

#### Theme:

Developments and Challenges in the field of Nursing Science and Healthcare

## GLOBAL SUMMIT ON NURSING EDUCATION & HEALTHCARE

## april 10-11 **2023**

Venue:

Hotel – NH Roma Villa Carpegna, Rome, Italy

# Scientific Agenda



# Global Summit on **Nursing Education & Healthcare**

April 10-11, 2023 Rome, Italy

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#### Novel Trends are Required to Mitigate the Pediatric Lead Exposure Epidemic

#### Howard W. Mielke

Tulane University School of Medicine, New Orleans, USA Department of Pharmacology

Uring the 20<sup>th</sup> century, pediatric lead (Pb) poisoning rapidly increased as leaded petrol use became promoted internationally as a major fuel to power road vehicles. Even though leaded petrol was banned worldwide on August 30, 2021, its legacy of lead dust persists in the air and soil environment. The importance of the inhalation route of exposure to Pb was vigorously denied by the lead industry. The common refrain was more research is required. The ability to measure appropriately small amounts of Pb became available in the

late 1960s and early 1970s. The advances in analytical technology indicated that lead exposure was excessive and that no level of Pb exposure can be recognized as safe and healthy. After banning leaded petrol, exposure risks decreased markedly, but the risks continue. For nurses, the new trend requires understanding the soil-air-blood Pb linkages that play a role in exposure, advising parents and the community on ways to mitigate lead dust, and to play an active role in decreasing the continuing pediatric lead exposure epidemic.

#### **Biography**

Howard W. Mielke obtained his Ph.D. from the University of Michigan in 1972. Currently, he is on the faculty of the Tulane School of Medicine, Department of Pharmacology. His research is on the topic of Environmental Signaling in Medicine. His work focuses on the "metabolism" of cities which concerns the inputs, transformations, and outputs of materials and energy and their influence on human health in urban environments. In 1976, he conducted his first soil lead study in Baltimore, Maryland. His early studies resulted in an invitation to testify before the U.S. Senate and assisted Congressional and EPA action with the rapid phase-down of lead additives in U.S. vehicle fuels on January 1, 1986. In 1990, he began a series of studies in New Orleans as a faculty member of the College of Pharmacy, Xavier University of Louisiana. After Hurricane Katrina he was invited to Tulane University School of Medicine.

Cherrey Jones Volume 1



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#### **Nursing Entrepreneurship**

**D. Cherrey Jones,** *PMHCNS-BC, CS-P, MBS* Psychotherapeutic Services, USA

who have an entrepreneurial spirt and/or wish to learn the basics of business development for nurses. It gives a brief overview of the nuts and bolts of moving from an employed work setting to

his presentation speaks to nurses becoming a nursing business developer/ owner. The presentation is given by an advanced practice registered nurse who is the co-owner of her own multi-corporation group and has done over 100 startups for programs in the behavioral health arena

#### **Biography**

Mrs. Jones is a Board Certified Adult Mental Health and Psychiatric Clinical Specialist who holds a master's degree in psychology and an MBA in Health Services Administration. Her expertise is in designing and implementing consumercentered behavioral health service systems. Prior to founding Psychotherapeutic Services in 1988, Mrs. Jones worked in government public health for 13 years managing and directing an array of behavioral, addition, general and specialized health services. As the CEO of Psychotherapeutic Services, she has ultimate responsibility for all aspects of the organization's success.



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#### Developing a Childcare Center-Based Intervention to Address the Mental Health Impacts of COVID-19 on Preschool Children

#### Ruby Natale, *PhD*, *PsyD*<sup>1</sup>\*, Yaray Agosto<sup>1</sup>, Jason Jent<sup>1</sup>, Rebecca Shearer<sup>2</sup> and Sara St. George<sup>3</sup>

<sup>1</sup>University of Miami School of Medicine/ Mailman Center for Child Development, USA <sup>2</sup>University of Miami Department of Psychology, USA <sup>3</sup>University of Miami School of Medicine, Department of Public Health

ublic health disasters have disproportionate and long-term impacts on poor, disenfranchised communities. COVID-19 is having psychosocial impacts on children that is producing anxiety, irritability, anger, and depression. Teachers in childcare centers continue to be overwhelmed by changing quidelines and how to address the downstream psychological effects children are experiencing. While numerous resources exist that can help childcare centers with disaster recovery, the information can be overwhelming and difficult to navigate, and research is yet to show the actual benefits of the resources. Approach. The purpose of this study, Jump Start+ COVID Support (JS+CS) is to build the resiliency and mitigate the impacts of the pandemic on preschool children in childcare centers. We utilize mental health consultants to deliver the JS+CS virtual toolkit to childcare centers via a Kubi robot. The toolkit is comprised of four

