

Ballet Injuries

Francisco J. Sobrino

Orthopaedic Surgery and Traumatology Service, Spain

Ballet is an athletic activity with a marked artistic component, that need a highest technical requirement and repetitive movements. In this way, Overuse injuries , as we have been able to demonstrate in our studies, will be the most frequent injuries in ballet, especially in the most technically demanding discipline of classical ballet . The Lower limbs and lumbar spine, are the most frequent anatomical location involved in this injuries, having differences between ballet disciplines,. The patellofemoral Syndrome is the most frequent overuse injuries in ballet, especially in classical and neoclassical ballet, being also frequent the Snapping Hip and the low back facet syndrome in Spanish ballet, or the Achilles tendinopathy and the mechanical low back pain in Contemporary ballet. Os Trigonum syndrome is the cumulative injury that most frequently requires surgery among the youngest, while chondral injuries, especially in the knee, are among the oldest. In relation to acute injuries, are the knee injuries that most frequently require surgery, especially meniscal and anterior cruciate ligament injuries. It will be very important to know about, the biomechanic and pathomechanic of the Ballet specific technical gesture, the intrinsic and environmental risk factors involved in ballet injuries, the injury-based differences among ballet disciplines as well as the most important preventive measures in ballet.

Biography

Medical Doctor and Medical specialist at Traumatology and Orthopaedic surgery, Sports & Dance Traumatology, and Arthroscopic surgery. Doctor's degree with the qualification Outstanding Cum laude at the Madrid Complutense University. More than 60 Papers and Conferences. More than 20 articles published in books and Scientific Journals. 4 awards. Member of the International Dance Council UNESCO. Member of the Traumatology Spanish Society and ,Sports Traumatology Spanish Society. Consultant and Traumatology Advisor at the Dance National Company and National Ballet in Spain, Royal Academy of Dance in Spain, Nacho Duato Academy, and for the professional dancers of the main Ballet Spanish companies.

Indoor Air Quality In Homes

Joseph Laquatra

Cornell University, USA

Human health can be adversely affected by a multitude of conditions in our built environments. These elements emanate from material and techniques used in the construction process, from activities within such spaces, and from connections to the external environment. These factors are of particular concern when examining indoor air quality because most people in the U.S. spend about 90% of their time indoors [1], with some groups such as infants, the elderly, and infirm persons spending nearly all of their time indoors. Children are at a higher risk of health problems from pollutant exposure, especially because air in the child breathing zone is more polluted than it is in the adult breathing zone. Pollutants of concern include biological contaminants, combustion pollutants, volatile organic compounds, and radon and other soil gases. Humans have a history with lead and asbestos that goes back thousands of years to the ancient Romans and Egyptians. These two pollutants are still problems in older homes and apartments. All of these toxicants can be minimized or abated. Awareness of these issues is a critical first step in improving air quality in places where people live.

Biography

Joseph Laquatra, Ph.D. is a professor emeritus at Cornell University. He has studied indoor environmental quality since 1986. His outreach efforts on this topic have been directed to homeowners and homebuilders. He has also taught builders, engineers, architects, and government officials in Poland, Russia, and Japan. Joe is a past President of the Housing Education and Research Association and Chair of the National Consortium of Housing Research Centers. He is listed in *Who's Who Among American Teachers and Educators*, *Who's Who in America*, and *Who's Who in the World*.

Diabetes in Children and Adolescents

Usha Dane

Harvard Medical School, USA

Until recently, diabetes in children was virtually synonymous with type 1 diabetes mellitus, whereas type 2 diabetes was a disease of middle age and the elderly. Over the past 10-20 years, an alarming increase in the prevalence of type 2 diabetes has been reported from pediatric diabetes centers in North America and elsewhere in the world.

Lifestyle factors responsible for the worldwide epidemic of overweight and obesity are responsible for the increase in the prevalence of type 2 diabetes in adults and children. This article briefly discusses the diagnosis and major types of diabetes in children but focuses on aspects of type 2 diabetes in children and adolescents, including demographics, pathophysiology, clinical presentation, screening, prevention and treatment. The identification of children at risk for type 2 diabetes and the implementation of community-wide preventive programs will be essential to reverse the tide.

