

# NURSING VIRTUAL 2020

June 13-14, 2020

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Theme:

Exchange questions, answers and  
best practices in the field of Nursing



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Thank You  
All...

# Keynote Speakers



**Adele A Webb**  
Strategic Education, Inc.,  
Capella University, USA



**Natalia Cineas**  
New York City Health + Hospitals  
Corp, USA

# *About* **MAGNUS GROUP** |

**Magnus Group (MG)** is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

# *About* **NURSING VIRTUAL 2020** |

**Nursing Virtual 2020** Webinar serves as a podium for the interaction between experts in the areas of nursing and healthcare around the world and aims in sharing some unique research and translational studies on various advances in the related fields.

It is expected to bring together both reputable scientists in advanced stages of their career and young researches from many related disciplines. The webinar expects many new ideas to emerge at the interfaces between disciplines aiming to solve the most important problems relating to the health and wellbeing of the humanity. With its strong emphasis on innovative approaches, the webinar offers a chance for scientists, nurses and physicians working in different areas of healthcare to learn new ideas that could help them advance their own research and forge new professional relationships and collaborations. Our expert honorary speakers will provide you with the most clinically up-to-date relevant information, you'll leave better educated and more invigorated than you thought possible.



# KEYNOTE FORUM

## NURSING VIRTUAL 2020 WEBINAR



JUNE 13-14, 2020

NURSING VIRTUAL 2020



## **Adele A Webb, PhD, RN, FNAP, FAAN**

Strategic Education, Inc., Capella University, USA

### **Supporting harmony and resilience in the workplace**

**A**s more and more issues arise related to stress in the workplace it becomes imperative that providers find ways to identify harmony and learn resilience. Research demonstrates that much of the attrition that occurs in our healthcare settings is related to stress and the inability to find harmony in work. This presentation will focus on not only clear definitions of each concept, but also will provide tools to measure resilience. In addition, opportunities to build resilience will be presented.

#### **Take Away Notes:**

- Define the terms harmony, resilience, work/life balance
- Explain why resilience is important to not only the organization but also to the employee
- Describe tools to measure resilience
- Articulate opportunities to promote harmony and resilience in the workplace

#### **Biography**

Dr. Webb's focus is international nurse capacity building. She has extensive funding for her international work and has published in several journals. She contributed to WHO guidelines and testified to the Institute of Medicine and the White House. A sought-out speaker on international nursing care, Adele collaborates with WHO and the World NCD Congress. Adele has contributed to nurse capacity building in 53 countries. Adele received the Nicholas Andrew Cummings award for Excellence in Interprofessional, is an International Council of Nurses Global Health Fellow, and a Fellow in both the National Academies of Practice and the American Academy of Nursing.





## Natalia Cineas, DNP, RN, NEA-BC

New York City Health + Hospitals Corp, USA

### Lessons learned during the COVID-19 crisis: How nursing recruitment, deployment & education efforts addressed a global pandemic

NYC Health + Hospitals was at the epicentre of the U.S. outbreak of COVID-19, and our nurses played a critical role in combating the global pandemic by efficiently and capably treating the surge of patients. Our existing staff of more than 9,600 nurses was augmented by nurses from all over the nation who answered our call for assistance. Throughout the first few weeks of the crisis, more than 5,000 temporary nurses joined our ranks, including nurses from more than 78 staffing agencies; 164 nurses and medics from the Army, Navy and Air Force who were deployed through the U.S. Department of Defense; recently-retired nurses who returned to the workplace; and more than 200 nurses from other city agencies such as school nurses from New York City's Department of Health and Mental Hygiene and Department of Education who were redeployed to our facilities.

We received assistance from nearly 500 nurse volunteers, recruited through the New York State Medical Reserve Corps; as well as students, instructors and other volunteers from local colleges and universities. In addition to providing direct patient care and serving as active bedside nurses for both COVID-19 and non-COVID cases, these newly-mobilized nurses and volunteers served in various vital roles throughout our network. This included deploying licensed registered nurses to handle tele-health outreach, including registration and call center functions; nursing faculty and instructors to assist with training and to support students when they are on-site at our facilities; and students to assist patients with the activities of daily living and hygiene, including assessing vital signs; answering call bells in non-isolation rooms; assisting with nutrition, hydration, elimination and ambulation; and providing comfort and basic interaction with patients.

To facilitate nurse recruitment, deployment, credentialing and education, NYC Health + Hospitals implemented a new Virtual Deployment Team; created a "fast-track" credentialing program; developed a virtual orientation and educational program for all new staff; converted existing nursing orientation procedures and materials to online training; developed specialized COVID-19 educational materials, and reduced the typical onboarding process for new nursing staff from the traditional four-week time frame down to just two days. Chief Nursing Officers at each facility redeployed existing nursing staff on an as-needed basis.