strength-based strategies likely to be effective in improving resiliency following disasters: Safety Planning, Effective Communication, Adult Self-Care, and Trauma-Informed Behavior Support. The Kubi robots allow us to deliver the intervention using telehealth so that we are not physically present in the centers. Results. Over a 3-month period, 288 participating teachers who received the JS+CS toolkit via teleconsultations reported significant reductions in psychological distress (p<.001, d= .67), increases in selfefficacy related to managing COVID-19 ( p<.001, d= 1.35), and increases in virtual toolkit and teleconsultation acceptability (p < .001). Impact. Our preliminary findings demonstrate that JS+CS is feasible and useful and mental health consultations can decrease teacher psychological distress symptoms. Evaluation of the telepresence robot consultation approach is vital to understand how to best support young children during public health crises.

#### Biography

Dr. Natale is a pediatric and community psychologist whose work has made a transformative impact in establishing and sustaining community-based partnerships in South Florida to promote positive development in young children in lowincome, underserved communities. Since arriving at the University of Miami, Dr. Natale's team has addressed a critical gap in the field by providing evidence-based services and programs to childcare centers aimed at improving children's developmental trajectories. Dr. Natale earned her Ph.D. and Psy.D. degrees in Clinical Child Psychology from Nova Southeastern University in 2000, after also receiving a master's degree there, and at Barry University. Through her role as Principal Investigator on local and national grants, she has developed toolkits for childcare providers that have been widely distributed. She completed her undergraduate degree at the University of Miami in 1993. Dr. Natale's work is frequently published, and she serves on many task forces related to early childhood development. Terry Fulmer Volume 1



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#### Nursing Leadership for Age-Friendly Health Systems Globally

#### Terry Fulmer, Leslie Pelton, Amy Berman, Alice Bonner and KellyAnne Pepin

The John A. Hartford Foundation, United States of America

he greatest success story of the 20th century is human longevity. With the extension of years to life, it is imperative that we ensure quality of health and healthcare for older adults everywhere. Globally, nurses are essential and central to that care. Our Age-Friendly Health System initiative at the John A. Hartford Foundation in partnership with the Institute for Healthcare Improvement (IHI), the American Hospital Association and the Catholic Health Association is dedicated to this aim. Initiated in 2016, we have learned from clinicians, patients and families who are using our complex healthcare systems about the challenges we all face and what it takes to ensure comprehensive, evidence base quality care for older adults. In 2018, we forged ahead with our age-friendly public health system work under the leadership of Trust for America's Health. Our guiding framework consists of the 4Ms- What matters to the patient (person), medications, mobility and medications. These four elements are the gateway into high guality and safe care across care settings and easily implemented

world-wide. They are all interactional and if one element of the bundle is disrupted most likely all are. In this presentation, the progress from the five inaugural health systems to now 2900 locations of care globally will be discussed along with lessons learned regarding the business case and the measurement challenges inherent in complex change processes related to care of older adults. Most importantly, strategies for how nurses can engage the entire health care workforce along with families and communities will be underscored.

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- Mate, K., Fulmer, T., Pelton, L., Berman, A., Bonner, A., Huang, W., & Zhang, J. (2021). Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum. Journal of Aging and Health, 0898264321991658. Advance online publication.

#### Biography

Terry Fulmer, PhD, RN, FAAN, is President of The John A. Hartford Foundation in New York City, a national philanthropy dedicated to improving the care of older adults. She serves as the chief strategist for the Foundation and her vision for better care of older adults is catalyzing the Age-Friendly Health Systems social movement. She is an elected member of the National Academy of Medicine and recently served on the independent Coronavirus Commission for Safety and Quality in Nursing Homes. She previously served as Dean of Health Sciences at Northeastern University and Founding Dean of the New York University College of Nursing. Dr. Fulmer is internationally recognized as a leading expert in geriatrics and known for conceptualization and development of the national NICHE program and research on the topic of elder abuse and neglect. She is the first nurse to have served on the board of the American Geriatrics Society. She is also the first nurse to have served as President of the Gerontological Society of America, which awarded her the 2019 Donald P. Kent Award for exemplifying the highest standards for professional leadership in the field of aging.



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#### **COVID** vaccination status and beliefs among baccalaureate nursing students

#### Astrid D. Oviedo

University of North Carolina Pembroke, USA

When the COVID vaccine became available to the public, there was evidence of vaccine hesitancy in some sectors of the population. If public health's aim is to achieve herd immunity, we need a large sector of the population to be vaccinated. Nursing students are perfectly poised to educate the public about the COVID vaccine. It is imperative that we understand the attitudes of nursing students about the COVID vaccine as their perception will have an impact as they educate the public during their clinical rotations and as they eventually transition to professional practice. Using logistic regression modelling, this research aims to investigate the factors predictive of COVID vaccination status among baccalaureate nursing students using predictor variables such as their beliefs about the effectiveness and safety of the vaccine.

