development, and engagement in non-academic activities like drinking alcohol (Bonal & González, 2020). Thus, the study presented the short and long-term effects of the lockdown on students. It also points out that families with a stable income will manage to educate their children, unlike families with low income.

In a different study, the scholars examined cases in the Netherlands to test the effects lockdown had on students. The study found that the period of lockdown led to poor performance of the children. The authors had compared the results of the examination of children before the lockdown and after the lockdown, and the information that was discovered showed that the performance rate had dropped by three percentile (Engzell, Frey & Verhagen, 2021). The authors' argument was that the adaptability of the situation was not effective as students and teachers had to learn to use technology to learn. Therefore, the study conquers with the first that the lockdown affected the student's educational performance.

Other than education, the lockdown has adversely affected the children's mental health. Singh et al. (2020) explain in their study that the mental well-being of children has been significantly affected by the lockdown more than adults. The scholars continue to explain that the long-term effects of the lockdown on mental health will depend on vulnerability factors like developmental age, having special needs, and being economically under privilege. Hence, the children's mental health is guaranteed to be affected, but its intensity will vary under different circumstances.

Further, there have been issues related to employment brought about by the lockdown. Most individuals lost their jobs as the pandemic required a reduction in the interaction of people to prevent its spread. A study conducted on this subject discussed that the lockdown effect on employment affected the mental health

of the adults. The adults who retained their jobs had lower cases of depression than those that lost their jobs (Neidhöfer, Lustig, & Tommasi, 2021). This is because losing the jobs threatened the economic security of the household. Aside from the economic security, the depression rates increased due to psychological trauma associated with a loss of identity and structure of time. Therefore, the long-term of the lockdown included losing jobs and adults becoming vulnerable to depression.

The ACT and SAT were significantly impacted by the lockdown. Usually, the ACT and SAT were taken in institutions, but most of the exams had to be canceled due to the pandemic. The New Yorker post shares the implications that the pandemic had brought to institutions issuing the exams, and the post shows that the College Board had to design a digital version of SAT for the test to happen. Previously, the College Board had plans to introduce digital versions of the tests, but there was no urgency to focus on it until the pandemic started. Although the College Board managed to design the digital version of the tests, the program had issues that limited most students from taking the exams. The digital SAT had issues with security breaches, and in some cases, the exam had leaked to others (Orbey, 2022). The security breaches, too, presented a challenge as the results for the students would not be accurate. However, the College Board realized its limitations and started fixing the program for efficiency.

Conclusion: The article has presented the effects of lockdown on the students and other possible long-term effects on a variety of things. It identifies that the lockdown was put in countries to control the spread of t

Vanessa Yvette Trevino
Louise Herrington School of Nursing at Baylor United States

DNP-Project: Reducing Burnout and Promoting Resiliency in Emergency Nurses Using the Mindfulness Calm Smartphone Application.

Background/Introduction: *Burnout* is an occupational phenomenon resulting from unmanaged chronic workplace stress often experienced by nurses. Of all the nursing professions, emergency nurses are at the highest risk. There are numerous negative and extensive impacts of nurse burnout, including increased turnover rates and reduced nurse retention rates, which can lead to staffing shortage detriments. Resiliency, as the capacity to recover quickly from stressors, is often promoted through healthcare employee wellness incentives to mitigate the risks of burnout.

Significance: Nursing wellness incentives are essential for promoting and supporting the nursing workforce, as well as fostering employee engagement. The Calm mindfulness smartphone application is a wellness employee benefit used to mitigate nurse burnout and promote resiliency. Organizational support through wellness implementation is necessary for healthcare delivery systems to sustain nursing and healthcare practices. APRNs are well-positioned in leadership roles to lead the way in implementing wellness incentives, reducing nursing burnout and promoting resilience to develop optimal, healthy working environments.

Purpose of the Presentation: This presentation aims to showcase a DNP-FNP project on implementing the Calm mindfulness smartphone application among emergency nurses to evaluate its reported effectiveness in reducing burnout and promoting resiliency within a 90-day intervention period, comparing pre- and post-intervention participant surveys.