Additionally NYC Health + Hospitals implemented emotional support and wellness programs to help our nurses heal and address these heartbreaking experiences, including Wellness Rounds and Wellness Spaces. The "Helping Healers Heal" Peer Support Champions, leadership, Behavioral Health and ancillary support volunteers are actively engaging employees working in areas heavily impacted by COVID-19; these wellness rounds focus on identifying and supporting employees showing symptoms of anxiety, depression, fatigue and burnout, and connecting them to services if requested—including one-on-one telephonic, in-person debrief, or anonymous counseling. In addition, all NYC Health + Hospitals facilities have designated special spaces for staff to get relief from their patient care duties. The spaces are located near service areas that are heavily impacted by COVID-19 patient volume; and allow staff to de-stress, catch their breath, grab a snack and engage in other wellness activities.

## Take Away Notes:

- The COVID-19 global pandemic is an ongoing challenge and is expected to continue for the foreseeable future. The goal of this presentation is to assist management and staff at other healthcare facilities around the world address this crisis by learning from NYC Health + Hospitals' example
- Each of the following areas was critical to our emergency management of this crisis and will be addressed in the presentation:
  - Recruitment
  - Credentialing
  - Deployment
  - Education
  - Support for staff, including physical support such as hotel rooms for nurses coming from out of town, for nurses who are unable to return home due to the risk of exposing members of their household to COVID-19; and for nurses who must self-quarantine due to possible exposure to the virus; as well as free childcare resources; various transportation arrangements, including taxi service, shuttle bus service, and on-street parking permits; and food service, including daily breakfast and dinner deliveries as well as grab-and-go deliveries of groceries, toiletries and other essentials

## Biography

Dr. Natalia Cineas, DNP, RN, NEA-BC, is Senior Vice President/System Chief Nursing Executive for NYC Health + Hospitals, the largest public healthcare system in the nation, serving more than one million New Yorkers annually in more than 70 patient care locations. She previously held nursing leadership roles at New York City's Mount Sinai St. Luke's Hospital, and New York-Presbyterian Hospital, Columbia University Medical Center. She holds a Doctorate of Nursing Practice from George Washington University; Masters of Science in Management and Bachelors of Science from New York University, and Bachelors of Arts in Psychology from Stony Brook University.

# SPEAKERS

## NURSING VIRTUAL 2020 WEBINAR

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## The exploration of the impact of interprofessional education: Dental hygiene, physical therapy and nursing perspectives

Davis Lori<sup>1\*</sup>, Fricke Moni<sup>2</sup>, MacDonald Laura<sup>3</sup>, Dr. Gerald Niznick<sup>4</sup>, Mayes Camisha<sup>5</sup>, Oliver Robin<sup>6</sup>, Ateah Christine<sup>7</sup>

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<sup>7</sup>Vice-Dean, Education, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, MB

Health professional educators are infusing interprofessional education (IPE) within curricula to ensure future healthcare providers are interprofessional collaborative care (IPCC) practitioners. To this end, a two-year longitudinal IPCC curriculum was implemented in 2016, placing nearly 600 students from nine health professional programs into teams. The curriculum is based on three foundational competencies common to all health professions: IPCC, population health and patient safety. Students learn with, from and about each other through face-to-face activities; simulation; online facilitated discussions; and a team assignment. Across the two-year curriculum, students are required to submit individual written reflections on their experience of interprofessional team communication and functioning. Program evaluation to date has focused on team development and individual learner responses to interprofessional socialization. Less understood is the potential difference in the lived experiences of learners from different programs. A qualitative analysis using focused ethnography was therefore undertaken by the curriculum developers to explore the perspectives of the 26 dental hygiene, 50 physical therapy students and 50 nursing students. The local ethics board was consulted and formal approval was not indicated for the evaluation of this curriculum. Using constant comparative analysis and researcher triangulation, five themes emerged from the learner reflections: 1) sharing expertise; 2) “the whole is better than the sum of the parts”; 4) open-mindedness; 5) breaking down barriers; and 6) finding your voice. Students moved from initially questioning the value of the IPE activities to realizing that they had changed as a result. Whether such curricula can affect sustainable change post-graduation remains unknown.