(Data has been collected and is currently being analyzed. Results will be presented during my oral presentation.)

#### **Biography**

Astrid D. Oviedo, PhD, LLB, RN, CNE is an Associate Professor at the McKenzie-Elliot School of Nursing, University of North Carolina Pembroke. Her research interests include preventive health, cancer disparities, the nursing workforce and the legal aspects of nursing profession.



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#### Association Between Type of Face Mask and Visual Analog Scale Scores During Pain Assessment

#### Merav Ben Natan, R.N., Ph.D<sup>1</sup>, Yaniv Steinfeld, M.D<sup>2</sup>, Sara Badash, M.D<sup>2</sup>, Galina Shmilov, R.N<sup>2</sup>, Milena Abramov, R.N.<sup>2</sup>, Yaniv Yonai, M.D<sup>2</sup>, Eyal Berbalek, M.D.<sup>2</sup>, Yaron Berkovich, M.D<sup>2</sup>

<sup>1</sup>From the Pat Matthews Academic School of Nursing, Hillel Yaffe Medical Center, Hadera, Israel <sup>2</sup>Orthopedics B Department, Hillel Yaffe Medical Center, Hadera, Israel <sup>3</sup>Head Nurse Office, Hillel Yaffe Medical Center, Hadera, Israel

**Aims:** To examine the association between the type of mask worn by health care professionals and as- sessment of pain intensity in patients after orthopedic surgery using the visual analog scale (VAS). Design: A nonrandomized controlled trial conducted among 176 patients hospitalized in an orthopedic department of a hospital located in northern-central Israel from January to March 2021.

**Methods:** In the intervention group (n = 83), pain assessment using the VAS was performed by a health care professional wearing a transparent face mask, while in the control group (n = 93), pain assessment was performed by a health care professional wearing a standard nontransparent face mask. The initial assessment was performed by a nurse, and 15 minutes later, an additional assessment was performed by a physician.

**Results:** Health care professionals wearing a standard non-transparent mask obtained higher VAS scores than health care professionals wearing a transparent mask. In addition, nurses obtained lower VAS scores than physicians. The discrepancy in VAS scores between nurses and physicians was found in 50% of cases. This discrepancy was more prevalent among female patients, patients after knee replacement or spinal surgery, and when health care professionals were wearing a standard nontransparent mask.

**Conclusions:** This study supports the use of transparent face masks by health care professionals in an or- thopedic department, particularly by nurses. In addition, this study supports the assumption of problems involving the reliability of VAS.

#### Biography

Merav Ben Natan has served as the director of the Pat Matthews Academic School of Nursing at Hillel Yaffe Medical Center in Hadera since 2010. Among her many additional roles, Merav is a lecturer in the nursing department at Tel Aviv University, chair of the Heart Forum – the forum of directors of nursing schools in Israel, a member of a variety of policy-making committees, among them the Ministry of Health's Ministry CEO's Committee on Family Violence and the Violence Committee at the Hillel Yaffe Medical Center, Chair of the Helsinki subcommittee at Hillel Yaffe Medical Center, and Editor of "Guf Yeda" – a nursing research journal.From 2011-2018, Merav was the chair of the Israeli Association for Nursing Research.Merav has published more than 93 scientific articles in international journals..



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#### Knowledge and Attitude of Medical Teams Regarding follow-up: Women after Pregnancy GDM

#### Galit Palacios Klein- RN, MA<sup>1</sup>, Michal Hazan- RN, MA<sup>1</sup>, Zohar Morris- RN, MA<sup>1</sup>, Ricky Zilka- RN, MA<sup>1</sup>, Ravit Sariel Anaki- RN, MA<sup>1</sup> and Marina Leonenko- RN, PhD<sup>2</sup>

<sup>1</sup>Dan-Petah Tikva district <sup>2</sup>Department of Nursing Education and Research, Clalit Health Services (CHS), Israel

**Background:** Women that diagnosed with gestation diabetes (GDM) are at risk of developing type 2 diabetes during lifetime. Post-partum follow-up is very important in preventing the disease. There is no-sufficient information regarding the factors related to the phenomenon of not preforming the test to detect post-partum DM among Israeli women.

**The purposes:** To examine the knowledge and attitudes in community Medical Teams regarding the follow-up needed in postpartum women after GDM pregnancy.

**Methods:** a cross-sectional questionnaire study, in which Medical Teams who work in primary clinics and women's health centers.