The availability of calorie dense "fast foods," candy, and sugared soft drinks must be restricted in schools and other venues frequented by children. Parents must limit the amount of time their children spend watching television and playing computer games. After-school programs that promote physical activity should be a priority of local and central governmental agencies. Prevention will only succeed if governments and local communities recognize that childhood obesity is an important public health problem and provide an environment that promotes changes in lifestyle that prevent and reverse obesity.



“Postpartum Depression in Both Parents Correlated Risk Factors–Impact of Newborns Life”-Coping Management & Health Promotion

Farial Kabir

Saint Francise Hospital–Memphis, USA

Health supervision is a privilege opportunity to walk along with the new families during their transition to parenthood. This period is more challenging to both mother and father. Similarly, postnatal depression (PND) is not limited to women's following after childbirth some men has experience it too, studies show that one in 5 men & 70 – 80% women experience parental PND. Furthermore, most people today's have heard the term “baby blues” which is described as mild, moderated and severe of depression. Which every woman as suffered from everyday life after childbirth due to no help, being exhausted, sleepless nights, no resting periods in between which effects their healing process after childbirth. Men have no paternal paid off men also have sleepless night which effects their relationship & work. Postpartum depression is not a disease process if its resolve on initial stage by helping parents, if it's not treated then it will worst and need to seek medical assistance by psychiatrist follow-up, counseling session or end up with drug therapy. In studies only 10% women's aware about how to dealt with it if there is no help. However, PPD is started after 1st week of childbirth and it will remain until 6th week, month or years depends on severity. It is interfered on men work, conflict issues in both partners, anxiety bursting into tears and it will also interfere with mom-baby bonding.

Biography

Ms. **Farial Kabir** studied Nurse Midwife from The Aga Khan Hospital for Women, Karachi Pakistan. In 2007. Then started diploma in General Nursing from Patel institute of nursing & allied health science, Pakistan. Got graduated in 2011. And joined, the Aga Khan University- Hospital in 2011 as (Registered Nurse) RN. In labor & delivery unit, after 4 years of working joined the Aga Khan University- School of Nursing and Midwives as a student and pursue my (post RN- BSN) (baccalaureate degree) got graduated in 2016. I received an award for “best leadership and management quality” after that I moved aboard and joined King Faisal Specialist Hospital & Research Center, Riyadh, Saudi Arabia. To continue my professional development and hard working with multinational and diverse nurses in magnet organization. Here I got an opportunity to show my interest in nursing research I got selected journal club & task force team leader in unit base. In order to that, my passion towards nursing career & continuity of patient care increase day by day. Furthermore, I moved to USA in 2020 and started working as RN-BSN in saint Francis hospital- Memphis.

Skin Manifestations of Diabetes Mellitus

Usha Dane

PGAD Harvard Medical School, USA

Skin disorders are usually neglected and frequently undiagnosed among diabetic patients, Diabetes Mellitus is a common and debilitating disease that affects a variety of organs including the Skin. About 30% to 70% of patients with diabetes mellitus both type 1 & type 2 will present with cutaneous complications of diabetes mellitus at some point during a lifetime. A variety of dermatological manifestations have been linked with Diabetes Mellitus. These conditions vary in severity and can be benign, deforming and even life-threatening. Such skin changes can offer an insight into the patient's glycemic control and may be the first sign of metabolic derangement in undiagnosed or early-stage skin disorders in DM patients. Disease control, early-stage treatment (e.g., skin hydration, orthotic devices) and awareness can reduce morbidity of DM patients. Thus, better understanding of the burden of skin disorders in DM patients may raise awareness on prevention and management. Therefore, the aim of this study is to perform a literature review to evaluate the main clinical characteristics and complications of skin disorders in diabetic patients.



Biography

Mrs. Usha Sanjeev Dane practicing as dialectologist & physician at Utkarsh Clinic.