### Take Away Notes:

- A teaching strategy that can be used in the education of health care students which prepares and inspires learners towards providing patient-centred collaborative care across practice settings
- The role of qualitative program evaluation in interprofessional education
- An understanding of the shared and unique perspectives of dental hygiene, physical therapy and nursing students contextual to interprofessional education

### Biography

Lori Davis is a registered nurse with a Master of Nursing degree from the University of Manitoba. She began her nursing career in the neonatal intensive care unit. She has held a variety of roles in a tertiary care hospital in Winnipeg, Manitoba. For the past two years, Lori has taught in the undergraduate nursing program at the University of Manitoba. Lori is the College of Nursing Lead in the Office of Interprofessional Collaboration, Rady Faculty of Health Sciences, University of Manitoba



## The contemporary psychoeducation of primary caregiver of child with Autism Spectrum Disorder (ASD) in Hong Kong

Wong Wing Chi Wendy

School of Nursing and Health Studies, The Open University of Hong Kong, China

Autism spectrum disorder (ASD) is a mental illness of which children have deficits in social communication and interpersonal interactions. They show restricted and repetitive behaviors that limit their daily functioning. There is a rising trend of ASD among children in local and overseas. Taking care of children with ASD is challenging. Healthcare professionals are responsible to provide psycho education to caregiver of children with ASD. This study aimed to explore the needs in psycho education of caregivers of children with ASD. This study employed a qualitative study design. Six caregivers of children with ASD were recruited from public. Data collected through face-to-face semi-structure interviews by an interview guide from December 2019 to January 2020. Content analysis was used to analysis the data. Themes and sub-themes were emerged. Ethical approval was obtained from a Research Ethic Committee at a local University. It was found that health information and psycho education about ASD were insufficient when the child was diagnosed to have ASD, and psychiatrist and nurses always gave the caregivers this information in a rush. Besides, the information provided also incomprehensive in lack of management of problem behavior and parenting skill to child with ASD. It was recommended that psycho education provided by health care professionals should be timely and applicable. Caregivers of children with ASD are no longer satisfied with information regarding nature of illness and treatment regime; in addition, they need the practical knowledge to relief their burdens in daily caregiving.

### Take Away Notes:

- This study showed the contemporary needs of caregivers of children with ASD under the ordinary practice of Child and Adolescence mental health nursing. Health care professionals will be inspired on how to develop a useful contents of psychoeducation in order to support the caregivers of children with ASD
- This study pointed out the significance of transforming knowledge to practice while providing psychoeducation to caregivers. Despite nurses provide knowledge about the management of ASD to the caregivers, caregivers were unable to translate the theories into practice that led to the escalation of their burden. Psychoeducation focused on application will be the up-coming trend to improve caregivers' support in the management of children with ASD

### Biography

Dr. W. C. Wong is a Registered Nurse and Registered Psychiatric Nurse in Hong Kong. She obtained the Bachelor of Nursing with Honors and Master of Science in Nursing in 2001 and 2010 respectively. She also obtained a Post-Graduation Diploma in Psychiatric Nursing in 2005. Subsequently, she obtained a DBA in 2015. Before started her academic career, she worked in various hospital specialties and had considerable clinical experience. Dr. Wong joined the Open University of Hong Kong in 2011. She was promoted to Associate Professor in 2018. Her research interests include mental health nursing in child and adolescence.



## Infection prevention and control of COVID-19

Wennv Hao<sup>1\*</sup>, Xuewei Du<sup>2</sup>

<sup>1</sup>Emergency Department, Affiliated Hospital of Inner Mongolia Medical University, Hohhot, Inner Mongolia Province, China

<sup>2</sup>School of Nursing, Inner Mongolia Medical University, Hohhot, Inner Mongolia Province, China

In December 2019, patients with pneumonia of unknown cause were emerged in Wuhan, China. On February 12, 2020, WHO officially named the disease caused by the novel coronavirus as Corona virus Disease 2019 (COVID-19). COVID-19 has the characteristics of fast transmission, wide transmission and strong infectious. Droplets, close contact, aerosols, as well as fecal and oral transmission are all routes of transmission of the virus. Most of the patients infected with the virus have fever, dry cough, dyspnea and other symptoms, and even acute respiratory distress syndrome, septic shock, metabolic acidosis, bleeding, and coagulation dysfunction. As of 16:00 on 30 May 2020, a total of 5912,445 confirmed cases and 365,030 deaths have been reported globally. As of this date, the number of confirmed and suspected cases outside China is increasing dramatically, as is the number of deaths. On 11 March 2020, WHO Director-General Dr. Tedros Adhanom Ghebreyesus said that there was deep concern about the extent and severity of the COVID-19 epidemic. COVID-19 presents a vast public health challenge, not only to China but also around the world. COVID-19 emerged as a public health threat and was declared a pandemic by the World Health Organization in March 2020. Since the COVID-19 outbreak was a bio-disaster with profound psychological effects on health workers. Medical and paramedical staff, particularly in service in emergency planning, are frequently exposed to situations of great physical and psychological stress. It is necessary to establish specific measures to reduce the risk of medical staff infection in interactions with COVID-19 patients.