**Results:** 40 doctors and 67 nurses participated in the study. All responders indicated the importance of DM postpartum follow-up ( $5.5\pm0.55$ , a scale of 1-6).A difference was found in the participants' perception of complains rate to perform the test:

about 1/3 of doctors and 12.5% of nurses are agree that patients preform the required test (p<0.05). Among the main reasons for not preforming the required follow-up, the participants indicated the lack of clarity regarding professional responsibility for this follow-up. 61.7% of the respondents thought that the responsibility was of each staff member, 15.9% stated that the responsibility was the family physicians and 29.9% claimed that the responsibility was the gynecologists. In addition, only two thirds of the respondents knew the correct time to post-partum required test and only one-third knew the right test. The high rate of respondents who knew what the correct test observed among gynecologists (83%).

**Summary:** We found a knowledge gaps on the subject among medical teams. These inventors' organizations reference both to advance the level of knowledge and to define uniform processes in the field.

#### Biography

These days, I am working as a Risk Management and Information Systems Implementation Coordinator. In addition, I'm leading researches in the Nursing field in Dan – Petach-Tikva's District of the CHS Israel. During my career as a nurse, I performed serval rolls. I was the Nursing Director of the community primary clinic and after I was Nursing Director of professional clinic. Including guiding students and new nurses. When I worked at the hospital, I filled the position of Deputy Nurse in charge of surgery ward and previously, worked as a Nurse in the ICU of Cardiothoracic Surgery Unit on CHS, Schneider's Medical Pediatric Center. Academically my first MA was in nursing specialization in Management in Tel-Aviv University and I am completing my thesis toward my PhD in University of Haifa. I am teaching quality indicators in the community in the nursing academic campus "Meir" that belong to Tel Aviv University.



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### Effective and quality healthcare management in the future

#### Dr. Marjeta Logar Čuček

University Medical Centre Ljubljana, Slovenia

**Theoretical Background:** Dialogue, inclusion, networking and sustainable development are all effective approaches in healthcare management. The objective of the research was to review published original scientific papers and reviewing scientific articles on the healthcare management in the future.

**Method:** Literature review method was used. Data was obtained from the databases PabMed, Google Scholar, CINAHL using the following phrases: management change, leadership education, the future of healthcare management, inclusion and integration in management, communication, sustainable management. The criteria for the selection of literature were limited in terms of content and time, namely to the full availability of scientific and professional texts in English and to publications in 2020 and 2021. The acquired data was processed using qualitative content analysis.

**Results:** 12 sources selected from a total of 119 texts were included in the final analysis. 42 codes were identified. Based on the analysed contents,

the category of Healthcare Management of the Future was divided into 5 subcategories, i.e.: requirements for management changes, leadership training, the future of healthcare management, the leader of the future, effective communication.

Discussion and conclusion: Future healthcare management requires changes in the organization and implementation of healthcare in order to create a stimulating and friendly environment with the goal of holistic patient care. Management must be based on continuous education of all participants in health teams, cooperation between the academic and clinical environments, networking, and prioritization of sustainable development. Successful management is characterized by the ability to adapt to change, understanding people's responses, culture, and finding appropriate responses and solutions.

**Key words:** management, healthcare, leadership training, leadership skills, sustainable management.



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#### The Readiness of Nurse educators and Learners to use a Computerised Training Tool at a public nursing college in South Africa

#### Udesvari Naidoo

KwaZulu-Natal College of Nursing, Durban, South Africa

**Background:** An electronic training tool called ICATT was identified as an option to strengthen the training of healthcare workers in the management of childhood illnesses, where challenges in training were experienced. Electronic training tools have been used with considerable success in developed countries in the arena of education. However it cannot be assumed that developing countries are ready to adopt electronic training tools, particularly for nursing education.

**Objective:** To explore the understanding and readiness of nurse educators and learners to use the new electronic training tool (ICATT) for IMCI case management training.

**Methods:** A qualitative, exploratory, descriptive design was used. The setting was 10 campuses of a public nursing college in KwaZulu-Natal. To gain an insight into their understanding of and readiness to use ICATT, purposively sampled nurse educators and learners had the opportunity to use ICATT. Thereafter, a semi-structured interview

schedule guided data collection during the 8 focus group interviews each, with nurse educators and learners. Data analysis was conducted in parallel with the interviews, using the steps suggested by Sandy (2013:360) hinged on Smith's (2005) IPA framework. The Lincoln and Guba criteria were used to ensure trustworthiness of the study.

**Findings:** Emergent themes identified were technological characteristics of the ICATT software (use with ease, clear directions, software applications, moving between sections, and use of keyboard), usefulness of ICATT software, advantages of using ICATT, problems during use, a preference for ICATT use and recommendations for use.

**Conclusion:** Findings suggest that despite minor technical malfunctions, the use of an electronic training tool can be impactful for teaching and learning, with both nurse educators and learners indicating their readiness to use ICATT as an alternative teaching and learning strategy.

