

Nursing VIRTUAL 2020

October
19-20, 2020

“

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

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in the field of Nursing

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Venise Bryan
Athabasca University,
Canada



Amanda dos Santos Moraes
Federal University of Sao Paulo,
Brazil



Jemima D. Desir Douge
Florida's Poison Control Centers,
USA



Theyamma Joseph
Mar Sleeva College of Nursing,
India



Katherine Taylor Pearson
U.S. Army Medical Command,
USA



G. Muthamilselvi
Vinayaka Mission's College of Nursing,
India



Hazel L. Downing
Kuakini Medical Center & Hawaii Pacific University,
USA



Pisamai Natun
Mahidol University Amnatcharoen Campus,
Thailand



Eman Salman Taie
Helwan University,
Egypt



Ani Dezhakam
Islamic Azad University,
Iran



Ns. Livana PH
Sekolah Tinggi Ilmu Kesehatan Kendal,
Indonesia



Diana Pernicano
White Plains Hospital,
USA



Sarinrut Juntapim
Khon Kaen University,
Thailand



Alphonsus O. Obayuwana
Triple-H Project, LLC,
USA



Valencia Lyle
State of Michigan,
USA



Traci A. Owens
Attorney at Law San Jose,
USA



Navin Kumar Devaraj
Universiti Putra Malaysia,
Malaysia



Mohammad Qassim Abdullah
University of Aleppo,
Syria



Jilani Ben Touhami Meftah
Counselor,
Tunisia



Gabrielle Gallo
AUniversity of Southern California, United States



Ethan Ramirez
University of South Florida Morsani College of
Medicine, USA



Ingrid Vasiliu-Feltes
MEDNAX,
USA



Xu Chen
University of the Rockies,
USA



Shyamapada Mandal
University of Gour Banga,
India

Thank You
All...

Keynote Speakers



Adele A. Webb
Strategic Education, Inc.,
USA



Natalia Cineas
New York City Health + Hospitals
Corp, USA



Renee Bauer
Indiana State University,
USA



Evian Gordon
Total Brain, USA



Kalliopi Megari
Aristotle University of
Thessaloniki, Greece



Sergey Suchkov
Sechenov University,
Russia

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 during October 19-20, 2020 has been wrapped with multipurpose tasks where sharing the knowledge is just not our aim, it also focuses on bringing everyone together with a familial atmosphere, where you can meet up the committed professional, professors, scientists and young scholars who shares the same area of importance, make the study allocation simple and suitable where each minute is entrenched with inspirational and joyful process.

KEYNOTE FORUM

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SESSIONS ON:
NURSING

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Adele A. Webb

Strategic Education, Inc., USA

The impact of diabetes on global population health

This presentation will demonstrate the spread and seriousness of the current global diabetes pandemic. By examining the concepts of social determinants of health and how such determinants relate to the global pandemic, this presentation will offer interventions based on a population health framework to decrease the number of cases of diabetes being diagnosed nearly daily worldwide.

Take Away notes:

At the end of the presentation, the participant will be able to

- Explain the difference between public health and population health.
- Describe the scope of the epidemic of diabetes worldwide.
- Demonstrate effective interventions to prevent recognize and treat diabetes globally.

Biography

Adele 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, she collaborates with WHO and the World NCD Congress. She has contributed to nurse capacity building in 53 countries. She 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

New York City Health + Hospitals Corp, USA

COVID-19 nursing resilience strategies at the largest public health system in the United States of America

As the largest public health care system in the nation, serving more than one million New Yorkers annually, New York City Health + Hospitals was among the first and hardest-hit healthcare organizations to experience the full force of the global pandemic. Dramatically increased patient volumes, combined with unprecedented stress and demands on nurses and other frontline staff, created a significant and ongoing need to enhance resiliency and bolster overall psychological and emotional well-being throughout our system. My primary role as the System Chief Nurse Executive is to serve as the chief communicator and advocate for the nurses and staff during the COVID-19 crisis, and to collaborate with other departments to develop and implement a long-term strategy to improve nurse and staff resiliency in anticipation of future crises. Together with other departments, city and state officials, we developed a comprehensive assortment of supportive resources and initiatives, including increased training and awareness regarding trauma, stress, and coping strategies, to help our dedicated nurses and staff cope with difficult personal and professional issues that arise during intense emergency situations.

Biography

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.



Renee Bauer

Indiana State University, USA

Cuban healthcare and plans for ISU students

I would like to speak of the Cuban healthcare system and our relationship with the university. We are planning a journey with Indiana State University and faculty to spend time in Cuba. Then, we will get a global travel arrangement for our nursing students to go there and learn about the healthcare system. Cuba has a low infant mortality rate so we can learn from them regarding health care and going out into the community. It is our hope that because this country is close to the United States, we can help support our students to travel there. Specifically, I am interested in those treating mental illness.

Take away notes:

- An appreciation of what Cuba has to offer in the way of health care.
- Encourage more health care prevention. Cuba is known for preventative treatment.
- MEDDIC
- Indiana State University and their travel history with students.

Biography

Renee Bauer studied nursing at Indiana State University, Terre Haute and graduated with her PhD in 2015. She has spent 25 years working in psychiatry and teaching research and psychiatric nursing. She has over 30 publications and 40 presentations. Presently, she is attending the University of Southern Indiana to obtain her psychiatric practitioner license.

SPEAKERS | DAY
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SESSIONS ON:
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**Venise Bryan**

Athabasca University, Canada

Preceptors' authentic leadership effect on students' self-efficacy, job satisfaction and job performance

The study examined the relationship between final year nursing students' perceptions of preceptor authentic leadership and self-efficacy. Nursing students are required to engage in a preceptorship experience at the end of their nursing education for socialization into the profession and learning consolidation to facilitate optimum transition from student to nurse. Unfortunately, preceptorship has been identified as the most stressful experience that nursing students engage in and poor relations with clinical staff and low competence beliefs to nurse have led to attrition after graduation. To date, a limited number of studies have examined preceptors' leadership style, particularly authentic leadership and student nurses self-efficacy. Authentic leadership has been identified in the nursing literature as a root element for creating healthy work environments to enhance nurturing leader-follower relationships. Hence, this study addresses:

- a) The relationship between perceived preceptor authentic leadership and nursing students' self-efficacy, job satisfaction, and job performance.
- b) The influence of the final clinical practicum on nursing students' self-efficacy to nurse, and
- c) The mediating effect of self-efficacy on perceived preceptor authentic leadership, job satisfaction and job performance.

Data were collected from 94 randomly selected final year nursing students (93% females and 7% males) using four standardized instruments: authentic leadership questionnaire, adapted self-efficacy scale, global job satisfaction survey, and general performance scale. Data were analyzed using descriptive and inferential statistics. The results showed that students perceived preceptors demonstrated a moderate to high level of authentic leadership ($M = 3.21$, $SD = 0.68$), and the final clinical practicum experience positively influenced their self-efficacy ($t(93) = 3.96$, $p < .001$). Authentic leadership had a significant direct association ($r(93) = .45$, $p < .001$) with self-efficacy and job satisfaction, and an indirect relationship with job performance as mediated through self-efficacy. The study's findings show that authentic leadership has implications for nursing practice, leadership, and education as the study provides support for the effectiveness of the theory in the preceptorship experience of the final year nursing student population in enhancing their self-efficacy, job satisfaction, and job performance.

Take away notes:

- The audience will be able to use what they learn from this study to advocate for preceptors who are able to demonstrate the characteristics of authentic leadership to enhance the learning experience for nursing students and assist their transition into the nursing role.
- Nurse educators, clinical instructors, and preceptors can use the study information in their job to help students' transition into nursing through understanding their role in building students' self-efficacy, job and career satisfaction, and performance.
- Other faculty members could learn from this research and expand their research program and teaching to further understand the applicability of authentic leadership to the nursing preceptorship or clinical practicum process in various

healthcare settings and location. This would add to the body of nursing literature on the applicability of authentic leadership to nursing, specifically preceptorship which has been limited to North America, more so the Canadian context.

Biography:

Venise Bryan completed undergraduate work in Biological Sciences and Nursing. She later completed a Master of Science in Nursing Education at the University of the West Indies. She received her PhD in Education in 2019 at the University of Calgary. She has been a faculty member at various tertiary institutions in Canada and Jamaica. Currently, she is an Assistant Professor at Athabasca University. She has published research articles in various peer reviewed journals on her research interests of interpersonal relations and authentic leadership in theoretical and clinical nursing education settings.



Amanda dos Santos Moraes

Federal University of Sao Paulo, Brazil

Cognitive behavioral approach to treat obesity: A long-term interdisciplinary randomized clinical trial

Abstract: Our aim was to analyze and compare the effects of programs: Education and Health (HE); Physical Exercise (PE); Interdisciplinary Therapy with Cognitive Behavioral Therapy (IT+CBT) in anthropometric profile, eating behavior, anxiety and depression, and quality of life of adults with obesity.

Methods: Forty-three volunteers (age= 40.02 ± 6.27 years, BMI= 34.22 ± 3.13 kg/m²) completed 30 weeks of interventions: HE (n=12), PE (n=13) and IT+CBT (n=18). The HE volunteers participated in lectures on topics to health (1x/month). The PE participated in training program (3x/wk). The IT+CBT program (3x/wk) received the same physical exercise training intervention plus nutrition, psychology and physical therapy (1x/wk).

Results: Quality of life total increased significantly in HE program ($\Delta = 2.00$). Although the PE decreased significantly body weight gain ($\Delta = -1.42$) and improved WHOQOL Physic ($\Delta = 1.05$), only IT+ CBT improved the anthropometric profile; quality of life in all domains (WHOQOL): physical ($\Delta = 1.70$), psychological ($\Delta = 1.24$), social ($\Delta = 1.80$), environment ($\Delta = 1.19$); eating behavior (DEBQ) total ($\Delta = -8.39$) and depression (BDI) ($\Delta = -10.13$) in adults with obesity.

Conclusion: The IT + CBT was able to provide better physical and psychological results compared with PE and HE program.

Biography:

Amanda studied Psychologist at the Lusiada University, Portugal and graduated in 2009. She then joined the research group of Prof. Ana Damaso at the Interdisciplinary Group on Obesity Studies – GEO in 2010. She received her Master degree in 2014 at the Federal University of São Paulo -UNIFESP – Santos, Sao Paulo, SP, Brazil. In 2017, began a PhD student supervised by Dr. Danielle Caranti at the same university, GEO Laboratory, Brazil. She has published more than eight research articles in SCI (E) journals.