Chronic Rib Subluxations (CRS) as a Possible Cause of Breast Tumor (BT) Development

Gabriel Quintero

Earthy Centre Chiropractic, Saudi Arabia

Objective: This research seeks to investigate the potential link between CRS and the development of BT. While there is no existing literature on the subject, the paper is based on years of incidental clinical observation on most regular chiropractic patients, which indicates that both male and female adult patients exhibit tender and tight chest muscles due to CRS acquired during childhood falls or accidents but never treated properly. CRS cause intercostal nerve irritation, leading to chest muscle contracture that impairs normal lymphatics and blood flow, thus compromising the body's defense system. The resultant pain, swelling, and hypersensitivity on breast tissues create an ideal environment for tumors to develop.

Methods: The before mentioned symptomatology for CRS may be elicited using a low-speed electric massager on upper chest of supine patients, where pain can be mild to severe, evidencing intercostal nerve irritation, muscle contracture, lymphatic congestion and poor blood circulation.

Results: These findings may infer that patients with CRS have a higher risk to develop conditions which could eventually lead to the formation of BT.

Conclusion: The study findings suggest that clinicians should consider CRS as a potential indicator for BT susceptibility along with other known factors. Chiropractic profession can become of much help with early identification and treatment of CRS to prevent or reduce the severity of BT formation. More studies need to be done to determine the influence of CRS as a Pathophysiological factor for BT.

A Narrative Review of Myocarditis Following COVID-19 Vaccination

Marjan Farzad

Birjand University of Medical Sciences, Iran

Myocarditis is a rare but serious consequence of COVID-19 vaccination. This study conducted a narrative review of the research on vaccine-induced myocarditis regarding the type, dose of vaccine, time to present from the vaccine, cardiac history, and patient outcomes. All papers of the year 2021 about the study subject were gathered from PubMed using the following MeSH terms: ("Myocarditis" and "COVID-19 vaccine") with no language restriction. Inclusion criteria were case reports and case series. Our search yielded overall 68 studies. After applying inclusion criteria, only 24 studies were included with the total of 46 patients. Forty-one of 46 (89.1%) of the patients were males. The age range was 14-70 years with a mean age of 28.82 ± 14.65 years. The majority of the myocarditis related COVID-19 vaccine cases (73.9%) were associated with the Pfizer-BioNTech following the second dose of the vaccine. The median time to present from the vaccines was 3 days (range, 1-14 days). 93.5% of cases had no previous cardiac history. 91.3% of myocarditis cases were survived and discharged from the hospital.

Keywords: Myocarditis; COVID-19 vaccine

Biography

Marjan Farzad is a member of Cardiovascular Diseases Research Center and a faculty at Birjand University of Medical Sciences. She has a Ph.D. degree in nursing. Her expertise is intensive care unit.

Child Development Leading to the Pursuit of Virtues and The Avoidance of Vices

Gerald H Katzman

Wayne State University School of Medicine, USA

Optimizing the social, emotional, moral and cognitive development of children will support prosocial behavior and peaceful societies. To accomplish these goals, efforts need to start from birth with authoritative parenting to achieve secure attuned attachment between caregiver and child. Such parenting should eliminate the toxic stress associated with the authoritarian approach and the lack of direction seen with permissive or uninvolved parenting. Early literacy is the key to building character using the vehicles of modeled behaviors, reading stories with a moral and that teach a lesson and Human Relations Programs for Children. Benevolent mindfulness characterized by emotional empathy, compassion and helping behaviors will result from proper parenting and successful character education. The resultant ability to think in a complex fashion where virtues are pursued and vices avoided should facilitate resistance to false narratives and non-violent conflict resolution. Avoiding Adverse Child Experiences has been shown to minimize depression, violence perpetration and other problem behaviors and disorders. When there are educational and professional resources in play to support the development of children in communities, a responsible, caring citizenry can be anticipated.