#### Biography

Udesvari Naidoo graduated with a Diploma in Nursing (General, Psychiatric, Community) and Midwifery in 1990. In 1994, she passed the prescribed short course for nurses with honors and was awarded a certificate in health assessment and treatment for nurses. This equipped her with the necessary skills to practice as a primary health care nurse. In 1998, she graduated with a B Cur degree from UNISA, majoring in nursing education and nursing administration. She completed her Master's Degree in Public Health at UNISA in 2012. In 2018 she completed her PhD also at UNISA. She has been in the employ of the KwaZulu-Natal College of Nursing as a Senior Lecturer since 2003. She is an active member of the Umgungundlovu Health Ethics Research Board (UHERB), a member of the Research sub-committee and a member of Marketing and Branding sub-committee of the KwaZulu-Natal College of Nursing.



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#### Aspects of Immune Building Modalities

**Carla A. Bouska Lee,** *PhD, HdS, MN, MA, APRN-BC, FNP, CNS,.CHES, FIBA, FAAN Executive Director, La Familia Senior/Cominunity Center Project Officer, Increase the Reach Award, Kansas Department off-lealth and Envimnment/Wicliita State University Community Engagement Inetitute Lecturer, Cowley College, Wichita campus* 

Addressment of the elderly ing research related to intrude system building as a self-protective modality is presented germans to the recent challenge of the COV ID-19 pandemic, now endemic, and sequelae to the event. Phtlosophy ggrniane to nursing's role in health pmmotion and education is emphasized. The foundational sequences in natural immunity are presented, including the stress mechanisms related to Hana Selye's theory and research, Aspects of the inflammatory responses O

foreign bodies are summarized, including aspects of cytokiflin storms. Phagocytic phases and responses to the typology of the invader are presented. LasUy, an overview of the basic comploment systems is synthesized relative to nutritional/inetabolic status. Applications and adaptations across lhe life span are addressed, especially as related' to the aging process. Focus of tire Increase the Reach Award (2022 and 2023) will be capitulated.

#### Biography

Dr. Carla Lee's career expands over a half century, serving as the key founder of the official advanced nursing pmctice roles in Kansas via law enactment. She also served as early administrator of Kansss nurse practitioner program through the Kansas Regional Medical Program. Thereafier, she was director of a rurally-based program at Fort hays State University as well as serving as co-director of one of the first nurse practitioner-managed clinics, such addressing over eighty-three counties in Kansas. Dr. Lee was also contributut in the distance education program alliance for nurse practitioners with the University of Kansas School of Nursing. Her clinical focus throughout her career has addressed the science of the nursing profession, such related to community health-based programs, sanitation, and medical-surgical nursing, research based in fluid and electrolyte balance. She recently was contributor to the American Nurses Association's Scope and Standards of Practice (4'h ed), 2021. Recent Award (2022 and 2023), Increase the Reach, are grants from Kansas Department of Health and Environment managed via the Wichita State University's Community Engagement Institute. Her academic positions (Assistant Professor to Full Professor (teriured) spanned universities based in Kansas, Oklahoma, Nebraska, ond California. She is a Fellow of the American Academy ofNursing and the International Biographical Association.



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#### **Pioneering initiatives for diabetic care in African Primary Care Health Services**

#### **Prof Marianne Reid** University of the Free State, South Africa

ioneering initiatives are needed in Africa to address the contextual health challenges faced by patients with diabetes. This population is primarily served by under resourced public health systems, whilst patients themselves often live in poor socioeconomic conditions with its own set of related problems. Against this context limited health literacy can be expected. It is crucial to plan diabetes management taking patients' health literacy status into consideration since a direct association exists between health literacy levels and health outcomes. To unravel this complicated network of challenges, multimethod research included a concept analysis of Health Dialogue that set the platform to acknowledge the equal and symbiotic healthcare relationship between the patient and

the healthcare provider. The patient's ability to read health related information is critical in the management of diabetes. Readability tests indicated the reading level of health material handed to patients to be too high, influencing patients' ability to understand and therefor enact self-management activities negatively. The development and validation of a health literacy test assessing access, understanding, appraisal and application of health information followed. Assessing health literacy of an indigenous speaking population confirmed initial concerns of limited health literacy amongst this population group. Currently investigations focus on management interventions for patients diagnosed with diabetes, who have limited health literacy

#### Biography

Marianne Reid obtained her PhD Nursing and as Associate Professor is the Lead Researcher in Health Communication within the School of Nursing at the University of the Free State in South Africa. This interprofessional team of researchers focuses on health dialogue between healthcare providers and patients diagnosed with chronic conditions, with a special interest in diabetes. Health literacy evolved as a subtheme with focused publications. She serves on various research and diabetes care related panels.