**Jemima D. Desir Douge**

Florida's Poison Control Centers, USA

Clinical toxicology and poison control center services

This session will cover the challenges faced when dealing with a poisoned patient. Many substances can lead to poisoning and poisoned patients can present with a wide range of non-specific symptoms: alert/conscious to unconscious due to overdose on unknown or multi substances, environmental toxins, or even intentional exposures. In some cases, a poisoned patient must be treated even if he/she is still asymptomatic; it is often a race against time to effectively manage a critically ill poisoned patient. Timely consultation with a poison specialist is very helpful in assessing and treating these patients. Are you aware of the vast free resources available to you and your patients 24/7 at the poison control center? Are you well versed in the tox consult process with the poison control center? Did you know the poison control center can help lower morbidity and mortality as well as reducing healthcare costs? Are you aware that poisoning continues to be a serious public health problem worldwide? When was the last time you discussed poison prevention with your patients? By the time this conference is over, you will be equipped to assess, manage and educate your patients on poisoning risks.

Take away notes:

During this presentation, participants will obtain knowledge about the following:

- Poison Control Center services.
- Best practices for the initial evaluation and management of the poisoned patient.
- The importance of poison prevention education and advocacy.

Biography:

Jemima D. Desir Douge, MD, MBA, is the Healthcare Education Specialist at the Florida Poison Information Center in Tampa. Her work is to develop, implement, and evaluate strategies to reduce poisoning incidents while promoting effective post exposure management of the poisoned patient. She has developed and implemented a robust Tox. Curriculum for nursing students at 2 universities locally and piloted several poison prevention projects targeting medication safety, vaping, opioid epidemic, home safety, and recently COVID-19 related poisoning risks for people of all ages. She continuously fosters collaborative partnerships with other organizations and is an active member of several committees at the local, state, and national level. She has extensive experience working with the underserved and has been internationally recognized for her work. Her past projects include several public health interventions: collaborating with other agencies to bring medical care to remote regions with no healthcare access, leading immunization campaigns to help eradicate certain childhood ailments, and promoting safe sustainable health practices to help limit the spread of diseases. Dr. Dougé is fluent in English, French and Haitian Creole.



Theyamma Joseph

Mar Sleevea College of Nursing, India

Effectiveness of a structured teaching program on knowledge and practice regarding prevention of type 2 diabetes mellitus among adolescents in selected schools of Kerala

Background: Type 2 Diabetes Mellitus (T2DM) is a global epidemic which has looming implications for youth. This study was undertaken

- i. To assess and compare the knowledge and lifestyle practice related to prevention of T2DM.
- ii. To find the relationship between knowledge and lifestyle practice.
- iii. To compare the knowledge and lifestyle practice in urban and rural areas and
- iv. To find the association between pretest knowledge and lifestyle practice related to prevention of T2DM with selected variables among adolescents attending selected schools in Kerala.

The study aimed to empower adolescents with knowledge to prevent T2DM by adopting a healthy lifestyle based on Health Belief Model (HBM).

Methods: Experimental study with pretest posttest control experimental groups by quantitative approach was designed. Multistage stratified random sampling was used to select 975 adolescents, studying in 9th standard of 18 selected schools from two districts, who were assigned to control and experimental groups respectively. Instrument included pretested, validated questionnaire to assess knowledge and lifestyle inclusive of food habits and activity patterns, bio-physiological and demographic profile and structured teaching program (STP) on T2DM. Ethical clearance, administrative permissions, consent from Principal and assent from adolescents were obtained before pretest, followed by STP to experimental group. Posttest was given after 30 days to both groups. Data was analyzed using SPSS v.18.

Results: Knowledge about risk factors (87.7%) was high while complications (43.53%) least. The mean knowledge score was (pre 7.89 ± 2.08 , 8.21 ± 2.14 post) was high among experimental than control (pre 7.64 ± 2.11 ; post 7.78 ± 2.43). Experimental group had significant gain in knowledge score (($t = -3.064$, $p < 0.002$) after STP on DM. Rural subjects were better informed than urban ($p < 0.001$). Lifestyle assessment found unhealthy food habits were similar in both groups on pretest. Unhealthy food habits reduced (48.92 ± 6.59) significantly ($p < 0.001$) while healthy food habits (30.44 ± 7.20) remained stable ($p > 0.05$) after STP in experimental group. Adolescents (72% control & 56.2% experimental) reported physical activity < 30 min/ day and screen time < 1 hour/day (5.2% control & 7.3% experimental) and < 2 hours /day (2.4% Control & 5.2% Experimental). Majority (42.5%) spend > 4 hours while 45.7% spend < 10 hours on sedentary pursuits from control; whereas from experimental group 35.6% spend 10 hours/day and 31.9% spend 24 hours /day for sedentary hobbies. Watching TV, using mobile and computer were the activities majority adolescents enjoyed. Lifestyle showed significant difference ($p < 0.001$) on unhealthy food habits, healthy activities, and sedentary activities during holidays among subjects in experimental group after intervention. Lifestyle showed association with income, religion and maternal occupation in experimental group and birth order in control group. WHR values reduced significantly ($p < 0.001$) in experimental group after intervention; with control group from rural area showing similar result ($p < 0.001$).

Conclusion: The perceived possibility of prevention of T2DM had fetched significant changes in lifestyle among adolescents in accordance with HBM. Findings appeals early childhood intervention as obviously nearly 50% of subjects had visceral obesity which is only tip of the iceberg.

Take away notes:

- The study details on the results of a structured teaching intervention on knowledge and practices related to prevention of type 2 diabetes mellitus among healthy adolescents attending high schools.
- How the audience will be able to use what they learn?
- Type 2 diabetes mellitus is a global epidemic affecting every 11th person across the globe. The onset is insidious and often goes unnoticed until complications manifest as one of the vascular events like MI, stroke, CRF or blindness. Once developed there is no permanent cure but can only be kept under control with diet, exercise and medicines. Being a lifestyle disease that can be prevented or delayed by modifying lifestyle at an early age of adolescence before risk factors manifest.
- The study will help the audience to apply the results in implementing preventive health promotion.
- The study findings are useful to expand the research in to early childhood and their parents to find a solution for prevention of type 2 diabetes and thus reduce heavy disease burden in young adulthood.
- Reducing the incidence or delaying the occurrence of T2DM will have significant effect on the health of the young adults, reduction of premature death owing to complications, wellbeing of citizens and productivity and economy of the nation.

Biography:

Theyamma Joseph began her career as a staff nurse in medical college hospital after her GNM certification and continued her journey to complete PC BSc at AIIMS, New Delhi and MSc in Medical Surgical Nursing at PGIMER, Chandigarh securing first rank in all three programs. She received her PhD in 2017 from RGUHS, Bangalore under INC Consortium. Her nursing experience is diverse from clinical nursing, to teaching, administration and research. Currently she works as Principal at Mar Sleeva College of Nursing Pala, Kerala, India. She has overseas experience from Oman and Philadelphia besides from India. She has presented scientific papers and published articles.



Katherine Taylor Pearson

U.S. Army Medical Command, USA

Living healthy for all warriors: How data and tools can help you be a better and a healthier weight

Background/Purpose: The epidemic of overweight and obesity is one of the most significant problems facing the United States (U.S.) healthcare system today. The Centers for Disease Control and Prevention (CDC) defines overweight and obesity using body mass index (BMI), which is the most widely used way to evaluate the degree of overweight.

Design/Methods: Using rigorous literature review, observational studies, controlled trials and focus groups, a clinical practice guideline was developed and updated in 2020 in collaboration with the Department of Defense (DoD) and Veteran Affairs (VA) focusing on active duty military and Veteran populations. Additional data on general population statistics concentrating on demographics, disease management, and preventive services was also targeted.

Evaluation: The Grading of Recommendations Assessment, Development and Evaluation (GRADE) system to assess the quality of the evidence base and assign a strength for each recommendation found in the literature. Data was analyzed using Excel. Descriptive statistics performed included frequencies and mean scores.

Findings/Discussion: The evidence links overweight and obesity with an increased risk of chronic health conditions and reduced quality of life (QoL), as well as earlier mortality, particularly among those with Class II and Class III obesity. Overweight and obesity are associated with increased prevalence and worsening of several obesity-associated conditions, including type 2 diabetes mellitus (T2DM), hypertension (HTN), dyslipidemia, metabolic syndrome, osteoarthritis, and obstructive sleep apnea (OSA). High BMI is also associated with elevated risk for at least 17 different cancers. Twelve training tools for providers and patients were also revamped.

Conclusion: By monitoring HEDIS measures, utilizing the current Clinical Practical Guideline with a standardized algorithm and associated training tools for providers and patients, obesity can decrease. Both observational studies and controlled trials in populations with specific chronic conditions have demonstrated that a 5% weight loss produces also clinically significant improvements in these conditions. In addition to traditional clinical and biomedical monitoring, specific behavioral strategies featured in comprehensive lifestyle Interventions have also proven helpful.

Take away notes:

- This clinical practice guideline (CPG) is intended to provide healthcare providers with a framework by which to evaluate, treat, and manage the individual needs and preferences of patients with overweight or obesity, thereby leading to improved clinical outcomes.
- Knowledge of this clinical practice guideline will help fellow clinicians with initial assessment and management of all patients with acute and chronic medical conditions.
- Twelve patient and provider information tools will also be reviewed to aid in managing the overweight or obese patient client.

Biography:

Katherine E. Taylor Pearson is a board-certified Informatics nurse, educator, and has her Lean Six Sigma Black Belt with over 29 years of experience in numerous direct and indirect care settings across the enterprise to include trauma, flight nursing, primary care, specialty care, and medical management. Additionally, she is the Population Health Consultant and Clinical Practice Guideline Coordinator in the Office of Evidence Based Practice, HQ MEDCOM, and is a retired Army Nurse Corps Officer.



G. Muthamilselvi

Vinayaka Mission's College of Nursing, India

Effectiveness of Objective Structured Clinical Examination (OSCE) as method of examination by teachers for B. Sc., nursing midwifery students

Effectiveness of Objective Structured Clinical Examination (OSCE) as method of examination by teachers for B. Sc., nursing midwifery students.