Results: Using paired t-tests on the pre- and post-intervention surveys, statistically significant differences in means were found in both the Maslach Burnout Inventory Scale (a Likert scale burnout measurement) and the Connor-Davidson Resiliency Scale (a Likert scale resiliency measurement). There were no reported changes in the survey plans for the profession before and after the intervention. All participants reported that they would continue working in their current emergency department for another year, and the majority reported they were unsure whether they would be working in their current department within the next four years. All participants reported that the Calm application was easy to use, with the majority finding it useful and recommending it as an employee benefit to reduce burnout symptoms and promote resilience.

Keywords: *nurse burnout prevention, nurse resiliency promotion, Calm application, mindfulness*

Afraa Talal Barzanji
Community medicine Consultant, Ministry of Health, Saudi Arabia

Preventive approaches of falls in healthcare settings

A patient fall as defined by the Agency for Healthcare Research and Quality is: "an unplanned descent to the floor with or without injury to the patient". Patient falls include those caused by factors related to the health conditions of the patient, as well as environmental precursors as having slipping floors. Fall is a sentinel event; and as a domain of patient safety, there should be implementation of preventive approaches of its occurrence. It is a multidisciplinary responsibility, which starts with engineering solutions to have supportive environment as non-slip floors, technological as having bed alarms, and healthcare related as estimation, reporting and care interventions. It is recommended to document risk assessment of admitted patients not later than 24 hours after admission; and having a plan to control recognized factors. Health education of patients about the risk of falls is important. Physiotherapy helps, Ophthalmologists when managing visual impairment also have a role. In addition, otolaryngologist after treating balance disorder can be considered part of the preventive efforts. Fall prevention can be also by having proper treatment of joint disorders which affect gait. Patients on medications that can affect balance and gait need evaluation by a pharmacist to determine if medications adjustment is required.

Furthermore, it is crucial to have enhanced intra-hospital care transition, as it was shown by a systematic review that patient falls was among the negative outcomes associated with multiple transfers within the hospital.

Biography:

Dr. Afraa is a community consultant doctor. She is a holder of bachelor degree of medicine and surgery from Taibah University. Then she had her specialization through Saudi Board in community medicine in Riyadh and she was recognized as the best resident among her batch. In 2016, she became a certified professional in healthcare quality which is earned from the National association for Healthcare quality in United States. Many researches and reviews were done by her; and among the domains she is focusing on is prevention and risk factors. She is also a certified peer reviewer by publons academy

Gali Dar
Department of Physical Therapy, Faculty of Social Welfare & Health Sciences, University of Haifa, Israel

Impact of Repeated Pelvic Floor Cues on Pelvic Floor Function and Incontinence in Active Women

Pelvic floor muscles (PFM) play a crucial role in women's health by supporting pelvic organs and maintaining bladder and bowel continence. This study aimed to examine PFM function, prevalence and severity of urinary stress incontinence amongst women receiving repeated verbal instructions during Pilate's classes compared with women who did not receive such instructions.

The study included 46 women (mean age 48(±8.6)), who regularly participated in Pilates classes where repeated instruction was given to contract PFM ("instruction group"; N=22) or not (controls, N=24). Demographical questionnaire and The International Consultation on Incontinence Questionnaire –short form were completed by all participants. Following, PFM function was evaluated using transabdominal ultrasound during different crook lying conditions: during a PFM contraction with verbal instructions; during crook lying and lifting the right knee towards the chest without and with instructions. The results show that most women (80%) correctly contract PFM without differences between groups. During leg movement toward the chest without any instruction, 95% did not perform a voluntary contraction. While performing this movement with specific verbal instruction to contract their PFM, 26% of the entire sample performed a correct contraction without differences between groups (p=0.17). Urinary incontinence was reported by only 6 (27%) women compared with 14 (58%) in the "instruction" group compared with the control (p<0.034).