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#### Capturing and analyzing immunerelated adverse events using an ePRO

#### Saeed Moradian<sup>1</sup>, Shive Ghasemi<sup>2</sup>, Babak Boutorabi<sup>3</sup>, Zakieh Sharifian<sup>4</sup>, Fay Dastjerdi<sup>1</sup>, Catriona Buick<sup>1</sup> and Doris Howell<sup>5</sup>

<sup>1</sup>York University, Canada <sup>2</sup>Shahid Beheshti, Iran <sup>3</sup>Tehran University, Iran <sup>4</sup>Islamic Azad University, Iran <sup>5</sup>University Health Network, Canada

**Introduction:** Immunotherapy revolutionizes the treatment of many different types of cancers. But it is associated with a myriad of Immunerelated adverse events (irAEs). Patient-reported outcomes (PROs) are recognized as valuable tools for continuously collecting patient-centred data and are frequently used in oncology trials. However, a few studies researching ePRO follow-up approach on patients treated with immunotherapy that may reflect a lack of support services for this population.

**Methods:** The team co-developed a digital platform (V-Care) using ePROs for a new follow-up pathway for cancer patients receiving immunotherapy. We used multiple methods to functionalize the first three phases of the CeHRes roadmap. These phases were not performed sequentially but were interwoven all over the developmental process.

Results: The development of the application

was categorized into two phases "user interface" (UI) and "user experience" (UX) designs. In the first phase, the pages of the application were segmented into general categories. Based on the received feedback from all stakeholders, the application was modified. In phase two, the mock-up pages were sent to the Figma website. Also, Android Package Kit (APK) of the application was installed and tested several times on the mobile phone to proactively detect and fix any errors. After solving some technical issues and adjusting the errors on the android version to provide a better experience for the users, the iOS version of this application was developed.

**Conclusion:** The findings from our project can be used to investigate whether symptoms collected by the ePRO tools on cancer patients being treated with ICIs follow symptoms reported in clinical trials and if there are linked to specific symptoms that do occur.

#### Biography

Dr. Moradian has worked in a variety of clinical settings before consolidating his nursing career within the areas of Nursing Research and Oncology. He graduated from the University of Manchester's Nursing PhD program in the UK. He was engaged as a postdoctoral research fellow in the Department of Supportive Care of the Princess Margaret Cancer Centre (PM) and the Faculty of Nursing at the University of Toronto. He is working as an assistant professor at York University. Dr. Moradian's research program focuses on reducing the burden of complex cancer symptoms and improving the quality of self- management support in the cancer system. His research has explored novel methods and innovativetechniques to find more effective ways in controlling and managing complex symptoms in cancer patients. Most of his recent studies and contributions focus on interventions using e-technology to empower patients to manage their symptoms and improve patient-professional interactions.



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The adoption of new health information and communication technology – Motivation and perception of the abilities to use new technology and possibilities to get help at it

#### Ágústa Pálsdóttir

Department of Information Science, University of Iceland, Iceland

he paper examines the health information behaviour of people at the age of 60 years and older with, with an emphasis on the adoption and use of information and communication technology (ICTs) and how they perceive their possibilities to do so. People aged 60 or over are, however, not a homogeneous group but can consist of many different social groups with different backgrounds and it is necessary to take this into account. A survey was used to collect the data from a random sample of 300 people aged 60 years and older. The study will seek answers to the following research questions: 1) How motivated are older adults towards health information and how does it connect to their age, sex, and education? 2) How do older adults use recently available information and communication technology to

access information about their health history and about healthy lifestyle and how does it connect to their age, sex, and education? 3) How do they evaluate their possibilities to adopt new information and communication technology and how does it connect to their age, sex, and education? The purpose of addressing this is to understand better how older adults can benefit from development in information and communication technology and enhance their abilities to adopting healthier lifestyle through health information. An improved awareness of the issue may help to identify their needs for support at using health information and communication technology and increase the efficiency of providing them with digital health information.

#### Biography

Ágústa Pálsdóttir is Professor of Information Science, University of Iceland (UoI). She completed her PhD from Åbo Akademi University, Finland. Besides services at UoI, she has been a visiting professor at Transilvania University of Brasov, University of Latvia, and Åbo Akademi University. She has organised international PhD workshops, acted as prereviewer of doctoral dissertations, participated in international evaluation committees for academic positions,

and a chair of expert committee for quality assessment of university programs. Her main field of research is health information behaviour and media and health information literacy, particularly senior citizens, and she has authored several articles on this topic.



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#### TRANS MEN AND "RISK GROUPS": PERCEPTIONS AND EXPERIENCES IN RELATION TO THE INCREASE OF HIV IN CHILE

#### Margarita Bernales

Pontificia Universidad Católica de Chile

**Background:** Chile has significantly increased the HIV incidence. Young men are the group that reaches the highest rates of infection, being identified some "risk groups" such as trans population.