### Take Away Notes:

1. Requirements for Pre-Examination, Triage and Fever Clinics
  - Strengthen the work of pre-examination, triage, and fever clinics
  - Pre-examination triage area setting
  - Fever Clinic's settings
  - Quarantine Setting
  - Isolation Ward Management Requirements
  - Negative Pressure Ward Settings
  - Case Monitoring and Detection
  - Specimen Collection and Laboratory Testing
2. COVID-19 Infection Prevention and Control of Hospital Infection
  - Quarantine Measures
  - Protection Principles and Measures
  - Protection of Medical Personnel
  - Provide Intense Education and Training for Medical Personnel

- High-risk medical personnel wearing protective clothing flow chart
- Flow Chart of the Removal of Protective Clothing for High-Risk Medical Personnel
- Medical Staff Hand Hygiene
- Patient Management
- Escort Management
- Staff Management
- Disinfection Measures for Object Surfaces, Floors, Reused Items, etc.
- Medical Staff to Observe Cases or Diagnose the Health Management of Infected Patients
- Protection of Medical Personnel
- Provide Psychological Counseling

## **Biography**

Dr. Hao studied Nursing at Inner Mongolia Medical University and graduated as MS in 2002. She works in Department of Emergency, Affiliated Hospital of Inner Mongolia Medical University. She became a master's tutor in 2013, training more than 13 students. In 2020, She has published 3 research articles in SCI(E) journals.



## An effective nursing intervention method for COPD patients: A chinese experience

Xuewei Du<sup>1\*</sup>, Wennv Hao<sup>2</sup>

<sup>1</sup>School of Nursing, Inner Mongolia Medical University, Hohhot, Inner Mongolia Province, China

<sup>2</sup>Emergency Department, Affiliated Hospital of Inner Mongolia Medical University, Hohhot, Inner Mongolia Province, China

Chronic Obstructive Pulmonary Disease (COPD) is caused by a complex array of physical changes such as chronic obstruction of the airways and destroyed alveoli. This may lead to an overload or fatigue of respiratory muscles, disturbances of gas exchange between the lung and blood and air trapping. Hence, people with COPD may develop an ineffective breathing pattern in form of an insufficient ventilation, resulting in an increased respiratory rate (RR), decreased vital capacity, and decreased time on inspiration (TIN), and expiration (TEX), which are also associated with symptoms of breathlessness/dyspnea. Diaphragmatic breathing, deep breathing, yoga breathing, and pursed-lip breathing is breathing exercises that can affect the ability to improve an ineffective breathing pattern, to breathe deeply and, thereby reducing breathlessness. The Global Initiative for Chronic Obstructive Lung Disease (GOLD) has defined COPD as a common preventable and treatable disease that is characterized by persistent airflow limitation that is usually progressive and is associated with an enhanced chronic inflammatory response in the airways and the lungs to noxious particles or gases. COPD is the sixth highest cause of disease burden and is the sixth leading cause of death in Australia. It is also reported to be the third most common cause of lost work days in the United States. In Australia, COPD contributes to 46% of the total disease burden for all respiratory conditions and the rising cost of providing a health care service for these people indicates the need for a new and effective approach to management. COPD is demanding for the individual patient and the symptom breathlessness and impaired quality of life (QOL) increase during the more severe stages of the disease. Breathlessness is often the reason why patients with COPD seek medical help. Thus, relieving symptoms and improving QOL are important aims for patient care and treatment approaches. The use of pharmacological treatments alone is not effective; thus, additional nonpharmacological approaches such as breath retraining exercises have been suggested. To improve the outcome of individuals with COPD, a multi-factorial treatment approach is recommended including components such as optimizing function through the use of pulmonary rehabilitation; and developing a support network and self-management plan. Thus, implementing effective management of COPD patients is becoming increasingly important. Notably, there are a growing number of reports from around the world of methods of effectively managing COPD. In this speech, I will introduce you to the intervention method, which has been proven to be successful and effective.

### Take Away Notes:

- Introduction to pathophysiology and clinical manifestations of COPD disease
- The current epidemiological status of COPD
- The main nursing intervention methods of COPD
- Successful application of COPD nursing intervention based on IKAP theory

### Biography

Xuewei Du studied Nursing at Inner Mongolia Medical University and graduated as MS in 2013. Then, she continued to study Master of Nursing in Inner Mongolia Medical University. In 2020, She has published 1 research articles in SCI(E) journals.