Biography

Dr, Katzman served his pediatric residency at the University of Chicago and Children's Hospital of Michigan. After spending two years in the Navy, he entered a fellowship in Neonatal-Perinatal Medicine at Temple University Hospital. He is board certified in Pediatrics and Neonatal-Perinatal Medicine. He is also certified by the American College of Physician Executives as a Physician Executive. Over the years, he has published a number of papers in both Neonatology and Pediatrics, An initial interest in Human Relations Programs for Children in the 1980s evolved into an effort to understand the ways children are taught to hate and how such indoctrinations can be prevented. The papers that he has published on this subject include:

- 1) A Bioethical Analysis of a Form of Psychologic Abuse: Teaching Hatred to Children. *Clinical Pediatrics*.2005;44:143-150
- 2) Neurological and Psychological Mechanisms Explaining How Hatred is Programmed Into the Minds of Children. *The Open Pediatric Medicine Journal*. 2009;3:58-60
- 3) Spartan and Sambian Societies: Psychosocial Development Stifling Emotional Empathy and Supporting Violent Behaviors. *The Open Pediatric Medical Journal*. 2014;8:1-8
- 4) Genocide: Plotting a Course to Never Again. *Neuropsychiatry(London)*2016;6(4):190-192

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- 5) Convention on the Rights of the Child: academic exercise or prescription for a better life.
Advances in Pediatric Research.5:10 doi 10.24106/apr.2018.5.10
- 6) Understanding the Paths to Malevolence and Benevolence: A Case Study wi10
- 7) The Global Child Development Corps.Advances in Pediatric Research.6:30 doi:b
10.35248/2385-4529. 19.6.30
- 8) Child Development Leading to the Pursuit of Virtues and the Avoidance of Vices.
Journal of Advances in Medicine and Medical Research.2020;32(10) 22-29
- (9) The Psycho dynamics of Aggression and Genocide and Their Prevention. In: Advances in Psychology
Research, Editor Alexandra M. Columbus.Chapter4, Nova Science
Publishers Inc. Vol14, 2022. P. 86-
- (10)Two “Aha Moments,”The Scientific Method and Repair of the World. Academia Letters, April 2022,
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Better Healthcare for People with an Intellectual Disability

Sarah Butler

Western Sydney University, Australia

People with an Intellectual Disability need Healthcare from the medical and nursing professions. During the presentation I will draw upon my experience of living with autism as well as being both a self-advocate and an inclusiveco-researcher. I will focus on research outcomes associated with:

- Barriers people with intellectual and developmental disabilities face when accessing health care.
- Strategies that can be used to improve healthcare for people with an intellectual and developmental disabilities.
- What doctors and nurses can do to support people with intellectual and developmental disabilities
- Outcomes and improvements on what good health care looks like for people with intellectual and developmental disabilities.

The United Nations Convention on the Rights of Persons with Disabilities states that people with disabilities have equal rights to access the healthcare they need to live a quality life. People with intellectual and developmental disabilities can struggle to access the healthcare through a range of barriers, including costs. Specialists with a background in disability are also hard to access, waiting times are very long, and it can take up to 18 months before a specialist is available.

Medical practitioners and specialists are not always in accessible locations. While some people with disabilities have friends, carers who can take them places others have limited access to transport close to train stations or bus stops.

Often when doctors leave a practice people with disabilities are not informed or supported by the practice to rebuild a mutual relationship with a new doctor. If a person with a disability has a family member, friend or carer who does attend the appointment, the doctor or nurse often will talk to the family member rather than the person with a disability. To assist with this issue it is advised that the doctor or nurse read the history of the person prior to the consultation and speak directly to them with the support of the family member or carer to ensure a smooth transition from one doctor /nurse to others .

Biography

Sarah Butler is a person that lives with autism. She is a member of several groups that advocate for and do research with people with intellectual and developmental disabilities. She has spoken at many conferences both in Australia and internationally. She has a Diploma in Disability and is called upon by tertiary institutions to speak on what it means to live with autism.

Learning the “Time Travel” paradigm of Alzheimer’s disease for Nurse Empowerment and Best Practices

Christopher J. Johnson
Texas State University, USA

This study describes how nurses, staff and family care partners are taught the Time Travel model of Alzheimer’s Disease (AD). As people with AD experience cognitive, emotional, social, physical, and functional time travel, families can learn to join them on their journey. Stage models (e.g., Reisberg and associates FAST and GDS) of AD clarify how changes through time occur using stage markers. Yet the disease is non-linear. Persons with AD don’t travel neatly in stages but fluctuate in recall of names, faces, and events. They migrate in a non-linear downward spiral fluctuating back and forth through time, revisiting people, places, events, and trauma of their distant past.