Objectives:

1. To assess the level of knowledge of teachers on OSCE pattern of midwifery examination for students before video assisted teaching program me (VATP).
2. To assess the effectiveness of VATP on knowledge of teachers regarding OSCE pattern of midwifery examination for students.
3. To assess the skill of teachers on OSCE pattern of midwifery examination after intervention.
4. To identify the effectiveness of OSCE by comparing the level of performance of midwifery students with conventional method of examination.
5. To find out the correlation between the post-test level of knowledge and skill of teachers on OSCE based midwifery examination.
6. To find out the association between the levels of knowledge of teachers on OSCE based midwifery examination with selected demographic variables.
7. To find out the association between the teachers skill on OSCE based midwifery examination and selected demographic variables.

Hypothesis:

- H1: There will be a significant difference between the pretest & posttest levels of knowledge regarding Objective structured clinical evaluation based midwifery examination among the teachers of midwifery students.
- H2: There will be a significant difference between the midwifery student's performance by an OSCE pattern of midwifery examination and conventional method of examination.
- H3: There will be a correlation between the post test level of knowledge and skill regarding OSCE based midwifery examination among the teacher's midwifery student.
- H4: There will be a significant association between the post test the level of knowledge regarding Objective structured clinical evaluation based midwifery examination among nursing teachers with selected demographic variables.
- H5: There will be a significant association between the teacher's skill on OSCE based midwifery examination and the selected demographic variables of nursing teachers.

Material and methods:

Frame work: The conceptual framework of the study was based on the modified general systems theory by Ified Ludwig Von Bertalanffy (1968).

Research Design: Quantitative research approach with one group pre and post-test was adopted in phased manner for the present study.

Sample and sampling technique: Sixty midwifery teaching teachers were selected by stratified random sampling technique, five educational institutions by simple random technique, and all the final year nursing students two hundred seventy one in numbers.

Tools: Tools used were structured knowledge questionnaire, VATP, Station Checklist, Rating scale.

Validity: Content validity of the tool and VATP on OSCE was established with 7experts.

Reliability: Reliability of the knowledge questionnaire was $r' = 0.933$ by the test retest method, for rating scale $r' = 0.862$ by Karl Pearson's correlation and by Cronbach's alpha technique = 0.89 by inter-rater reliability for teachers skill assessment. The station check list was tested by inter-rater reliability method by the investigator along with other trained evaluators for each station, the reliability score through Cronbach's alpha techniques ranged from 0.740 to 0.978.

Ethical consideration: The study was approved by university review board. Prior permission was obtained from the Principal of each institution, and individual consent was obtained from the teachers and students.

Data collection: Phase-1: Midwifery teacher's knowledge on OSCE assessed before and after intervention with 1 week interval. Selected teachers allowed to evaluate the student performance in skill related station during that time their skill in OSCE administration was rated by the investigator. Collected, decoded and analysed in terms of objectives.

Results:

Objective I: Most of them (93.3%) had inadequate knowledge. The teachers with moderately adequate knowledge on OSCE had mean score 15.7 with standard deviation 1.5 was greater than teachers with inadequate knowledge was significant at < 0.001 .

Objective II: The overall mean score on knowledge of teachers in pretest was 10.8 with the standard deviation of 2.7, but in post-test, it was increased to 19.7 with the standard deviation of 1.94 at the level of significance < 0.001 which indicates the teacher's knowledge on OSCE procedure improved significantly after the intervention. Hence the researcher accepted the stated hypotheses H1.

Objective III: The overall skill assessment of teachers (57nos), 82 % of them are partially competent 15.8% of them are competent and 1.8% was not competent. Six teachers who were competent in construction skill were competent in administration skill also.

Objective IV: The mean knowledge obtained by the conventional method of evaluation has been 15.9 with SD- 2.7 against with the mean knowledge score 16.5 and SD- 2.5 by OSCE with non-significant p-value indicates both the method was similar in evaluating the knowledge of students.

Objective V: Correlation between the knowledge and skill of the teachers were identified by calculating Pearson correlation coefficient. The r value found to be -0.034, p-value 0.084 indicates that there was no significant relationship exists between the knowledge level on OSCE and skill. Hence the researcher rejected the stated hypothesis no.3

Objective VI & VII: Association between the post-test knowledge on OSCE and its administration with selected demographic variables were calculated by chi square value, and found that no variables had influence.

Conclusion: Present study findings conclude that the OSCE evaluates the student's performance better in skill related stations comparatively with traditional method of evaluation. It may be best option for the future evaluators.

Take away notes:

- Learning to administer OSCE will give confidence to the teacher to evaluate their students clinical performances and in skill related OSCE stations.
- Learning through osce students may feel comfortable in doing their performances under controlled setting than the clinical environment with lot of uncertainty.
- Once the OSCE lab set it may used repeatedly so the money, man power and material is saved.
- Above all every student gets equal opportunity.
- Institution evaluates the students in reliable and valid method - gold standard method.
- Service nurses also can use this method to learn complex procedure before to implement over clients.

Biography:

G. Muthamilselvi completed her Bachelor degree in Nursing at MMC under Madras University, Chennai in 1988. She completed Master in Nursing at the TN Dr. MGR Medical University in 1998. She received her Ph.D degree in Nursing at Vinayaka Mission's University, Salem in 2014. Presently working as Principal at Vinayaka Mission's College of Nursing, Puducherry. She has published more than 50 research articles in International and National Journals. She received many awards for her excellency and outstanding performance. She is giving PhD guidance for 8 PhD Scholars under Vinayaka Mission's University and 2 PhD Scholars in Meenachi University as Co-guide and 1 PhD Scholars in Annamalai University.



Hazel L. Downing

Kuakini Medical Center & Hawaii Pacific University, USA

Impact of nurse obesity on safe healthcare delivery

Health care workers can acquire various illnesses and injuries during healthcare delivery. Declining health among healthcare workers can consequently impact patient care. While there are several uncontrollable factors that can cause illness among healthcare workers, specific controllable risk factors require immediate attention. Nurses comprise the largest group of healthcare workers. At the same time, obesity is proliferating among nurses as compared to any other healthcare professionals in both the U.S. and globally. The data from the National Center for Health Statistics indicates an alarming rise in obesity. The steady rise of experienced as well as novice nurses not maintaining an average BMI, poses questions about the safety of the general population under their care. The purpose of the following study was to first to increase awareness of this illness among nurses by identifying specific influencing factors. The detailed systematic review process aimed to examine the relationship between obesity among nurses and safe healthcare.

Maslow identified physiological health as a basic human need, so being physiologically healthy drives motivation to ensure effective care for others. Content analysis identified patient safety as a major theme linked to obesity among nurses. Research data presented here provides an opportunity for obese nurses, as well as all healthcare workers to explore the risk to patient safety and the possibilities available to promote self-care. The detailed literature offers conclusions on the need to address, prevent and reduce nurse obesity. The role of healthcare administration in reassessing occupational influences, recognizing weight bias and promoting a healthier work environment is highlighted. Evidence presented has implications for educational leaders on early interventions for novice nurses. If this data analysis drives decision-making to address nurse obesity, then it can provide a significant basis for further advancements at both the global and humanitarian level to promote safe healthcare for all.

Take away notes:

- The information will increase self-awareness of the obesity epidemic among nurses and the rising health issues.
- Nurses can provide support to peers to make healthier choices.
- The data presented can be used to make personal changes to promote safer healthcare.
- This presentation addresses workplace factors which increase the risk of obesity and can be used by nurses and leaders to implement change in their workplace environment.
- Other researchers can expand on this study to explore specific risk factors to obesity related to specialty areas or study specific health behaviors contributing to obesity among nurses.
- This study does not provide a practical solution to the problem but provides insight on specific steps nurses could take to promote safe health care.
- Implications for nurses, healthcare administration and nursing education are identified. This presentation clarifies the benefit to patient safety by implementation of a workplace health program for healthcare workers.
- Nursing educators can consider re-designing the nursing education program for early weight control among novice nurses.

Biography:

Hazel Downing, associate professor of nursing at the Hawaii Pacific University, graduated from the University of Phoenix in 2010 with her doctorate in Education. In her role as associate professor of nursing, she teaches both BSN and MSN courses. She currently also practices as a clinical nurse specialist for critical & emergency care. She has delivered numerous inspirational keynote speeches for new nurses for the last 18 years, won several teaching awards, and presented at both national and international conferences. Her latest presentation on nurse obesity was at the 2019 International Council of Nurses.



Theyamma Joseph

Mar Sleeva College of Nursing, India

Living with sickle cell disease: A psychosocial perspective

Introduction: Sickle cell disease {SCD} is a genetically inherited disorder characterized by the presence of abnormal haemoglobin S in the red blood cell, a single amino acid substitute of valine for glutamine at the 6th position of β globin chain of the haemoglobin. As a result, the red blood cells assume sickle shape when deoxygenated, lodge in capillaries of microcirculation with resultant tissue destruction and assorted clinical consequences; chronic compensated anaemia, aplastic crisis secondary to parvo virus infection, splenic sequestration and recurrent painful episodes due to vasoocclusive crisis. Micro vascular occlusions may occur in virtually any organ and eventually organ dysfunction involving lung, kidney, brain, liver or spleen that may result in death. Bone infarct can result in avascular necrosis and resultant functional disabilities.

Objective: Explore and identify the psychosocial problems of patients having sickle cell disease.

Method: Using a qualitative approach and exploratory descriptive design, population being patients having sickle cell disease; purposely sampled six females above 12 years admitted with painful crisis, was interviewed using a semi structured interview schedule by the researcher after ethical clearance. Qualitative analysis was done using Orem's selfcare model by compiling the data under 9 categories: awareness about sickle cell disease, schooling, adolescence, career life, family role function / selfcare, social life, marriage and spirituality.

Results: Six subjects were of 20 to 30 years age. Subjects were not aware of their sickle cell disease status until the age 9 to 15 years, except one at age 6. Interrupted schooling due to absenteeism from painful crisis and subsequent hospitalizations, no guidance at home or school during crisis period, isolation by peer group, restricted mobility and activity due to painful joints, impaired concentration and loss of self-control and feelings of helplessness were the problems during childhood and school life. Inabilities to fulfill the ambitions, inability to sustain and maintain a gainful employment of their chosen career, and pressure for voluntary retirement were reported problems. Altered family dynamics, dependency in self-care and family role functions, suppressed feelings, lack of awareness on healthy coping, disrupted social life, conflict about getting married, spiritual distress, inability to find a meaning to the sufferings, and fear about premature death indicated the need for therapeutic counselling to these patients.