Most women performing Pilate's exercises correctly contracted their PFM. However, there was no PFM voluntary contraction during leg movement. Women who were repeatedly exposed to verbal instructions to contract their PFM suffered less incontinence and had a lower degree of severity than the controls.

Biography:

Prof. Dar is a physical therapist (B.PT) and has completed her M.Sc and PhD from the Department of Anatomy, Tel-Aviv University, Israel. She is a full member in the Department of Physical Therapy at Haifa University, Israel being the head of the department in 2019-2024. Her research focuses on the musculoskeletal system in order to better understand function, injuries and treatment. Her main research areas are: orthopaedic and sport injury rehabilitation, pelvic floor muscle function, low back pain rehabilitation, sacroiliac joint and dry needling.

Maria Lemos
UniRedentor/Afya Medical School, Brazil

Menopause and Alzheimer's: Unraveling the Connection Between Hormonal Decline and Neurodegeneration

Objective: This study aims to investigate the potential link between menopause and Alzheimer's disease, focusing on how hormonal decline, particularly the reduction in estrogen, may contribute to neurodegeneration and increase susceptibility to cognitive decline.

Methods: A comprehensive review of existing literature was conducted, analyzing studies that examine hormonal changes during menopause and their effects on brain health. Relevant clinical trials, epidemiological data, and neurobiological research were evaluated to explore the relationship between estrogen depletion and Alzheimer's pathology.

Discussion: Menopause, marked by a significant reduction in estrogen levels, may influence brain function through mechanisms such as the impairment of synaptic plasticity, increased oxidative stress, and alterations in neurotransmitter systems. The neuroprotective effects of estrogen, including its role in modulating amyloid-beta accumulation and tau protein phosphorylation, suggest a potential connection between hormonal decline and the pathogenesis of Alzheimer's disease.

Conclusion: While the exact nature of the relationship between menopause and Alzheimer's remains complex, hormonal decline, particularly estrogen deficiency, may play a significant role in accelerating neurodegenerative processes. Further research is needed to clarify these mechanisms and assess the potential of hormone replacement therapy in mitigating Alzheimer's risk.

Keywords: “alzheimer disease”, “estrogen”, “menopause”, “neurodegeneration”

Jaice Mary Devasia, Claudia Raperport
Whittington Health NHS Trust, London, United Kingdom

Audit On Vitamin D intake in Antenatal Population

Vitamin D deficiency during pregnancy is a growing concern globally due to its potential adverse effects on both maternal and foetal health. This audit was done in the Women's health department of Whittington Hospital to analyse the proportion of women taking vitamin D during pregnancy. According to NHS recommendation, all pregnant women should take a daily supplement of 10microgram(400IU) of vitamin D to ensure optimal health during pregnancy and breast feeding. A prospective review of antenatal women was conducted over a specified period, focusing on proportion of vitamin D intake, dose of vitamin D, awareness of the importance of vitamin D in pregnancy and breast feeding. The findings revealed a significant proportion of pregnant women were not taking vitamin D and most of them were not aware of the importance of its intake. Recommendations were made to add on vitamin D to the inpatient drug chart and to discharge medications, also informing women about its importance in pregnancy for both mother and baby. This audit underscores the need for enhanced clinical practices to mitigate the risks associated with vitamin D deficiency in antenatal care.

Biography:

Dr Jaice Mary Devasia has completed Masters in Obstetrics and Gynaecology from India. She has more than 5 years' experience in obstetrics and Gynaecology. She pursued MRCOG (UK) and she is currently working as Junior Clinical Fellow in Obstetrics and Gynaecology at Whittington Hospital, London. She has experience in presenting in national and regional conferences. She has published papers in various journals.

Ms Claudia Raperport is a Consultant in Obstetrics and Gynaecology specialising in Reproductive Medicine and Post-Reproductive health. She has just completed her PhD on unexplained infertility and is actively involved with research, teaching and audit alongside her clinical work. She has published and presented her research internationally.