Time Travel apps and other life history data are available to provide real person-centered care that’s time appropriate. Families are trained to connect in the approximate time frame in which the patient has traveled. Hence, care partners are taught time appropriate communication and interventions (e.g., activities, pictures, music etc.) to respond to challenging behaviors. The Models used with nurses or family caregivers empower them to validate the AD person’s approximate time frame he or she has traveled back in time to. Caregivers are inspired to become “best friends” of AD persons by understanding how this cognitive disability works. When an AD lady travels to age 20 in her mind but sees an 80-year-old face in the mirror, she demands the person leave the bathroom. This behavior is puzzling to nurses and families. The Time Travel model explains how this works driving care planning, redesigns (e.g., mirrors) of living spaces and activities. The model supports validation therapy, “Best Friends” and other pedagogy. Thus, the social model of care based on understanding Time Travel is more frequently used instead of polypharmacy to control challenging behaviors.

Biography

Dr. Chris Johnson got his PhD in Sociology with a major in Aging from Iowa State. He has served as Director of Gerontology at the University of Louisiana. He has numerous publications on social models of dementia care in books and scholarly journal articles. He spent a year and a half at Stirling University in Scotland at the Iris Murdoch Dementia Centre. Then he returned to the U.S. to start America’s first MS degree in Dementia & Aging Studies at Texas State University. He has co-authored a “Time Travel” model of Alzheimer’s Disease for nurses and caregivers that explains how the disease works better than stage models. He is co-editing a book by Oxford Press on Dementia Reconstructed.

Bucky Balls, Child and Bowel: A Dangerous Proposition

Shailesh Adhikary

Tree top Hospital Maldives ,Maldives

Objective Toraise awareness of the dangers associated with bucky balls ingestion in children

Design Case report and review of the literature

Setting Tertiary care hospital

Patient Seven year boy with a clinical history/imaging suggesting multiple magnetic balls ingestion

Intervention Laparoscopy assisted removal of ball sand repair of perforations

Outcome Measure Clinical course

Results Full recovery after surgery

Conclusions Ingestion of multiple magnets may not manifest with periton it is but result in significant complications including bowel perforation and obstruction Early surgery prevents significant morbidity and mortality Clinical vigilance and early surgical consultation with an aggressive surgical approach is recommended. Parents should be warned against the dangers of children's toys with these powerful magnets

Collaborative Surgical Pain Management with Addiction Medicine

Ronen Shechter
Johns Hopkin Hospital, USA

In 2017, the United States Department of Health and Human Services declared a public health emergency to combat the opioid crisis. In response, the Department of Anesthesiology, established the Johns Hopkins Personalized Pain Program. Unfortunately, in the US the opioid crisis has continued to worsen. In 2022 compared to 2017 there was an increase in overdose deaths by about 40 percent and reached a record high of more than 109,000 overdose deaths in the US. Data shows that prescribed opioids contribute to the opioid crisis, though illicit use of opioids especially the introduction of fentanyl into the drug supply is a bigger contributor of overdose deaths.

At Johns Hopkins Hospital (JHH) there has been an increase in hospitalized patients with a diagnosed of substance use disorders (SUDs). Thirteen percent of hospital discharges had a SUDs diagnosis in 2018 and this increased to 22% in 2020. As a result, The Johns Hopkins Acute Pain Service (APS) has been treating an increasing number of patients who suffer from SUDs. APS managed surgical pain with limited focus on their addiction. This has led to suboptimal pain control, missed SUDs diagnosis and recovery opportunities, as well as potential increased their risk of overdose death upon discharge.

To address the increasing need for inpatient addiction services at JHH, a new inpatient Addiction Medicine Consultation Service was established at Johns Hopkins in 2020. As a result, both APS and Addiction Consults started jointly managing patients with a diagnosis of SUDs perioperatively. Traditionally, APS focuses managing acute perioperative pain and Addiction Consults on managing addiction. At times the plans were seemingly at odds and led to incoherent treatment plans. Subsequently, APS and Addiction Consults have shifted into collaborative comprehensive management. Our efforts have led to a remarkable improvement in all the aspects of care for these perioperative patients. Our challenges, successes, and processes that we have taken to achieve it will be shared in the presentation.