## Brazilian nursing observatory during the COVID-19 pandemic: Processes and results

Marcelo Felipe Moreira Persegona<sup>1\*</sup>, Manoel Carlos Neri da Silva<sup>2</sup>, Gilney Guerra de Medeiros<sup>3</sup>, Neyson Pinheiro Freire<sup>4</sup>, Ricardo Antônio Ribeiro Pires<sup>5</sup>

<sup>1</sup>Planning and Management Advisory, Federal Nursing Council, Brasília, Federal District, Brazil

<sup>2</sup>Presidency, Federal Nursing Council, Brasília, Federal District, Brazil

<sup>3</sup>Board of Directors, Federal Nursing Council, Brasília, Federal District, Brazil

<sup>4</sup>Communication Advisory, Federal Nursing Council, Brasília, Federal District, Brazil

<sup>5</sup>Planning and Management Advisory, Federal Nursing Council, Brasília, Federal District, Brazil

The World Health Organization (WHO) declared the global pandemic by Covid-19 on March 11, 2020, from that date on, Cofen initiated a series of institutional actions to combat Covid-19 in Brazil. Among these actions is the launch of the Nursing observatory, on March 30, 2020, to monitor the situation of the Covid-19 pandemic in nursing professionals and seek solutions that reduce the risk of contamination and offer support to nursing professionals who are at the front of combating this pandemic throughout the country. The observatory has an electronic form for nursing professionals, Nursing Coordinators from hospitals and Crisis Management Commissions of the Regional Nursing Councils to notify the cases of nursing professionals infected or who died by Covid-19. The information received is processed and presented in the form of tables, charts and cartograms. This information is used to produce daily newsletters to support Cofen decisions and inform Brazilian society and national and international health agencies about the progress of Covid-19 in Brazilian nursing professionals. The bulletins are also used by the national and international press. The observatory began with a simple electronic form developed in Google Docs, which evolved into an information system developed by Cofen's IT team that processes the information received and verifies and validates the data sent by comparing it to Cofen's professional database. This process allows some data to be reported and supplemented with Cofen's data. Currently, Brazil has 2,306,000 registered professionals, divided into four professional categories (Nurse, Obstetrician, Nursing Technician and Nursing Assistant).

### Take Away Notes:

- How Cofen organized its observatory for the collection, treatment and dissemination of information on the progress of Covid-19 in Brazilian nursing professionals
- The computer tools are used in the Nursing observatory
- The dissemination process of daily newsletters to the target audience
- The problems were faced and how they were solved

### Biography

Marcelo Felipe Moreira Persegona is PhD Environmental Policy and Management from the University of Brasília. He is currently professor at the SENAC Faculty. In the Federal Nursing Council (Cofen), he holds the position of Planning Advisor. Author of "The Google Secrets: How to do smart Internet Research" and co-author of "The Great Environmental Transformation: A Chronology of Man-Nature Dialectics". He has experience in the Computer Science and Environment area, working in the following subjects: Knowledge Management, Information Management, Information and Communication Technology, Geographic Information Systems (GIS), Strategic Planning, Policy and Management of Science and Technology.



## The importance of Adiponectin for the prevention of obesity in children

Gerardo Fernando Fernand Soto<sup>1,2\*</sup>, Carolina Arráiz de Fernandez<sup>1,3</sup>, Nereida Valero Cedeno<sup>4</sup>

<sup>1</sup>College professor of the Nursery Career, School of Health Sciences, research and development department, Technical University of Ambato, Ecuador

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<sup>4</sup>Southern State University of Manabi, Ecuador

According to the World Health Organization (WHO), the prevalence of obesity and its metabolic complications, both in adults and infants has considerably increased in recent decades. This increase in pediatric adiposity has created a relevant public health problem, as there are comorbidities such as dyslipidemia, hypertension, glucose intolerance, and hepatic steatosis. In the long run, these overweight children may become obese adults with an increased risk to get cardiovascular diseases. The role of adipose tissue goes beyond the simple storage of lipids and energy supply by mobilizing free fatty acids during fasting, it is a complex endocrine organ characterized by the adipokines secretion, adipocyte hypertrophy and infiltration of macrophages predominantly of visceral adipose tissue, which unleash an imbalance in the synthesis of proinflammatory/anti-inflammatory adipokines, with a decrease in anti-inflammatory adipokines: adiponectin and omentin-1, causing a low-grade chronic inflammation that determines the fundamental mechanism in obesity. Adiponectin exerts its anti-inflammatory effects directly on the macrophage. It changes the polarization of macrophages from the M1, pro-inflammatory category, to the M2, anti-inflammatory category. In other words, it modulates the classically activated pro-inflammatory phenotype of macrophages (M1) to alternately activated macrophages (M2); it stimulates the expression of arginase-1 and IL-10; and it improves the ability of macrophages to eliminate apoptotic bodies early, which is crucial in the prevention of inflammation. There is a new protective function of Adiponectin against metabolic disorders and organic damage through T-cadherin that facilitates the exosomal release of inadequately folded proteins, controls cellular stress, decreases ceramide levels, and maintains cellular homeostasis. Another essential function of adiponectin is to protect cells from apoptosis induced by endoplasmic reticulum stress and the reduction of the inflammation in adipocytes, hepatocytes, endothelial cells, and pancreatic beta cells as it blocks mitochondrial apoptosis through the activation of the pathway of the protein kinase signal. Adiponectin is a potential biochemical biomarker in metabolic disorders since it modulates the pathogenesis of overweight and diabetes mellitus type 2, thus considered key to the creation of new therapeutic intervention and prevention of these pathologies.