Conclusion: Inadequate information about the illness and its management, lack of understanding and support from the family as well as the society highlighted the need for increased education and awareness exists among victims of sickle cell disease. Control over situation, productive life, education up to 12 classes, gainful employment and encouragement are needed.

Take away notes:

- The study details the lived experiences of the patients having sickle cell disease; a genetically inherited disease where the victim undergoes severe unpredicted painful microvascular vasoocclusive crisis resulting in progressive organ damage and functional disabilities requiring frequent hospitalizations of varying duration. The course of the illness is from cradle to coffin.
- How the audience will be able to use what they learn?
- These patients suffer a lot physically, mentally, socially and financially. Their quality of life is poor. They need a lot of understanding and sympathetic care apart from ensuring effective analgesia.

- The study will help the audience to understand these patients and incorporate a feeling of worth and usefulness in the patient.
- Listen to the problems of the patient and family to facilitate coping with stress.
- Being empathetic and considerate to the patient and family and encourage them to practice self-care.
- The study findings are useful to expand the research to identify the intensity of problem and to identify the learning needs of the patient and their families.
- A study can be done to identify the coping strategies of patients with SCD in adapting to the illness.
- An interventional study can be done based on their learning needs to enhance prevention of vasoocclusive crisis and facilitate early recovery through nursing intervention.
- Mass communication through national language may be provided to educate the public about sickle cell disease and its problems, management and prevention of crisis, the causes of SCD and how to prevent it.
- Making provision for advanced sickle cell center, rehabilitation center with vocational training center and provision for part time employment to reduce their dependency and helplessness.

Biography:

Theyamma Joseph has specialized in Medical surgical nursing, having done her PC BSc at AIIMS, New Delhi and MSc at PGIMER, Chandigarh securing first rank in both programs. She was awarded PhD in 2017 by Rajiv Gandhi University of Health Sciences, Bangalore. She has varied experience in nursing, as a clinical nurse, teaching faculty, Principal and researcher. Currently she works as Principal at Mar Sleva College of Nursing Pala, Kerala, India. She has worked overseas including Oman and USA. The current study was conducted while the author was working with sickle cell patients at Sultan Qaboos University Hospital, Oman.



Eman Salman Taie

Helwan University, Egypt

Artificial intelligence as an innovative approach for investment in the future of healthcare in Egypt

Background: Artificial Intelligence (AI) is receiving a lot of attention from investors, the press, and the labor force across all industries. While AI has already achieved widespread adoption in specific sectors, the complexities of healthcare have resulted in slower adoption.

Aim: To explore the emerging of artificial intelligence as an innovative approach for investment in the future of healthcare in Egypt.

Method: The study is quasi-experimental conducted in Shams Specialized Hospital, Dar el-Shefaa hospital in Cairo, and Dar El Foad Hospital. Study subjects were composed of two groups: managers (nurse and medical) and patients. Three questionnaires were used for data collection (Managers' knowledge about artificial intelligence, Managers' perception of artificial intelligence, and patients' perception about the application of AI in healthcare).

Results: All of the managers, either nurse or medical, had a lack of knowledge about AI. Nurse Managers perceived most items positively regarding the application of artificial intelligence in nursing, while medical managers perceived all items positively regarding the application of artificial intelligence in medicine. On the same line, the highest percentage of patients agreed upon the application of artificial intelligence in healthcare.

Conclusion: There was a highly significant difference ($p < 0.001$) between managers' knowledge about AI before and after awareness sessions. The majority of nurses and medical managers' perceived the application of AI positively in nursing and medicine. Also, patients perceived the application of AI in healthcare positively.

Recommendation: Restructuring of nursing and medical curricula to introduce the AI concept in healthcare, development and adoption of new staffing and training strategies to use technology in healthcare and utilization of high-performing and reliable network capabilities to fit using AI.

Take away notes:

- The audience can have clear idea & knowledge about how nurse & medical managers perceived the application of Artificial Intelligence (AI) in the healthcare domain in Egypt. Also, how patients in the Egyptian hospitals perceived application of (AI).
- Restructuring of nursing and medical curricula to introduce the AI concept in healthcare.
- Development and adoption of new staffing and training strategies to use technology in healthcare.
- Preparation of ethical standards to safeguard the patient's information.
- Find a balance between the costs of the application of AI in healthcare and its potential benefits.
- Reengineering of some of the hospitals in different sectors to use AI.

Biography:

Eman Salman Mohamed Salman Taie is a professor in Nursing Administration, Faculty of Nursing-Helwan University, Cairo, Egypt. International Certified Trainer & human resource development consultant in International Board for Certified Trainer. She has experiences in different nursing administration issues. Also, has eighteen international research articles published all over the world & three international published books.



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NURSING VIRTUAL 2020



Evian Gordon

Total Brain, USA

Digital technology to measure, monitor, and optimize mental health and support addiction recovery

The presentation will show how neurotechnology can be used to assess mental health, screen for risk of mental conditions and train new brain habits to support addiction recovery. Dr. Gordon will discuss how a brain-based approach can be used to remove the stigma usually associated with screening for mental health, providing new opportunities for early intervention and prevention. Finally, he will show how assessment data can be used to recommend personalized care plans, including clinical interventions as well as digital brain and mind training regimens. Those in attendance will learn how this innovative technology works, how they and their constituents can benefit from it, and even have an opportunity to trial it themselves.

Biography

Evian Gordon, PhD, MD, is the Executive Chairman and Chief Medical Officer of Total Brain. He established an “Integrative Neuroscience” approach, grounded in the use of standardized methods across multiple types of brain data in a single platform, with over a million data sets. He founded the Brain Resource Company that created the first standardized international database on the human brain (over 300 publications). The database is the asset which shaped Total Brain for mental health, and is used in over 30 Fortune 500 Companies by over 750,000 employees. The first genetics test using this methodology (in 1,700 patients) for treatment prediction in depression is currently being completed for potential use in clinical practice. He has published over 300 scientific papers and three books.

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Ani Dezhakam

Islamic Azad University, Iran

Taper off treatment may improve executive functions and re-regulate expression of BDNF and 5HTTPLR genes in opium abusers after six months period

Opium is the dried latex obtained from the opium poppy. Opium addiction is the most prevalent addiction in Iranian society. During last two decades “congress 60” a nongovernmental organization, have been performed a taper off treatment of opium associated with a package of psychological treatments group classes. While the effectiveness of taper off method in opium addiction has been confirmed, molecular mechanisms of this treatment in addicts are not totally clarified. BDNF gene is a brain derived neurotrophic factor which is related to several molecular mechanisms of brain including memory. 5HTTPLR is a transporter of serotonin that is related in decision making process.

In present study mRNA level of BDNF and 5HTTPLR genes in peripheral blood of 20 non-psychiatric persons and 79 opium addicted individuals before and after six months period of taper off treatment examined by using Real Time PCR and confirmed by protein level analysis using Western blotting. Also executive functions including memory and decision making were analyzed in all participants.

Results showed significant down expression of BDNF and 5HTTPLR in addict persons vs. non-psychiatric persons. Also significantly increase detected in BDNF ($p < 0.01$) and 5HTTPLR ($p < 0.01$) expression level in addicts after six months of therapy period. Similar results with gene expression results revealed in proteins level analysis. Also significant improvement of memory and decision making were revealed in addicts after therapy and these improvements were correlated with expression level of BDNF and 5HTTPLR.

Findings revealed effect of opium abuse and taper off treatment on expression of BDNF and 5HTTPLR. Also association of BDNF mRNA level with psychological states of addict's individuals detected. Results of present study may help to better understanding from molecular and neuropsychological mechanisms of opium addiction and taper off treatment. Also present BDNF and 5HTTPLR as potential markers for screening the effectiveness of different kinds of addiction treatment.

Biography:

Ani Dezhakam hold a master in biochemistry and also deputy of a NGO called “congress 60” working on treatment of addiction especially opium addiction with a specified taper off method of opium called “DST” designed with Hossein Dezhakam.



Ns. Livana PH

Sekolah Tinggi Ilmu Kesehatan Kendal, Indonesia

Indonesian society ansietas levels facing COVID-19 pandemic

The Covid-19 pandemic has triggered changes in aspects of human life. One of the effects of covid-19 is the reduction or even loss of family income sources. This causes anxiety not only in the short term but also anxiety in facing the future. Various companies are forced to make efficiency with their employees due to social and physical distancing regulations. These policies include laying off some employees, continuing to work with reduced working hours, so that the wages received are also reduced, and there are even layoffs or layoffs. Based on data obtained by the labor office until April 16, 2020, formal workers who have experienced layoffs have reached 229,789 people while those who have been temporarily laid off are 1,270,367 people. The Indonesian government has taken steps by laying off school children and public and private employees to do Work from Home (WFH). This condition has an impact of anxiety on all members of the community. Anxiety which is momentary in nature but continues without any effort to overcome it will increase anxiety in the community. This study aims to determine the level of anxiety in the community during the Covid-19 pandemic. Quantitative research using descriptive methods has been conducted in 20 provinces in Indonesia with a total sample of 828 people. Data were collected using a questionnaire related to anxiety which is presented in the form of google form. The sampling technique uses total sampling. The data collection tool used a questionnaire with 7 questions related to anxiety taken from the Depression Anxiety and Stress Scale 21 (DASS 21) questionnaire. The results of the questionnaire test obtained r count 0.577-0.855 and an alpha value of 0.928, so that the questionnaire was declared valid and reliable. The research data were analyzed using frequency distribution. The results showed that 58% of respondents had moderate anxiety, 30% had mild anxiety, and 12% of respondents had severe anxiety. Efforts are needed to overcome the anxiety that occurs in Indonesian society.

Biography:

Ns. Livana PH, M.Kep., Sp.Kep.J studied nursing at Spesialist Mental of Nursing, Faculty of Nursing, Indonesia University, with grade excellent in 2015. She work in Sekolah Tinggi Ilmu Kesehatan Kendal, Central Java, Indonesia since 2011. She has published more than 114 research articles in journals.