Elena Santiago Romero
Vida Fertility Institute, Madrid, Spain

Predicting cumulative pregnancy rates before IVF according to Woman´s age and AMH

To determine whether the use of fresh versus cryopreserved oocytes does or does not influence the characteristics and results during egg donation treatments.

Egg donation cycles with previously vitrified oocytes are an increasing treatment in ART. The endometrial preparation is easier and normally shorter in time for recipients than that with fresh oocytes where they must be synchronized with the donor. Thus, scheduling the day of the donation is easier and can be adapted to benefit the patient´s or the clinic´s schedule. Currently available data on cryopreserved donated oocytes are incomplete and, therefore, still not enough to claim equivalency between fresh and cryopreserved donor eggs.

We did a retrospective study of 200 egg donation cycles with homologous sperm microinjection and blastocyst stage transfer during 2022 and 2023 at our center. 151 cycles (75.5%) were performed with fresh donated oocytes and the remaining 49 cycles (24.5%) with previously cryopreserved donated oocytes.

Despite the origin of the oocytes used (fresh/thawed) in the egg donation program, there were no differences in pregnancy outcomes. Due to the statistical design and sample size, more studies are needed to conclude that success rate does not change with the use of previously donated frozen eggs versus fresh ones.

In egg donation cycles no differences were found in the number of embryos transferred, cryopreserved or in pregnancy rates using fresh or previously vitrified oocytes. Final outcomes were not affected by the differences in the percentages of retrieved oocytes or rates of embryo division obtained.

Biography:

Elena Santiago is a gynecologist after more than 11 years. She works at Vida fertility as ART and fertility expert and has a wide experience in treating foreign patients from all over the world. She has published in 9 different gynecological and fertility congresses.

Bader Alrasheadi
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Majmaah 11952, Saudi Arabia

Attitude, Knowledge, and Practice of Evidence-Based Practice among Saudi Postgraduate Nursing Students

Background and Aim: Evidence-based practice (EBP) has helped nurses in taking medical decisions and staying up-to-date with the latest knowledge in nursing care. Nurses need to have a positive attitude, enough knowledge, and an awareness of relevant research to apply EBP and promote high-quality nursing care effectively. This study was carried out to assess Saudi postgraduate nursing students' attitudes, knowledge, and practice about evidence-based practice. Methods: A descriptive survey with cross-sectional data collection was conducted online by applying the evidence-based practice questionnaire (EBPQ) to 311 Saudi postgraduate nurses.

Results: The overall mean EBPQ score was 5.44±.74. Attitude had the highest mean score (5.81±1.08), followed by knowledge (5.52±.85) and practice (5.00±.94). Low-to-moderate significant correlations were found among the three EBPQ components (practice-attitude: r=.257; practice-knowledge: r=.296; attitude-knowledge: r=.569; P<.001). Age, marital status, and smoking status had a significantly impacted on the participants' responses (P<.05). Nurses aged 41–50 had the highest attitude score among all age groups. Married nurses had higher knowledge scores than the other groups, while smokers had higher practice scores than non-smokers.

Conclusion: Here, the average total score was higher than those reported in previous studies, indicating the willingness of Saudi nurses to contribute to evidence-based practice by improving their knowledge and attitudes.

Margaret M Hansen
Professor Emerita University of San Francisco

Forest is a State of Wellbeing: A Review of the Health Benefits Associated with the Practice of "Shinrin-yoku