**Acknowledgments:** This review paper was carried out within the framework of the research project “Learning Strategies with Social Relevance for the Prevention of Childhood Illnesses,” from the research and development direction (RDD), approved by the University Council of the Technical University of Ambato with Resolution: 0417CU-P-2018

### Take Away Notes:

- Adiponectin exerts its anti-inflammatory effects directly on the macrophage. It changes the polarization of macrophages from the M1, pro-inflammatory category, to the M2, anti-inflammatory category
- There is a new protective function of Adiponectin against metabolic disorders and organic damage through T-cadherin, which facilitates the exosomal release of inadequately folded proteins
- Adiponectin is a potential biochemical biomarker in metabolic disorders, since, it modulates the pathogenesis of overweight and diabetes mellitus type 2, therefore the audience can apply the new knowledge of adiponectin in his personal life to keep the anthropometric indicators within normal limits to control the central adiposity, improving his life and feeding style, in addition, to perform a correct modeling with his children to incorporate them into a family program for the prevention of childhood obesity

- The new knowledge of adiponectin can be applied for the prevention and control of obesity with patients during the process of nursing care
- The nursing professional is the cornerstone in the execution of clinical research, where it guarantees a holistic care of the participants, promoting a balanced diet and the realization of physical activity, covering educational and training areas using the new knowledge of adiponectin, where the nurse explores and strengthens the leadership as a researcher, strengthening good communication between patients and the research team
- Adiponectin is considered beneficial because it exercises an anti-inflammatory effect, it inhibits the growth of Mycomonocytic progenitors and the functioning of mature macrophages, stimulates the production of macrophages of anti-inflammatory IL-10 and inhibits TNF- $\alpha$ . Besides, the Adiponectin also decreases the production of species reactive oxygen (ROS) in human neutrophils. Adiponectin is a potential biochemical biomarker and anti-inflammatory in metabolic disorders, since it has an insulin sensitizing effect, increases oxidation of fatty acids and plays an important role in minimizing oxidative stress, which decreases the development of disorders metabolic diseases such as diabetes and obesity. Obesity is associated with the increase in concentrations of circulating proinflammatory cytokines and proteins of the acute phase such as C-reactive protein (PCR), with a decrease in adiponectin. This way inflammation has emerged as a factor predictor, and perhaps etiologic, of the disease cardiovascular.

## **Biography**

Dr. Gerardo Fernando Fernandez Soto. He studied medicine at the University of Zulia, Venezuela. He graduated in 1986. He got his Specialist Pediatrics degree in 2001. He is Master in teaching for Higher Education. He got his master degree in 2006. He is PhD of Medical Sciences. He got his PHD degree in 2008. He is master in Immunology. He got his master Immunology degree in 2015. Currently, he is studying his PhD in Health Sciences at the same institution. He has advanced studies in nutrition and metabolism, University of Córdoba, Spain 2010. He has a Postdoctorate in science and technology management. He is Professor of the Nursing Career in the Health Sciences Faculty of the Technical University of Ambato in Ecuador and he is researcher of the project "Learning Strategies with Social Relevance for the Prevention of Childhood Illnesses" developed in the University of Ambato in Ecuador, He has published more than 20 research articles in SCI(E) journals. Regular member of the "European Society for Immunodeficiencies."



## Stress management during COVID -19 pandemic

Rakesh Joshi

Deputy Registrar-Geetanajali University, Rajasthan, India

COVID-19 is new and progressive an infectious disease which is caused by corona virus. The World Health Organization has declared COVID-19 as Pandemic on 11th March 2019.its symptoms are ranging from common cold to severe diseases. They include fever, dry cough, sneezing, shortness of breath, tiredness and symptoms of body ach. Sometimes it is asymptomatic depends on individual to individual immunity. The major impact of COVID-19 is development of stress, fear and anxiety condition on person because of lack of vaccines and right line of treatment and management. Everyone is reacting differently to such stressful conditions.