POSTER DAY 1

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Diana Pernicano

White Plains Hospital, USA

Improving patient understanding of surgical site discharge instructions

Purpose: This evidence-based project aimed to increase patient knowledge and preparedness regarding the care of their surgical site at the time of discharge.

Relevance/Significance: By reviewing past patient satisfaction scores an area of improvement was noted on a Medical/Surgical unit in the area of discharge preparedness. Patients reported they did not feel adequately prepared or educated on the signs and symptoms of infection at the time of discharge. After a literature review an evidence-based incisional care instruction handout was created with the objective to increase patient knowledge regarding the care of their surgical incisions. This scholarly project included the implementation of education to nurses about evidence-based patient discharge instructions on incisional care, closure for incisions, and signs and symptoms of surgical site infection.

Strategy and Implementations: The new incisional care instructional program was implemented by nurses who performed discharge for surgical patients. The study occurred during a twelve-week project implementation period. The new incisional care educational tool included strategies on how to prevent infection and care for incisions, care for specific surgical closures, and concerning signs and symptoms to be aware of. The participating nurses were educated on the new educational plan and tools, and then subsequently used these for surgical patients at time of discharge. Patients included in the analysis were inpatient, surgical patients with external surgical incisions with a focus on patients who underwent gynecological, urological, and general surgery procedures.

Evaluation: Patients satisfaction with discharge education was then recorded using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveying techniques with questions regarding preparedness for discharge and signs and symptoms to look for at home. The new education initiative was implemented in September 2019 through December 2019, and included 105 patients. All surgical patients were sent an anonymous follow up survey the month following discharge, which included questions evaluating their perception of preparedness for discharge. The 105 patients in the sample ranged in age from 18 to 93 years old ($M = 52.61$, $SD = 17.03$), and 72% were female. A one tail independent samples t-test was used to evaluate the data. A higher proportion of patients reported they received written information regarding surgical care after the intervention timeframe of September 2019 to December 2019 ($M = 95.3\%$, $SD = 4.27$) compared to before the intervention timeframe of January 2019 to August 2019 ($M = 89.9$, $SD = 4.00$, $t(7) = 1.87$, $p = .05$).

When compared with other Magnet facilities, the implementations site did not have a significant increase in the proportion of patients that responded “yes” to the question “did you receive written instructions regarding surgical care.” (95.3% vs. 91.3%, $t(2) = 1.61$, $p = .12$).

In evaluating these findings, since multiple nurses were providing the discharge education, there is a potential that education was not provided consistently between participating nurses. Additionally, the response rate of patients who returned surveys during this timeframe was 20%. This may have led to some response bias.

Implications for Practice: Although all surgical patients receive some degree of instruction upon discharge, many patients can leave the hospital feeling unprepared and may not recognize the education they received as part of a comprehensive transition home. Utilizing evidence-based patient instructions and consistent nurse to patient discharge education can help

increase patient perception of receiving surgical care education, which may lead to improved patient experience, confidence and knowledge for self-care.

Biography:

Diana Pernicano BSN, RN-BC is a honors graduate of Mount Saint Mary College's Nursing Program. She has over two years of experience on a Medical/Surgical Unit at White Plains Hospital. Diana has undergone numerous in-services, classes, and has reviewed multiple CE Direct modules on surgical site infection, incisional care, and discharge education. She enjoys educating and leading fellow unit staff in best practices regarding surgical care. Diana enjoys precepting and mentoring new nurses and is the chair of White Plains Hospital's Nursing Technician Task Force and a member of the hospital's Professional Practice Council.



Sarinrut Juntapim

Khon Kaen University, Thailand

Buddhism community care system for patients with Schizophrenia

Mental illness is not the result of personal failure. Instead, it is a biopsychosocial illness that affects and is affected by individuals, families, society, and political realities. Community care has been recommended due to its cost-effective nature and its respect for human rights. Several studies suggest that mentally ill patients can reenter the community successfully and live independently under a well-prepared and organized mental healthcare system. As mentally ill patients are discharged from inpatient facilities, most of them and their families are underserved and overwhelmed by the gaps in services. The fact that the public sector is not caring for this vulnerable population has forced them to rely on themselves. The community care of patients with schizophrenia is based on the context of social culture and reflects the idea that society is “generous”. People are not abandoned even when they are in the state of chronic mental illness. It also reflects the ways in which relatives take care of one another. It was found that caring for patients with schizophrenia encompasses mental, social, and economic dimensions. Moreover, care must be carried out by at least four organizations in the area: (1) family members, neighbors, and community leaders; (2) social groups; (3) local governmental organizations; and 4) primary care units in the area.

The operation of care is based on the state of the problems and the care needs of the area which are in accordance with the policies of caring for patients with schizophrenia. These policies emphasize community participation in providing care, focusing on strengths, and utilizing social capital. In addition, within the communities, there is the potential to manage the care of patients with schizophrenia so that the patients can be enabled to live in communities with quality care which are in accordance with the healthcare practices of the communities. The key features areas follows: (1) to operate by focusing on the problems and the needs of the area, (2) to use the existing capital which is available within the community, (3) to create various ways of working, (4) to fully collaborate with all sectors of the community, and (5) to participate in cross-area learning and to contribute to implementing the same operations in other areas

Buddhist beliefs, an especially entrenched tradition of reincarnation, has made the public’s misconception worse for mentally ill persons and their families. In our study, the patients and their families had felt hurt by negative public attitudes. Public misconceptions and stigma against mental illness have deeply struck mentally ill persons and their families with blame and exclusion and have driven them into a socially disadvantaged corner. In addition, such stigma also hindered our patients and their families from accepting the illness, from seeking help, from getting access to appropriate treatments and rehabilitation, and from being able to re-integrate into their communities. Many of our patients could live with their families in their own communities, even with the lack of access to community-based care, especially those patients who are ill for only a short period. Seemingly, having a collectivistic value orientation may compensate for the societal disadvantages of insufficient community care provided for mentally ill patients in Taiwan. Parents and other family members need to help their mentally ill relatives to battle with symptom interference and the stigma surrounding the illness. The collectivistic value orientation compels families to provide physical and emotional support, as well as to bear the negative impact of illness and stigma. Such a “family bond” represents a dual force: family care and family burden. It was particularly found that our parent caregivers were not equipped with an adequate knowledge about mental illnesses.

Biography:

Sarinrut Juntapim graduated with a bachelor's degree in nursing sciences in 1992, and gets her master degree in Master of Education in Educational Technology in 1999 and graduated master degree in Mental Health and Psychiatric Nursing in 2006, and then graduated Philosophy of nursing in 2017. And she works as a lecturer at the Department of Mental Health and Psychiatric Nursing, Faculty of Nursing, Khon Kaen University. Her expertise is community mental Health and psychiatric nursing. Her role as an editorial board of Journal of Psychiatry and Neuroscience, Annals of Family Medicine and Public Health and as a reviewer of PLOS ONE, Journal of Aquichan

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Kalliopi Megari

Aristotle University of Thessaloniki, Greece

Quality of life and cognitive functions of former addicted patients undergoing cardiac surgery

Introduction: Postoperative cognitive dysfunction (POCD) refers to decline in one or more cognitive domains including decrements in attention, orientation, memory, and learning decision making that affect every day functioning and quality of life, following surgery. It is more evident after cardiac rather than non-cardiac surgery and the use of extracorporeal circulation (ECC) in heart surgery enhances this phenomenon. In addition, brain damage seems common and severe consequence of long-term, heavy alcohol and substance abuse consumption and even mild-to-moderate use can adversely affect cognitive functioning.

Patients and methods: We examined 60 patients with coronary artery disease, who underwent coronary artery bypass grafting and were divided into two groups (Group A – Addicted [substance abuse & alcohol]: 30 patients and Group B – No Addicted: 30 patients) with a series of neuropsychological tests before surgery, prior to discharge and at 3-month follow-up. The assessment included measures of attention and concentration, verbal working memory, executive functioning, learning, short-term and long-term memory, visuospatial perception, speed of information processing, anxiety, depression and quality of life. Addicted patients had recovered from addiction almost 20 years ago.

Results: Despite the similar preoperative performance of both groups, Group B (No Addicted patients) outperformed those on Group A (Addicted patients) on most of the neuropsychological domains at follow-up: executive functioning, attention and concentration, verbal working memory, short-term and long-term memory and visuospatial perception. In particular, Group B showed better performance on executive functioning and inhibition of a learned response ($p=0.04$), attention and complex scanning ($p=0.000$) and verbal working memory ($p=0.008$). Group B patients also performed better than Group A patients on short-term memory ($p=0.001$), long-term-memory ($p=0.000$) and visuospatial perception ($p=0.04$). Moreover, the follow-up performance of Group B of patients exceeded their preoperative neurocognitive levels suggesting less overall postoperative cognitive dysfunction in these patients. In contrast, Group A showed cognitive decline on most of the neuropsychological domains immediately and 3 months after surgery, without those patients being able to reach their preoperative neurocognitive levels.

Conclusion: Given the frequency and severity of POCD after heart surgery and its impact on patients' performance and quality of life, our findings suggest while substance abuse may be harmful for the neurocognitive outcome and cessation of substance abuse may be beneficial for the neurocognitive outcome of the patients, they have impaired cognitive functions compared to no addicts. This may be of particular importance because drug abuse impacts neuropsychological functioning both directly by altering neurochemistry and indirectly by means of non-neurological systems of the patients undergoing heart surgery. Quality of life is an additional increasingly recognized broad construct of recovery in addicted patients and is improved in abstinence and decreased in abuse.

Biography

Megari is an experienced psychologist working in the hospital & health care industry. Skilled in Clinical Neuropsychology, Clinical Research and Learning Disabilities. Graduated from Aristotle University of Thessaloniki and attended further education from University of Macedonia, in people with special needs and disabilities. She holds undergraduate degrees in Nursing and Psychology, as well as a Masters and a PhD in Neuropsychology from Aristotle University of Thessaloniki. She has many years of experience working with chronic disease patients as well with people with disabilities. She is postdoctoral researcher and has published more than 10 research articles in journals.