**Aim:** To explore the perceptions and experiences of trans men in relation to the increase of HIV in Chile. Methods: A qualitative ethnographic study was conducted, including 10 interviews with young transmen in Santiago de Chile. A thematic analysis was carried out with the support of NVivo.

**Results:** To identify trans population as a risk group for HIV is perceived as discrimination by transmen interviewed, who point out that their gender identity is associated with sexual promiscuity behaviors and scarce self-care strategies. In this way, transmen state that it is frequent that in each health care appointment, regardless of the reason for consultation, they

are asked about HIV or asked to take the test to know if they are carriers of the virus. According to the participants, health strategies should be focused on risk behaviors and not on groups. Additionally, participants state that they have few spaces within the Chilean health system to raise doubts and concerns regarding the experience of their sexuality, since by abandoning their feminine identity, they "lose" the space assigned to women in relation to sexual and reproductive health.

**Conclusion:** HIV prevention strategies carried out so far in Chile have been based on the delivery of information about HIV and early detection, replicating and normalizing in the discourse binary roles regarding gender identity, identifying "risk groups" that are outlined in rigid categories and that make invisible the risk of other social groups that are maintaining "risk behaviors".

#### Biography

Margarita Bernales is an assistant professor at the School of Nursing, Faculty of Medicine at Pontificia Universidad Católica de Chile. She earned her PhD in Community Health at the University of Auckland, New Zealand, her MS in Health Psychology and her BS in Psychology at Pontificia Universidad Católica de Chile. Her primary teaching and research interests are cultural competence, medical anthropology, gender studies and qualitative health research.



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**COVID-19 Challenges: Coordinating** Vaccinations with Farm Owners, and H-2A Temporary Agricultural Worker Arrivals

#### Jennifer Jones-Locklear PhD, MSN/ED., RN University of North Carolina Pembroke McKenzie-Elliott School of Nursing, USA

**Background:** Chile has significantly increased the HIV incidence. Young men are the group that reaches the highest rates of infection, being identified some "risk groups" such as trans population.

**Aim:** To explore the perceptions and experiences of trans men in relation to the increase of HIV in Chile. Methods: A qualitative ethnographic study was conducted, including 10 interviews with young transmen in Santiago de Chile. A thematic analysis was carried out with the support of NVivo.

**Results:** To identify trans population as a risk group for HIV is perceived as discrimination by transmen interviewed, who point out that their gender identity is associated with sexual promiscuity behaviors and scarce self-care strategies. In this way, transmen state that it is frequent that in each health care appointment, regardless of the reason for consultation, they

are asked about HIV or asked to take the test to know if they are carriers of the virus. According to the participants, health strategies should be focused on risk behaviors and not on groups. Additionally, participants state that they have few spaces within the Chilean health system to raise doubts and concerns regarding the experience of their sexuality, since by abandoning their feminine identity, they "lose" the space assigned to women in relation to sexual and reproductive health.

**Conclusion:** HIV prevention strategies carried out so far in Chile have been based on the delivery of information about HIV and early detection, replicating and normalizing in the discourse binary roles regarding gender identity, identifying "risk groups" that are outlined in rigid categories and that make invisible the risk of other social groups that are maintaining "risk behaviors".

#### Biography

Dr. Jones-Locklear has been a nurse educator for 20 years. She currently serves as the Director of Pre-Licensure Nursing and Associate Professor for the UNC Pembroke McKenzie-Elliott School of Nursing. She has focused her career on cultural and professional perspectives of health care professionals and students working with vulnerable populations. She serves on several organizational committees that focus on health care perspectives and educational needs. She also serves the university as a Faculty Senator, as a member of the Academic Affairs and Indigenous Culture Committees, and by working with faculty members across campus to ensure improved education to a diverse student body. During the COVID -19 Pandemic she has worked with colleagues to provide COVID -19 vaccinations and to collect data related to vaccine hesitancy among individuals in rural Southeastern North Carolina.



## Global Summit on Nursing Education & Healthcare

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#### Improving GDM Outcomes through an Integrated Multidisciplinary Management Approach in the Middle East

#### **Dawn E. Kuzemski** *RN, MSN, PhD(c)* Aspen University, Colorado, USA, Kanad Hospital, Al Ain Abu Dhabi, UAE

**Background:** The prevalence of gestational diabetes (GDM) in the United Arab Emirates (UAE) is a major public health concern with thirty-seven percent of all pregnant women presenting with GDM and only forty percent of those are medically managed (WHO, 2019). The women's clinic at the research site, who see 200 patients per day, do not have an integrated approach to patient management and such a model does not exist in the Emirate of Abu Dhabi.

**Problem Statement:** It is not known to what degree the implementation of the NICE Guidelines for the Management of Gestational Diabetes Mellitus within an integrated model will decrease the incidence of progression to pharmacological therapy compared to treating patients with the traditional physician led practice.