Stress is nothing it's just feeling unpleasant or the body's reactions which occur when body loss their adjustment physically, emotionally or mentally and socially. Stress is normal process of life. Everyone experience stress in their life. It may be either positive or negative depend upon situations, for examples when it helps you alertness and ready to avoid danger it's called positive stress and it is negative when individual continuous challenges or stressed without any relaxation.

### Stress during an COVID-19 outbreak can include:

- Stress and fear thought about own and loved ones health
- Stress and fear about social distancing
- Fear about community isolation
- Stress about job termination
- Worsening of mental health conditions
- Alteration in feeling and thought
- Insomnia
- Changes in eating patterns
- Lack of concentrating
- Worsening of previous chronic health conditions

**In this article we look some steps which will help in stress management persons during COVID19 Pandemic. This includes**

- Regular exercise
- Take healthy diets
- Take adequate rest
- Maintain good hygiene

- Express yourself
- Communicate or connect with others
- Help people
- Awareness people
- Entertain yourself

## **Biography**

Rakesh Joshi was born on August, 22<sup>nd</sup>, 1985 in Udaipur city, Rajasthan. He received MBA Degree in Hospital Administration from the top ranked Swami Vivekanand Subharti University, Meerut in 2016. & M.Sc. Degree in Neuroscience Nursing from Rajasthan University of Health Science, Jaipur in 2013. He also done various PG Diplomas, Diplomas, Certificates and various short term courses in field of Medical Science such as Hospital Administration, Medico Legal System, HIV/AIDS, Alternative Medicine, Diet and Management, Cancer & Palliative Nursing etc. He worked as Vice Principal in Arihant Group of Education at Udaipur between 2013-2016 then he joined as Assistant Registrar -Academics in Geetanjali University, One of the first Private Medical University of Rajasthan having 250 seats for MBBS, now he is acting as Deputy Registrar since 2018.

He is always inclined toward imparting knowledge which directed him into academic and administration. He has attended and conducted various workshops, seminars and conferences.

In 2014, he wrote and published his first book on 'Manav Sharir Rachna Evam Kriya Vigyan' for medical and allied health students further he has written number of books and publications in the areas of medical science. He is member of Editorial Board of Global Nursing Journal of India, Associate Member of AHA (Academy of Hospital Administration), Lifetime Member of TNAI (Trained Nurses Association of India), Member of Scientific Committee of IJNC (International Journal of Nursing Care), Member of Scientific Committee of IJPN (International Journal of Psychiatric Nursing).

He is craving to contribute to the academic that lead to penning down his knowledge and writing books with a notion that everybody can use it for his/ her betterment. He is happily married and father of one son.



## Role of Nurse in Oncology

R.Thamilselvi

VMKVMC & Hospital, Tamil Nadu, India

Infection prevention and control measures to be a part of concern in health care. During this Novel Covid – 19 period because of their proximity to patients and play a pivotal role in health care delivery, nurses are in a unique position to enforce infection control practices. Now Covid – 19 pandemic period, Nurses are usually provide front line care and have daily contact with patients, fulfilling vital services such as inserting and changing IVs, administering medications, interacting with the patients and their families, monitoring and maintaining patient. Nurse who specialized in Oncology by providing care & treatment to patients with cancer. They should take care of critically or chronically ill cancer patients by administering treatment, providing information and physical & Mental support. They work with physicians as a part of interdisciplinary teams to care for cancer patients in hospitals or clinics. Oncology nurses are key to successful outpatient care, serving as advocates, binders, caregivers, dedicators, educators and patient champions from diagnosis through treatment and into survivorship.



## The COVID-19 fear factor

Surbrena Forbes-Pedican

Turks and Caicos Islands Hospital, Turks and Caicos Islands

COVID-19 has dominated the headlines around the world for at least five months with the World Health Organization (WHO) declaring a pandemic on January 20, 2020. SARS-CoV2 is the name of the virus and COVID-19 is the disease. It is an enveloped, positive-sense single-stranded RNA virus that is novel (new) and is highly contagious. The virus spreads via respiratory droplets, airborne aerosols, and contact routes. To date, WHO has recorded 7,145,539 positive cases COVID-19 and 408,025 deaths worldwide. According to the Center for Disease Control and Prevention (CDC), there has been a total of 2,016,027 cases with 113,914 deaths in the United States (U.S.) and of that 75,763 healthcare workers (HCWs) have become infected and of that total, 409 have died (2020). In a recently published Medscape article, it states that the international council of nurses recorded an estimated 450,000 HCWs with COVID-19 and of that, over 600 nurses have died. Healthcare workers do have a reason to fear COVID-19, but only if they have a lack of adequate amounts of personal protective equipment (PPE), hand sanitizers, cleaning, and disinfecting products, and limited infection and prevention training (IPC) training. Since the pandemic there has been a disruption in the supply chain with the availability of PPEs and hospitals have had to ration supplies and encourage reuse or extended use of PPEs.