SPEAKERS DAY 2

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**Alphonsus O. Obayuwana**

Triple-H Project, LLC, USA

Mathematics of happiness

The pursuit of happiness is a common desire of every one of us and any form of addiction is essentially a perverted method of seeking happiness. This presentation, entitled the Mathematics of Happiness, is a novel way of defining, explaining, and clarifying the true recipe of a happy life for the benefit of addicts and non-addicts, their family and friends, as well as the counselors and therapists who live and work with addicts. At the core of the presentation is the equation: $\text{Hope/Hunger} = \text{Happiness}$

Biography:

Alphonsus Obayuwana has been involved in the study of Human Hope and Happiness since 1979 when he was just a third year medical student. After medical school, in spite of a very busy OB/GYN residency and practice, his interest in this subject matter continued for over thirty years during which time he also held teaching faculty positions at the Johns Hopkins School of Medicine, the University of Maryland College of Medicine, Eastern Virginia Medical School in Norfolk, and finally at the Ohio University College of Osteopathic Medicine, in Athens, Ohio. Today, he is the Founder and CEO of the Triple-H Project LLC, an entity solely dedicated to the promotion of hopeful and happier human communities—including the training and certification of happiness coaches. He is the author of “The Five Sources of Human Hope”; “How to Live a Life of Hope”; and “The Mathematics of Happiness”.



Valencia Lyle

State of Michigan, USA

The effect of State Policies on the availability of Buprenorphine providers: An analysis of three policies that facilitate access to substance use disorder services

Background: The utilization of medications for opioid use disorder (MOUD) in treating opioid use disorder is widely recognized as the gold standard of care for people with opioid use disorder. Numerous studies have identified a statistically significant and strong correlation between MOUD, specifically agonist medications, and reductions in opioid-involved morbidity and mortality. A comprehensive study of substance use disorder treatments found buprenorphine and methadone to be the only treatments – compared to detoxification, behavioral health, and naltrexone - that resulted in a reduction in overdose deaths and adverse health outcomes.

Despite the widely recognized benefits of MOUD, access to opioid agonist medications – including buprenorphine - remains a concern for public health advocates. The Substance Abuse and Mental Health Services Administration estimates that in 2018, 2.0 million people over the age of 12 in the United States had an opioid use disorder related to prescription drug use or heroin. Considering the immense number of people who may require access to substance use disorder treatment, 40% of counties in the United States did not have access to buprenorphine providers in 2018.⁴ Furthermore, the Office of Inspector General identified the 1,100 counties in the United States that had the greatest need for buprenorphine services and found that 56% of those counties likely did not have adequate capacity to treat patients with buprenorphine in an office setting.

Rationale: As the United States responds to a recent surge in opioid involved overdose deaths, with the country grappling with the 46,802 opioid involved deaths in 2018, public health practitioners and policy makers are investigating the policies that facilitate and restrict access to evidence based treatment. Some of the strategies proposed by experts to reduce barriers to buprenorphine treatment include deregulating buprenorphine at the state level, eliminating prior authorization requirements for MOUD, and expanding state Medicaid programs – specifically programs addressing behavioral health.

Methods: A comparative analysis was conducted across the 15 states with the highest opioid involved overdose death rates in the country. Statistics on the number of buprenorphine providers per state were collected and buprenorphine providers per state population was collected to compare provider ratios between states. Data on deregulating buprenorphine at the state level, eliminating prior authorization requirements for MOUD, and expanding state Medicaid program was aggregated to compare across states.

Preliminary Results: Preliminary results suggest that states that do not regulate buprenorphine at the state level and expanded state Medicaid programs had higher buprenorphine providers per state population ratios than states that did not take these actions. When comparing states that eliminated the prior authorization requirements, results were inconclusive. The analysis is ongoing and expanding to include more states for a conclusive results section.

Biography:

Valencia Lyle received her master's degree in public health at Columbia University, Mailman School of Public Health in New York City in 2016. She subsequently worked with governments in East Africa to strengthen their health systems and use data to inform policies and improve the effectiveness of their existing health care programs. Since returning to the United States, she has joined the State of Michigan's Department of Licensing and Regulatory Affairs to support the department's efforts in identifying the most effective policies to expand access to buprenorphine throughout the State.



Traci A. Owens

Attorney at Law San Jose, USA

Withdrawal and grief for incarcerated people

This presentation explores Post Traumatic Stress Disorder, Withdrawal, and the traditionally accepted Stages of Grief. It comes from the perspective of a trial attorney with 20 plus years experience in the criminal justice system. This presentation offers a roadmap to the client's true narrative in spite hindrances presented by withdrawal symptoms, PTSD, and the grieving process. This presentation also offers techniques for attorneys, mitigation specialists, and treatment teams to help clients arrive at a healthy stage of acceptance and peace in spite of the circumstances.

Most laypersons associate grief with the loss of a relative, friend, pet, or major asset such as housing or financial security. Criminal defendants are often crippled by the early stages of grief because they are grieving the loss of SECURITY and LIBERTY. Many people in the USA justice system enter the system because of past trauma from which they have not healed. Many are stuck in the denial stage when they enter the system. Moreover, the fact that the client is charged with a crime represents an additional trauma in and of itself. It represents a loss of liberty and all of the securities that flow from the same. The traditional stages of loss continue to apply on multiple levels.

Withdrawal symptoms exacerbate the struggle. Those clients are operating from a fog within a fog while required to have some of the most impactful conversations of their lives with the attorney who is charged with telling part of their life story.

Unfortunately, the investigation of the criminal case forces them to confront that prior loss of security, and it leads them to the anger stage. In their free lives, the client would have the option to use their substance of choice to numb the understandable pain of the situation. Professionals have an obligation to navigate and decipher those symptoms. Furthermore it is NOT in the best interest of the client to automatically conclude that the symptoms are simply the result of pure hostility, a personality disorder, or a lack of veracity.

In addition, this presentation will also explore the unique circumstances of ALL professionals in the wake of the COVID-19 pandemic. The pandemic touched EVERYONE: some more personally than others. Some professionals lost family members. Others were affected by the universal trauma of quarantine and panic. Some professionals who survived infection but emerged with long-term health troubles are adjusting to a new life and a new body. This is new territory in which traumatized professionals are servicing traumatized clients. This session will discuss awareness of our own trauma, and the need for self care.

Biography:

Traci A Owens undergraduate degree is from Georgetown University '95. My JD is from Emory University '98. I have 22 years of experience as a criminal defense attorney including Capital cases.



Navin Kumar Devaraj

Universiti Putra Malaysia, Malaysia

Substance abuse and its implications

Substance abuse problems

- Substance abuse is when the individual take drugs that are not legal. It's also when the individuals use alcohol, prescription medicine, and other legal substances too much or in the wrong way.
- Substance abuse differs from addiction.
- Many people with substance abuse problems are able to quit or can change their unhealthy behaviour.
- Addiction, on the other hand, is a disease. It means the individuals can't stop using even when the individual condition causes the individual harm.

Commonly Abused Drugs

- Both legal and illegal drugs have chemicals that can change how the individual body and mind work.
- They can give the individual a pleasurable "high," ease the individual stress, or help the individual avoid problems in the individual life.

Alcohol

- Alcohol affects everyone differently.
- But if the individual drink too much and too often, the individual chance of an injury or accident goes up.
- Heavy drinking also can cause liver and other health problems or lead to a more serious alcohol disorder.
- If the individual is a man and the individual drink more than four drinks on any day or more than 14 in a week, the individual is drinking too much.
- For women, heavy drinking means more than three drinks in one day or more than seven drinks a week.

Heroin

- This illegal drug is the natural version of manmade prescription opioid narcotics.
- Heroin gives the individual a rush of good feelings at first. But when it wears off, everything slows down.
- The individuals move and think more slowly, and the individual may have chills, nausea, and nervousness. The individual may feel a strong need to take more heroin to feel better.

Cocaine

- This drug speeds up the individual whole body. When the individual use cocaine, the individual may talk, move, or think very fast.
- The individual may feel happy and full of energy.
- But the individual mood may then shift to anger.

- The individual may feel like someone is out to get the individual. It can cause the individual to do things that don't make sense.
- Using cocaine for a long time will lead to strong cravings for the drug.

Marijuana/Ganja

- Marijuana can make the individual feel silly and laugh for no reason.
- Or the individual may feel sleepy and forget things that just happened.
- Driving while high on pot is just as dangerous as drunk driving.
- And heavy marijuana use can leave some people "burned out" and not think or care about much.

Cigarettes and Other Tobacco Products

- The individual may not think of these as drugs.
- But tobacco has a chemical called nicotine that gives the individual a little rush of pleasure and energy.
- The effect can wear off fast and leave the individual wanting more.
- The individual can abuse and get addicted to the nicotine in cigarettes, just like other drugs.

Biography:

He is a senior lecturer and a very experienced family medicine specialist, having been in primary care for the past 15 years. He has worked in various busy hospitals and clinical practices such as Hospital Tunku Ampuan Rahimah Klang, Hospital Ampang, Hospital Tanjung Karang and Universiti Malaya Medical Centre. Other than his first love which is clinical practice, he is also an experienced researcher with research mainly on hypertension, diabetes, stroke and dyslipidaemia where he is recognised internationally. He is the council member of the Malaysian Society of Hypertension. He is heavily involved in various bodies such as World Action on Salt and Health (WASH), as a Permanent Member of Focal Point Technical Working Group (TWG) IYRES, Malaysian Medical Association and UPM representative for Research Collaboration between National Institute of Health and Public Universities.



Mohammad Qassim Abdullah

University of Aleppo, Syria

Trend and critical issues in smartphone abuse

If humans learned to control their impulses related to cell phone use, they would be given the opportunity to interact and communicate with the present environment in which they are surrounded. Behavioral addiction among youth is an increasing trend noted in the recent past. Researchers define technological addictions as a subset of behavioral addictions – one that involves human –machine interaction; and which develops when people become dependent on a device to reduce negative mood states or increase positive consequences. People believe that the use of technology to communicate has decreased our ability to communicate with one another in person. As one survey participant put it, “I think people often forget how to interact face-to-face because we use technology as a crutch to avoid true interaction.” We speak about common and global behavioral addiction or misuse of smartphone. I describe some critical issues regarding the investigation this behavior problem. These issues including the concepts, The methodology, the sample, the assessment procedures and the external validity.

Biography:

Mohammad Qassim Abdullah is professor of mental health and clinical psychology at the university of Aleppo in Syria. Studies the psychology and clinical psychology at the university of Damascus and Ph.D from Hungarian Academy of sciences in mental health.. he was the dean of faculty of education (2011-2015) and vice president of university of Aleppo (2015-2019). Supervisor of psychological and social support, and the member of national committee of research ethics in Syria 2016-2020. Dr Abdullah has published (145) searches in national and international journals, And 30 books in psychological sciences. He is full member and honorable member in many international journals of mental health , psychiatry and psychological sciences.