Biography

Dr. Ronen Shechter is an assistant professor of Anesthesiology and Critical Care Medicine at the Johns Hopkins University School of Medicine. He serves as the Director of the Acute Pain Service and the Co-Director of the Personalized Pain Program. He completed training in Anesthesiology and a fellowship in Pain medicine at Thomas Jefferson University Hospital and research fellowship at the Johns Hopkins University School of Medicine. He has expertise in managing a wide variety of Acute, Subacute and Chronic pain conditions and his clinical and academic work focus on optimizing perioperative pain management.

Collaborative Surgical Pain Management with Addiction Medicine

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Johns Hopkin Hospital, USA

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Santosh Marathe

Apollo Hospitals Enterprises Limited India

Technology plays an ever-increasing role in healthcare. Today, healthcare providers make use of electronic medical records (EMR), remote patient monitoring, telehealth, and more. Point-of-care technology has allowed all the patient data to be digitally populated in one place while providing accessible to caregivers at different locations. Use of flow sheets, check sheets, and eventually computerized charting was the response to nurses' long hours spent on documenting the events of the shift. Today, the use of technology to document patient data is at the forefront of health care discussions.

Nursing informatics is one of the fastest-growing areas of healthcare today. With an eye towards maximizing efficiencies, improving communication, increasing access to timely and accurate data, and lowering overall costs, healthcare professionals skilled in nursing informatics are in high demand.

Using data, an informatics nurse can analyse trends, monitor for any consistent errors, and implement new, more efficient systems while also providing options to work remotely at some point of time during their work week. Specifically, nurse informatics resources uphold organizational privacy and security programs of applied telehealth technologies, adhere to HIPAA mandates, and ensure appropriate use of personal health information to meet evolving regulations.

Multiple organization like Healthcare information and Management Systems Society (HIMSS), American Medical Informatics Association (AMIA), American Nursing Informatics Association (ANIA), American Health Information Management Association (AHIMA) offer certifications & networking on developmental activities for Nursing Informatics.

Nursing informatics in essence is - Information + Automatic Processes = Informatics

Biography

Mr Santosh Marathe has a work experience of around 30 years with the past 22 years in Healthcare. Santosh has been instrumental in multiple strategic advisory roles for building business alliances, project planning, service excellence initiatives, costing & pricing strategies, physician compensation strategies, revenue management & IT implementations. He has been recognised & awarded in top 100 Healthcare leaders by IFAH Dubai. He has been a regular speaker in multiple national & international forums at Boston, Sydney, Amsterdam, Singapore, Hongkong & Dubai on topics of Big Data, Supply Chain management, Patient Centric care initiatives, Patient Experience, Finance & Costing & IT systems, Digital healthcare roadmap, Revenue management & so forth.

Quality and Affordability of Maternal, New-Born and Child Health Services

Margaret Maimbolwa

University of Zambia, Zambia

Objective

The objective was to determine the stress levels among mothers of babies admitted in NICU and to identify demographic parameters that influence their stress levels.

Methods

A cross sectional study done at Women and Newborn Hospital of the University teaching Hospitals. Stress levels were assessed using Parental Stressor Scale: Neonatal Intensive Care Unit (PSS: NICU) questionnaire among 280 NICU mothers with more than 24 hours of admission.

Results

Stress experienced on each subscale was quantified using Likert scale and Metric 1 scoring method. The results indicated that mothers experienced stress from having their infants cared for in an NICU. The mean scores for the subscales sights and sounds, Infant appearance and behaviour, alteration in the parental role and staff behaviour and communication were (2.40), (3.17), (3.78) and (2.05) respectively. The highest levels of stress experienced were in the subscales of parental Infant relationship and regarding the infant's physical appearance and behaviour. In addition, the current study found that duration of stay in the NICU, mothers', educational level and infant birth weight were associated with stress.

Conclusion / Recommendation

Identifying the stressors in) NICU can assist nurses in intervention planning and supporting the stressed mothers. Future research should assess effective coping strategies for mothers.