The Turks and Caicos Islands Hospital, InterhealthCanada, is a 30-bed facility with various inpatient and outpatient departments across two locations. In the Turks and Caicos Islands, we had to obtain assistance from Public Health England to source these precious commodities. The IPC, purchasing, and stores department have worked hard to make sure that all staff had the necessary supplies to work safely, and comprehensive hands-on IPC training was provided to all staff. A total of 83 nurses, 43 doctors total of 12 have gone through the IPC Pandemic training. So far among the frontline workers, 37 COVID-19 tests were done, of that 30 nurses and 7 doctors all tested negative for COVID-19. Because of the COVID-19 fear factor, the HCWs were compliant with PPE guidelines and I believe there is a newfound respect for the work we IPC nurses do to keep everyone safe.

### Take Away Notes:

- Precautionary infection prevention and control (IPC) measures to avoid/minimize transmission of infections.
- The reason for the COVID-19 fear factor
- The importance of a stable supply chain

### Biography

Surbrena Forbes-Pedican is a student at American Sentinel University studying for her master's degree in Infection Control. She is the only certified infection control nurse in the Turks and Caicos Islands where she works at the only hospital. Her nursing career spans over 20 years with previous experiences in ER and Cardiac Nursing.

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## Using of active learning strategies to teach pharmacology in nursing

Nancy Armstrong

Murray State University, USA

Pharmacology can be a difficult subject to teach, due to challenging terminology, multiple side effects, and demanding amounts information to learn. Making the course content interactive can help students learn to apply the knowledge more readily and maintain classroom attention. Active learning strategies have been shown to improve students' understanding pharmacology courses (Tripathi et al., 2015) and improve HESI scores in pharmacology (Yoho, 2015). Pharmacology can be less overwhelming for students when active learning strategies are employed (Kaylor, 2016). The current format for teaching pharmacology at Murray State University involves two courses. A three-hour initial course in the sophomore year and a one-hour refresher course in the senior year. In the initial course, several techniques are used to encourage interactions. The lectures involve PowerPoints with fill-in-the-blank sections on each slide and questions, that students must verbally supply the answers to during lectures. Each class ends with practice NCLEX-style critical thinking questions that the whole class must answer together. Case studies are used in class to encourage critical thinking and interaction. The students also create commercial or music video for one of the classes of antibiotics in small groups and they are presented to the class. Toward the end of the semester, the students meet twice with an older person of their acquaintance, at least 50 years of age, who is taking at least four prescription medications. The first time they meet, the student obtains a health history and a list of medications. The second time they meet, they provide the layperson with education about their medications at the learner's level. This activity helps students to apply the knowledge that they have gained during the semester, they also are able to practice providing health education to a client, and it gives the patients with needed information about their medications.

In the second pharmacology course for senior nursing students, the students take turns presenting information about six of the most likely drugs to be appear on the NCLEX (National Council of Boards of Nursing Licensure Examination) examination. The focus is on learning generic names, classifications, indications, major side effects, nursing implications, and patient education. The students are required to end the presentation with an interactive activity to assess if their fellow students learned the information. Examples of activities used include Jeopardy-style games, relay races using pharmacology questions, and bingo. The students are graded on content, creativity, clarity of their presentation, and if their method of knowledge assessment was appropriate. Prior to class, each student must submit one NCLEX-style question about each of the six drugs that will presented about that week on a class wiki, being careful not to repeat a question that is similar that another student has submitted. The students also must take a 15-question HESI over the related content within three days of the presentation, and score at least a 90%. Both courses receive overall high evaluation scores and positive feedback about knowledge obtained and teaching techniques. The students' HESI specialty exam mean score for pharmacology spring 2017 was 910 and 908 in fall 2017, compared to the national mean of 846.

**Conclusion and Application to Nursing:** It appears that consistent exposure to nursing-focused pharmacology education, using an active learning environment, can help students retain and apply the information effectively on a standardized examination. This teaching format would work well in any type of nursing program with to effectively promote student learning.

**Outcome:** After reviewing this poster, the reviewers should be able describe at least three strategies that could be used to create an active learning environment in a pharmacology course.

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