Jilani Ben Touhami Meftah

Affiliation: Counselor, Tunisia

Religion and its role in addiction recovery (Role of Islamic world view in Muslim community a base of study)

Abstract: Although there has been relatively little attention given to religion in the treatment of addictions, religion shows a significant role in addiction recovery. The practice of religion is associated with a lower risk of substance abuse. Indeed, facts indicate that religion is an exceptionally powerful and essential remedy in drug abuse prevention and recovery. This is because Faith is able to alter patient's attitude, plays a key role in strengthening his self-confidence, maintaining his sobriety and contributes to healing the mind, body, and spirit.

Thus in this presentation we will try to demonstrate some informal treatment cases where Islamic religion was used as a main vehicle to treat substance abuse addiction. Then we will exhibit the following details used in this way of treatment:

- a. Norms of this way of treatment; which will include the concept of man, his origin, his purpose and destination. Understanding these norms will help to understand why patients stay sober and heal faster.
- b. Techniques of this way of treatment such as; prayer, fasting, donation, camping and etc.
- c. Steps of this way of treatment:
 1. Identifying, understanding, convincing
 2. Connecting to a recognized safe social or religious group
 3. Involvement in regular social or religious activities; mystic dancing, religious camping etc...

Descriptive-analytical methodology is the main instrument used to accomplish this study.

Biography:

Jilani got his master in Revealed knowledge from International Islamic University, Malaysia in 1998, and he then joined the same University as a lecturer. He obtained his first PhD in Hermeneutics in 2003 the University of Malaya, Malaysia. In 2006 he obtained his second PhD in Psychology of Education from International Islamic University, Malaysia. In 2009 he joined University of Malaya as senior lecturer. In 2013 he moved to Sharif Ali Islamic University, Brunei as an Associate Prof. He has published more than 50 books and articles in high impact journals.

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AND BEHAVIORAL HEALTH

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**Gabrielle Gallo**

University of Southern California, United States

The association between familial environment, domestic violence, and substance usage amongst adolescents in Brazil

The phenomenon of substance usage and addiction in Brazil demonstrates the profound impact of narcotics and alcohol in harming the lives of adolescents. Adolescents are especially susceptible as a cohort in engaging in alcohol consumption and drugs, leading to undesired ramifications. Social determinants such as familial environment and domestic violence prevail the usage of illicit drugs and alcohol throughout Brazil. Despite Brazil's adoption of a harm-reduction approach to decrease drug usage, the prevalence of illicit substance usage remains a public health concern due to the lack of public policy targeting adolescents. Generating multiple intervention strategies and evidence-based programs garnered towards the needs of adolescents are essential in decreasing substance abuse and addiction in Brazil. We will delve into the association between parental drug use and adolescent substance use, the role familial support plays in preventing adolescent drug abuse, how domestic violence increases the susceptibility of an adolescent to use illicit drugs, and evidence-based responses to those issues.

Biography:

Gabrielle Gallo is an undergraduate student at the University of Southern California, majoring in Pharmacology and Drug Development and minoring in Health Care Studies. She is a recipient of the NACME scholarship and a participant of the Alpha Lambda Delta Honors Society. She is a medical intern at the Beverly Hills Cancer Center and the Director of Research for Alacrity Care. At USC, she is the Fundraiser coordinator for the American Medical Women's Association and a research assistant at the USC Brain and Creativity Institute. Gabrielle aims to become a physician and conduct clinical research in Oncology.

**Ethan Ramirez**

University of South Florida Morsani College of Medicine, USA

Kratom in America: Legal differences across Federal, State, and Local jurisdictions

Kratom (*Mitragyna speciosa*) is a tropical plant species that is indigenous to Southeast Asia. The leaves of the kratom plant have traditionally been consumed for the stimulant and opioid-like effects it can produce. In the United States, kratom is gaining popularity as an herbal supplement, and a natural alternative to traditional prescription opioids. Kratom is a controversial substance in America as it is not currently regulated on a federal level in the United States and can be legally obtained and used in many areas of the country without a prescription. The Drug Enforcement Agency (DEA) has listed kratom on a list of drugs of concern, but kratom has yet to be scheduled under the Controlled Substances Act. On the state level, kratom laws are constantly changing and vary greatly from state-to-state with some states completely banning the substance and other states adopting legislation that protects kratom consumers by regulating its manufacturing and sale. Most states have no kratom laws and have ultimately left the decision up to the federal government. There are even instances where local counties and cities have abolished kratom in opposition to their own state laws. The majority of readily available legal information on kratom is dispersed amongst individual state government databases. Most of the consolidated legal information on kratom can only be found on websites supported by pro-kratom lobbying organizations which are inherently biased in their representation of the laws in place. The purpose of this article is to provide a complete, current, and unbiased review of federal, state, and local kratom laws in the United States while exploring state and local rationales for such legal variance. This article concludes by discussing possible implications of these differing laws on legislators, consumers, and the healthcare providers moving forward.

Biography:

Ethan Ramirez is a second-year medical student at the University of South Florida Morsani College of Medicine. He studied Biomedical Science at the University of Central Florida and graduated with a BS degree in 2018. He is currently a member of the Law and Medicine Scholarly Concentration at the University of South Florida and studies both national and regional drug policy.

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Sergey Suchkov

Sechenov University, Russia

Personalized and Precision Medicine (PPM) as a unique healthcare model to secure the human healthcare, wellness and biosafety through the view of public health

Policy formation in the field of individual health promotion and protection is one of the priority tasks of national healthcare systems. Canonical health care is becoming increasingly unaffordable in most of the countries, yet it remains ineffective in preventing or effectively treating chronic diseases. The medicine of the XXI century is Personalized & Precision Medicine (PPM), by protecting and preserving human health throughout the life. In this regard, an upgraded model of healthcare service, which includes the philosophy, principles and armamentarium of PPM and aimed at identifying the disorder at its early (subclinical) stage, is being created and set up. PPM focuses on predictive and preventive measures that contribute to the development of individualized strategies for managing a healthy lifestyle that stabilize morbidity rates and can help to improve the working capacity of the population. To achieve the goals of value-based healthcare and the implementation of the PPM concept, it is necessary to combine the assets of the newest advances in basic science with clinical medicine, followed by the introduction and promotion of new generation's translational applications.

Audience Take Away:

- To gain main principles about Personalized & Precision Medicine (PPM) as a Healthcare Model of the Next-Step Generation
- To get more specific and detailed information about the ways and tools to implement PPM concept into the daily clinical practice
- The philosophy of the Speech would open a global and upgraded Avenue to move ahead to secure the Individualized and Population Health and Wellness as well as Biosafety
- To illustrate and demonstrate a value of Big Data and IT-technologies to be utilized in PPM-based practice

Biography

Sergey Suchkov was born in Astrakhan, Russia. In 1980, graduated from Astrakhan State Medical University with MD. In 1985, maintained his PhD. In 2001, maintained his Doctor Degree at the National Institute of Immunology, Russia.

From 1989 through 1995, was a Head of the Lab of Clin Immunology, Helmholtz Eye Research Institute in Moscow. From 1995 through 2004 - a Chair of the Dept for Clin Immunology, Moscow Clin Res Institute (MONIKI). In 1993-1996, was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an int journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK. At present, Dr Sergey Suchkov, MD, PhD, is: Professor, Director, Center for Personalized Medicine, Sechenov University and Professor, Dept of Clinical Immunology, A.I.Evdokimov Moscow State Medical and Dental University. Secretary General, United Cultural Convention (UCC), Cambridge, UK. Dr Suchkov is a member of the New York Academy of Sciences, USA.

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Ingrid Vasiliu-Feltes

MEDNAX, USA

Empowering precision medicine via blockchain and AI

The dual application of blockchain technology and AI could be a paradigm-changing solution in our quest to move from an industry based on “sick-care” towards a truly global population health and precision medicine-based approach. Blockchain technology’s unique characteristics and the complex opportunities offered by ML, NN and predictive analytics would allow us to address some of the major challenges within the healthcare system such as privacy, access, data ownership etc. They can also address the massive computational requirements for the large healthcare datasets generated daily, as well as the need for improved interoperability in a complex multi-stakeholder healthcare industry. Leveraging the full capabilities of these technologies and the latest scientific advances in genomics could also serve as the foundation for developing a global precision medicine database that can spark further preclinical, clinical and translational research, and act as a driver for continuously optimizing population health.

Audience Take Away:

- Attendees will be able to identify the unique benefits of blockchain and AI
- Attendees will be able to understand how to apply these technologies in medicine
- Attendees will be able to learn how the dual utilization of these technologies and latest advances in genomics can facilitate the design and development of state of the art precision medicine solutions
- Attendees will learn how these technologies can be deployed for optimizing clinical research
- Attendees will learn how these technologies will be deployed for developing new precision medicine treatments
- Attendees will learn how these technologies can improve speed, efficiency, computational power, accuracy, accessibility and impact global population health

Biography:

Ingrid Vasiliu-Feltes is a healthcare futurist who has extensive experience in the healthcare industry as a founder, executive, consultant or speaker. She currently is serving as the Chief Quality and Innovation Officer at MEDNAX Healthcare Solutions. In this capacity she provides oversight for all quality and innovation initiatives across the enterprise, such as Blockchain, AI, Genomics, Precision Medicine, Population Health, Telehealth, Medical Simulation, and Value Based Care. Additionally, she provides leadership to the MEDNAX Center for Research, Education, Quality and Safety. Prior to her current role, she held several leadership positions within the academic, corporate and not-for-profit healthcare arena, most notably serving as VP-Education, Quality and Safety, Chief Patient Safety and Quality Officer, Chief of Compliance and Quality Assurance, Medical Director of Clinical Research Trials, and Medical Director-Managed Care. Her consulting engagements have included healthcare systems, VC funds, angel investment funds, not for profit entities and corporations.

After completing her post-graduate residency and fellowship training at Columbia University College of Physicians and Surgeons in 2003, she earned her Executive Masters of Business Administration degree in 2011 from the University of Miami Herbert Business School.