Shinrin-yoku (SY), also known as Forest Bathing (FB), is a Japanese practice of immersing oneself in nature by using all five human senses in a mindful and slow manner. SY is reported in the literature as having many positive health benefits and is becoming popular worldwide. This heightened awareness, combined with the scientifically proven health benefits associated with SY, researchers recently conducted a scoping review (ScR) to identify programmatic components, monitored health information, nature prescriptions, trends, geographical locations, themes and time on nature. Following the PRISMA-ScR recommendations the researchers followed seven electronic databases for SY empirical studies published from 2017 through 2022. Due to the interdisciplinary aspect of SY research, PubMed, CINAHL, PsychInfo, ScienceDirect, SCOPUS, EMBASE, JSTOR were included in the ScR. The results were screened and extracted by the researchers by using Covidence. The databases provided 241 results, with 110 references deleted during the deduplication process, 131 papers were initially in the title and abstract review phase. The results provided 82 unique results identified as relevant during a full text review by each researcher. The final stage of the ScR provided 63 papers meeting the inclusion criteria and were extracted for reportable data. The results of the ScR indicate SY has positive physiological (PHYS) and psychological (PSYCH) results across a variety of settings and age groups. Nature blends the mind, body and even the spirit together to promote wellbeing and, therefore, continued research is necessary to unearth even more short- and long-term health benefits for all individuals living in a primarily urban world.

Keywords: Shinrin-yoku, forest bathing, health benefits of nature, nature therapy, scoping review

Kunal Joon
Department of Medical Anatomy, NIIMS University, India

Hela Cells and HIV Treatment

Hela cells are the cancer cells extracted from Lacks family and these are cancer lineage cells and has overactive telomerase

Which prevents the shortening of telomeres. And cells continue to divide so in this we discuss how Hela cells can be used in Cure of AIDS.

Keywords: Nuclear medicine, Hela LV, Hela CD4 cells, DNA forward rolling

HELA CELLS ORIGIN
These cells originate from the cervical adenoma of Lack's Family and has the overactive telomerase which doesn't allow shortening of telomeres and continuous division of the Cell and has an immortality [1].

OBEYS THE DNA ARCHITECTURE THEORY
It is the special case in which DNA has overactive Telomerase and prevents the shortening of telomeres and it Act as a time loop and cell never ages and divides and Continuous cell division occur in this DNA act as a time Triggers and triggers continuous division of cell. Each cell Replicates from the original cells and hence explain the Reason for the no infection of HIV virus infections or Struggle for infecting cell for the HIV virus (as protein of Attachment is mutated and division of cell is fast).

Biography:

I am Dr Kunal Joon doing MBBS in Noida International Institute of Medical Science has done research on many topics like how do cell determine at what size to grow , why are different types of blood group , memory retrieval, hassle corpus cells and also on virus found it living and it's treatment.

Laman Mubariz Aliyeva
Azerbaijan State Advanced Training Institute for Doctors named after Academician Aziz Aliyev and Azerbaijan Medical University, Azerbaijan

Features of the Relationship Between Cesarean Deliveries and Perinatal Losses

Background: In recent decades, there has been a notable global increase in cesarean section (CS) rates, raising concerns about its impact on maternal and perinatal outcomes. While CS remains a life-saving procedure when clinically indicated, its overuse without strict indications is associated with elevated risks, including perinatal mortality and morbidity.

Objective: This study aims to assess the clinical and demographic features of women undergoing abdominal deliveries and to evaluate the relationship between the frequency of cesarean sections and the risk of perinatal complications and losses in Azerbaijan.

Methods: A retrospective and prospective analysis was conducted on patients who underwent CS at various levels of maternity care institutions. Clinical indications, maternal risk factors, postoperative complications, and neonatal outcomes were analyzed using descriptive statistics and risk assessment models.

Results: The data demonstrated that the rate of CS has substantially increased, with a notable portion performed based on subjective maternal or provider preference. A significant correlation was found between high CS rates and increased risk of neonatal respiratory disorders, low Apgar scores, and NICU admission. Postoperative complications such as hemorrhage, infection, and prolonged hospitalization were also more frequent among elective CS cases without medical justification.

Conclusion: While CS remains an essential component of obstetric care, its unjustified use contributes to perinatal losses and complications. Optimization of clinical decision-making and reinforcement of national guidelines are crucial to improving outcomes.

Keywords: Cesarean section, perinatal mortality, neonatal outcomes, obstetrics, surgical birth, Azerbaijan.