Gastric Ulcers Induced by Non-Steroid Anti-Inflammatory Drugs ' A Deleterious Concatenation

Hamza Islam

Punjab Medical College, Pakistan

Gastric ulcers induced by Non-Steroidal Anti-inflammatory Drugs (NSAID) usage has become a common public health problem which is evident by several studies that have established chronic Non-Steroidal Anti-Inflammatory Drug (NSAIDs) usage to be one of the risk factors for the pathogenesis of peptic ulcers in patients. This article is one such study that has compiled numerous articles that links Non-steroidal Anti-Inflammatory Drug (NSAID) usage with peptic mucosal erosion, especially among patients under anticoagulant therapy or suffering from other risk factors. This article has reviewed Non-Steroidal Anti-inflammatory Drug (NSAID) induced peptic ulcer risk factors, pathogenesis, clinical signs, symptoms, diagnosis, prevention and treatments. It also emphasized effective methods to prevent and manage peptic ulcers among Non-Steroidal Anti-inflammatory Drug (NSAID) users. Such prevention includes using Selective Cyclooxygenase-2 (COX-2) inhibitors as an alternative to aspirin or other Cyclooxygenase-1 (COX-1) inhibitors or using the lowest dosage of aspirin as possible in patients suffering other comorbidities that would act as risk factors for peptic ulcers. We have conducted a thorough review of the literature on diagnostic tests and alternate medication that can be used in the management of Non-Steroidal Anti-inflammatory Drug (NSAID) induced ulcers.

Biography

Hamza Islam is a graduate of Punjab Medical College, Faisalabad, Pakistan. He is an enthusiastic researcher. Internal medicine is among his fields of interest. He was involved in the poster presentations and oral case presentation (CPC) in his Alma mater. He is interested in presenting his contribution at national and international level. He is working with his fellow researchers on different projects.

Work Related Challenges and Opportunities Faced by Intern Nurses in Fiji: A Qualitative Study

¹Devina Gaundan and ²Masoud Mohammadnezhad

¹Nurse Unit Manager, Labasa Hospital, Fiji

²School of Nursing and Healthcare Leadership, University of Bradford,UK

Introduction

A strong nursing workforce is the backbone of any health care system. Intern nurses make up to 10% of the nursing workforce. The transition of intern nurses into the nursing workforce is a vital phase in the lives of intern nurses. This study aimed to explore the experience of intern nurses, specifically focusing on the challenges and opportunities they faced during transition.

Materials and Methods

This qualitative study conducted at Labasa Hospital, Fiji. A purposive sample of 22 intern nurses who were willing to participate was used in the study. Before the commencement of data collection, a written consent was secured. Data were collected using a semi-structured questionnaire through in-depth interviews. All data recorded during the in-depth interview was transcribed verbatim, following which data was interpreted using thematic analysis; data was coded, categorized and themes identified. The themes were then further divided into subthemes and categories.

Results

The study participants were between the ages of 22 and 26; only one participant was 46 years old. Out of the 22 participants, ten were currently working as intern nurses at Labasa Hospital while the remaining 12 had completed their internship less than five years ago and were currently working in various units at Labasa Hospital. The findings of this study were reflected in three main themes: Transition, Challenges and Opportunities.

Conclusion

The study suggests that transition into nursing is a dynamic phase in the lives of intern nurses. The findings of this study will help nursing management to improve and accommodate a smooth transitional experience for intern nurses would be the most beneficial to the organization. Improved competency of intern nurses would lead to high quality patient care, achieving cost effectiveness and most importantly improved patient outcomes.

Biography

Dr Masoud Mohammadnezhad graduated with a BSc in Community Public Health Nursing and a MSc in Health Promotion before I was awarded my PhD in Public Health from Flinders University in Australia. Dr Mohammadnezhad has more than 20 years of experience in teaching public health, nursing and MBBS courses in various university settings. Dr Mohammadnezhad research focuses on behavioral factors associated with non-communicable diseases (NCD). Dr Mohammadnezhad previous work has also involved policy evaluation related to health equity and accessibility to services. Dr Mohammadnezhad has published more than 170 articles and has also presented at more than 60 international conferences.