Dr. Vasiliu-Feltes is also a member of numerous prestigious professional organizations and holds several certifications, such as Artificial Intelligence and Business Strategy from MIT Sloan, Blockchain Technology and Business Innovation from MIT Sloan, Finance from Har-

vard Business School, Negotiation from Harvard Law School, Innovation and Entrepreneurship from Stanford Graduate School of Business, Certified Professional in Healthcare Risk Management, Fellow of the American College of Healthcare Executives, Patient Safety Officer by the International Board Federation of Safety Managers, Master Black Belt in Lean and Six Sigma Management, Professional in Healthcare Quality by the National Association of Healthcare Quality, Manager for Quality and Organizational Excellence, by the American Society for Quality, and Certified Risk Management Professional by the American Society for Healthcare Risk Management.

**Xu Chen**

University of the Rockies, USA

Avoiding defensive medicine among pandemic

There is no cure for covid-19. Therefore, medical workers might easily be trapped into defensive medicine, which is do the extra prescription or work to avoid lawsuit. Defensive medicine adds stress on practitioners. Also, among the medical team, many doctors or nurses got infected, or even died. All these things make medical or nursing practice a very challenging profession, not alone the stress of seeing life and death scenes every day and cry with them. That stress not only affects the quality of practice, it also affect practitioners' mental health, physical health, and family relationships. This paper will be a research about how medical workers, especially the young ones fresh out of medical school should handle all these issues.

Biography:

Xu Chen holds a BA in Biology and an MS in Exercise Physiology from the College of St. Scholastica from Northern Minnesota, US. After her Master's degree, she went to University of the Rockies to finish her PsyD. Currently Xu Chen is a performing artist among the shelters in Boston area. So far she has more than 10 publications



Shyamapada Mandal

University of Gour Banga, India

Repurposing of drugs for COVID-19 therapy and the vaccines status

COVID-19 (coronavirus disease 2019), which is caused with the infection of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), is a highly infectious disease inflicting people worldwide. Globally, there have been more than 32 million confirmed cases of COVID-19, with nearly one million deaths, reported to the World Health Organization, as of September 25, 2020. The primary epicentre of the disease is China, where the novel coronavirus (SARS-CoV-2) first emerged plausibly zoonotically from bat, and thereafter human-to-human transmission was established to cause COVID-19 pandemic, which is ongoing, and for which no specific treatment or vaccine exists. The researchers around the world are investigating the possibility of repurposing of existing approved as well as experimental (anticancer, antiviral, antimalarial, antibacterial, anti-inflammatory) drugs (along with the searching of novel therapies) in order to treat or prevent COVID-19, adopting different tools including in silico approaches. On this basis (repurposing), the current COVID-19 therapeutic approaches are antivirals (that inhibit host cell entry and replication of SARS-CoV-2) and immune modulators (that help the immune system to fight the virus, SARS-CoV-2, or stop cytokine storm) and are under clinical trials. The role of probiotics (during COVID-19) as immune boosting live microorganisms having antiviral activities, on the basis of available scientific data on the usage of probiotics, will be explored. The status of clinical-phase vaccine candidates, in the vaccine development pipeline and the importance of potential novel as well as repurposable natural compounds, such as phytochemicals for COVID-19 therapy will be analyzed in mitigating the ongoing COVID-19 global pandemic

Audience Take Away:

- Help understand the essence of targetable drugs, druggable targets, and repurposing of existing/experimental drugs for COVID-19 therapy.
- Underlines the urgent need of vaccines and applicability of natural compounds against SARS-CoV-2 infection.
- Shed lights on the importance of current non-pharmaceutical solution of COVID-19 global pandemic

Biography:

Dr. Shyamapada Mandal, Professor, Department of Zoology, University of Gour Banga, focuses his research on epidemiology of infectious diseases including COVID-19; probiotics, genomics and bioinformatics. He has published more than 100 articles in various scientific journals of repute, with 7 book chapters. He is life member of IAMM and International Academy of Science and Research (India). He acquired more than 24 years of research and teaching experiences in the field of biomedical sciences. Seven national academic and research awards have been conferred to him. Prof. Mandal is editorial board member of 6 biomedical science journals, and Editor-in-Chief for one journal.

Dessaiegn Temesgen Leye

Addis Ababa Science and Technology University, Ethiopia

The mere six first options to be taken for successful combat the COVID-19 pandemic

Every time, our globe encounters different types of disasters. They can happen within a nation; at a time in several regions; or seize the whole planet. The 21st century is not exceptional. Today in this COVID-19's pandemic era, because of the public's improper awareness about the disease, lives crumbling as an autumn leaves; world economy is panicking and even there are signs of internal-external conflicts. However, instead of finding solutions, politicians, the business sector, media and even some scientists are trying to extract their own benefit. Because of such mess we launched a qualitative-secondary data analysis based study. We used four types of data sources: media analyzing; discoursing with respondents of Addis Ababa city; assessing other countries publics' opinion; and evaluating the stakeholders' acts against the COVID-19. Our media analysis reveal that politicians, media, some scientists and scientific paper publishers deliberately/innocently through their activities are increasing the death rate; discussion with randomly selected 54 respondents shows that 70% of them believes as if God without their effort will guard them from the disease; according to our secondary data analysis, in developed countries, some do not sure the existence of SARS-CoV-2 virus! Hence, we offer the followings effective options to be taken today and for such virus than searching drug-vaccine: We illustrated a schematic model based liberated committee against the pandemic, whose 13 members are from relevant institutions. The sampled scheme can be applied for the rest types of disasters that we already arranged into 5 groups; to the biochemistry context, we charted what proportion must have the five epidemiological (control-preventive) measures that are to be implemented against this type of pandemic; during the study, we revealed that religions can influence on how public's awareness directs against the COVID-19; and publishers should pay real contributions in battling with the pandemic. Keywords: COVID-19, disaster, pandemic, epidemiological prevention, religion, SARS-CoV-2, task force

1. Discussion about what to be done first of all, when such disaster (pandemic) takes place
2. We have going to show a chart in which we showed what each stakeholder should act when emerges a disaster like natural, war (conflict), industrial-technology, financial-economy or disease disaster)
3. Our survey result shows that religious leaders are vital players in battling with COVID-19
4. We showed how to establish liberated committee (task force), members which can trust the public, but not authorities or politicians, etc. About such 6 points we can discuss on the event (the article is published in GSJ volume 8, issue 6

Biography:

Dessaiegn Temesgen leye studied pedagogy in Volgograd Pedagogical institute (Msc) and studied biochemistry at Moscow Biochemistry institute and defend his PhD in biochemistry in 1997

Now he is an asst professor at Addis Ababa Science and Technology University

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Pisamai Natun

Mahidol University Amnatcharoen Campus, Thailand

A randomized controlled trial of wooden tongue depressor exercise therapy versus usual care to improve mouth opening ability among head and neck cancer patients

Cancer treatment among head and neck cancer (HNC) patients affect the maximum interincisal mouth opening (MIO). Exercise therapy could improve the MIO of HNC who received cancer treatment. This study is randomized controlled trial (RCT) aimed to study the effectiveness of wooden tongue depressor exercise (WTDE) to improve mouth opening ability among HNC patients. The 80 HNC patients in 2 tertiary hospitals in Khon Kaen Province, Thailand, were recruited into intervention (n=40) and control (n=40) by used simple random sampling. The intervention had received WTDE plus usual care (UC) compared with the control group had received UC alone. The MIO was measured by using ruler in millimetres (mm) at a baseline before the intervention, and after cancer treatment at 1 month, 3 months, and 6 months from May 2016 until June 2019. Statistical used were descriptive statistics and repeated measure ANOVA to test the effectiveness of intervention. This study had an ethical approved. Results show that the baseline characteristics of most HNC patients were female in both intervention (60.0%), and control group (50%) ($p>0.05$). The average age of the intervention was 54.6 years old (S.D.=11.0), and the controls were 56.8 years old (S.D.=13.0) ($p>0.05$). Most HNC had received surgery plus radiotherapy (interventions 30.0% vs controls 45.0%). The median radiation dose in interventions was 66.0 Gy (IQR=6.0, n=34), and controls was 66.7 Gy (IQR=10.0, n=31) ($p>0.05$). The interventions most found cancer site at nasopharynx (42.5%), and floor of mouth in the control group (17.5%). The stage of HNC was at T3 (interventions 70.0% vs controls 75.0%), N1 (interventions 30.0% vs controls 25.0%), M0 (100% both). The median of MIO was 38.0 mm interventions (IQR=3.0), and controls was 37.0 mm (IQR=4.0) ($p>0.05$). The average of MIO after interventions were 32.6 mm in the intervention vs 29.2 in the controls at 1 month ($p>0.05$), 35.0 mm vs 29.3 mm at 3 months ($p<0.05$), and 37.4 mm vs 29.8 mm at 6 months respectively ($p<0.05$). There was a significant different among intervention and control group and the following time at 1 month, 3 months, and 6 months ($p<0.05$). WTDE plus UC is better than a UC alone to improve mouth opening ability among HNC patients. It may promote to using WTDE plus UC among HNC patients to reduce MIO loss after cancer treatment.

Audience Take Away:

- The wooden tongue depressor exercise has more benefits to improve the MIO among HNC patients, should be promote to HNC patients from the initial diagnosis.
- The loss of MIO could immediately occur at before- or after- cancer treatment, it may relate with the disease factors, or the clinical factors. It should have the study to emphasize the association between them.
- The rehabilitation of MIO may affect the quality of life among HNC patients. The further study should report the quality of life among HNC patients after received exercise therapy.

Biography:

Pisamai Natun, Ph.D. candidate in Public Health at College of Public Health Sciences, Chulalongkorn University, Bangkok, Thailand and graduated as M.P.H. in Epidemiology at Faculty of Public Health, Khon Kaen University, Khon Kaen Province, Thailand in 2013. She works as a lecturer at Mahidol University Amnatcharoen Campus, Amnatcharoen Province, Thailand.

PARTICIPANTS LIST

Name	P No.
Adele A. Webb Strategic Education, Inc., USA	9
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Name	P No.
Kalliopi Megari Aristotle University of Thessaloniki, Greece	41
Katherine Taylor Pearson U.S. Army Medical Command, USA	19
Mohammad Qassim Abdullah University of Aleppo, Syria	50
Natalia Cineas New York City Health + Hospitals Corp, USA	10
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