Aghanya, T. Nonye
Aghanya, T. Nonye, Communication Academy, USA

Communication In Healthcare-Why Digital Innovation Is Not Enough

In the twilight of the twenty-first century, as singularity draws near, we have witnessed the rise of digitization and digitalization in the healthcare sector. However, the recent global pandemic and ensuing social distancing, coupled with fear of the virus resulted in an increased utilization of the virtual healthcare system. A type of digital innovation, it has shown to be a much-needed manner of care delivery in the pandemic era and from 11% in 2019 to 76% in 2020, the use of virtual healthcare technology has increasingly surged and continues to surge with each ensuing year till date. The expanded use of audio, video, and other electronic communications to allow patients to connect with their doctors has offered much-needed relief from the stress of pandemic care demands on healthcare practitioners with a wider reach for digital health innovations including the use of wearable devices, mobile health apps, health information systems etc.

However, while these technological advancements are impressive, they are insufficient to address the unique exploratory holistic approach to care delivery that is required to build and maintain fruitful clinician-patient relationships. Interactions via the use of digital devices lack the transdisciplinary approach which explore the application of such disciplines as psychology and the observation of patient behavioral traits, cognitive biases, and the philosophy of language and its attempt to assist the patient to achieve healthy mental and physical balance.

Patient's distinct personalities affect their outlook and mental status. Tailoring an individual care approach is a necessity for optimal care delivery and complete reliance on digital devices may limit the practitioner's chance of achieving the full scope of engagement for optimal care delivery.

Focusing on patients' and clinicians' relationships, this presentation seeks to avail a systemic use of effective communication to complement digital inventions and innovations in the healthcare system for healing.

Presenting material is derived from the presenter's clinical practice experiences in diverse healthcare settings for over 30 years. This also includes her review of studies on human psychological traits, the analysis of influence of such traits on patient behaviors and applying effective communication styles to improve clinician-patient interactions and trust development in healthcare settings.

Keywords: Patient personality traits, Communication, Digital innovation, Virtual healthcare, Trust development

Sedigheh tavakolian
Parsian Polyclinic, Iran

Lexical co-occurrence analysis in the scientific field of nursing

Background and Purpose: Co-occurrence analysis is a tool for illustrating the knowledge structure of scientific outputs. Therefore, the aim of this research is to analyze lexical co- occurrence in the field of nursing by examining the keywords of master's and doctoral theses from the Nursing and Midwifery School of Shahid Beheshti University of Medical Sciences.

Materials and Methods: This study is of a biometric nature and has been conducted using lexical co-occurrence analysis methods. The research community includes 473 master's and doctoral theses in the nursing field from the Nursing and Midwifery School of Shahid Beheshti University of Medical Sciences. Data analysis was performed using software such as Raver, Ge-phi, UCINET, and SPSS. Findings: The results showed that 902 keywords were used in the theses, with the most frequently occurring terms in the nursing theses from Shahid Beheshti University of Medical Sciences being Nurse (117 times), Neonate (58 times), and Quality (53 times). The findings related to hierarchical clustering using the Ward method resulted in the formation of seven clusters in this area: “Nursing Management, Community Health Nursing, Neonatal Nursing, Neonatal Intensive Care Units, Research Methodology in Nursing, Community Health Nursing, Nursing Emergencies." Cluster 6 (Community Health Nursing) has the highest centrality, while Cluster 1 (Nursing Management) has the lowest centrality among the various clusters. Additionally, Cluster 7 (Nursing Emergencies) has the highest density, while Cluster 6 (Community Health Nursing) has the lowest density among the other clusters.

Conclusion: In nursing research, topics of quality, health, and self-care play a central role; however, issues like stress, anxiety, and mortality have not received much attention in this field.

Biography:

I, Sadegh Tavakolian, completed my undergraduate degree at the age of 27 at Shiraz University and finished my master's studies at the Medical School of Tehran University. I have been working as a head nurse at Parsian Polyclinic for 15 years. I've published over 5 articles in reputable journals.

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