**Evidence Synthesis:** An extensive literature review demonstrates that a three- pronged

approach meshing evidenced based medical management, comprehensive assessment of clinical risk factors and the use of innovative delivery modalities such as apps and telemedicine increase compliance and management of BMI and blood glucose.

**Implementation plan:** Implementation of a clinic model offering physician, dietician, and diabetic nurse educator expertise at the first and subsequent visits, and technological support for monitoring and follow up.

**Evaluation/Relevance to Nursing:** Patient outcomes, specifically compliance with visit schedule, BMI and blood glucose results were captured during the antenatal period showing improved compliance and physiological parameters. Implementation of an integrated, multidisciplinary clinic model has improved GDM outcomes in health systems worldwide and may be applicable in the UAE.

#### Biography

Dawn Kuzemski graduated from a 3-year diploma program in 1982 and bridged first to a BSN and then a MSN in Bioethics and Public Policy in 2002. She has post graduate diplomas in Critical Care from University of Victoria in Canada and Clinical Research from Washington State University and is currently working on her PhD. She has worked extensively in clinical and teaching roles in Trauma, Surgical and Obstetrical critical care and continues as adjunct faculty for University of Victoria in Canada and Griffith University in Australia. She has worked for 9 years in the Emirates, first with Johns Hopkins and currently at Kanad Hospital as CNO where she is joyously working with nurses and midwives to advance maternity practice in Abu Dhabi.



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Theme: "Developments and Challenges in the field of Nursing Science and Healthcare"





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#### Online 3D simulation technology for Interprofessional team training

**Karim Qayumi** *MD Ph.D. FRCSC4* Department of Surgery, University of British Columbia

Background: Team training for improving team dynamics and soft skills is proven highly effective. In medicine, interprofessional team members such as nurses, physicians, technicians, pharmacists, social workers, and others receive training and credentials individually by profession. However, in the hospital, they must work collaboratively, which creates a gap in medical practice, particularly in a hectic emergency that may lead to medical errors, with associated ethical, legal, and financial consequences. Physical simulations can be a solution to bridge this gap in team training education. However, while physical simulations with mannequins are effective as a synchronous method, they are expensive, their use is limited because of time and space, it uses hospital resources, and requires the

whole team to be present. Therefore, we hypothesized that asynchronous simulation training for non-technical skills in a 3D online virtual environment could be as effective for team training and less costly than synchronous simulations.

**Objective:** Our primary objective was to develop a prototype of a 3D virtual simulation environment for interprofessional team training where the team members are in control of their Avatars in the virtual space performing specific actions on a Patient Avatar. The instructor controls the Patient Avatar. In addition, the team can communicate with each other. Our secondary objective was to assess the usability of the developed 3D virtual prototype in a simulation environment for team training using a clinical scenario.

#### **Biography**

Dr. Karim Qayumi is a professor of Surgery in the Division of Cardiovascular Surgery at the University of BC, Founder of the University of British Columbia Centre of Excellence for Simulation Education and Innovation, the first Chair, Technology Enabled Learning for Vancouver Coastal Health and Regional Director of the Royal College International. He is a member of the Simulation Accreditation Committees and Innovation and Technologies Committees for the Royal College of Physicians and Surgeons of Canada.

He obtained 11 awards in the field of medicine, including 1999 the most prestigious award from The University of British Columbia – The Killam Teaching Prize.

He is also the Founder and the President of Interactive Health International, a private health education entity, that produces and operates an online simulation platform for practical medical education.



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#### **PTSD in Nursing Leadership Post COVID**

Kathy S Fisher MBS, BSN, RN, CNML Parkview Health -Randallia, USA

The COVID-19 has presented challenges for the entire healthcare system for the past two years. Bedside caregivers have exited at alarming rate for a variety of reasons, post COVID-19, burnout, posttraumatic stress disorder (PTSD), workplace violence, and compassion fatigue. However, a segment of the nursing profession not widely studied is the front-line nursing manager. Following a pandemic experience, we want to understand the impact of this on our nursing leadership team. A need exists to not only study the bedside clinical nurses, but these key nursing leadership positions as well.

From the onset of COVID-19 through March of 2022, I worked as a clinical nurse manager, who likely experienced the firsthand effects of PTSD. I managed a 12 bed Intensive Care Unit (ICU) and a 12 bed Medical-Surgical Unit which was converted to a new Progressive Care Unit. The effects of a global pandemic compounded the daily stress points with additional workload, long hours, everchanging practice, supporting COVID related staff absences, and lack of any resemblance of a work-life balance. These elements would have a potentially negative impact on anyone's mental and physical overall health. The clinical nurse manager juggles many challenges each day, but as the pandemic related forces reached a boiling point, the effects on mental and physical health was undeniable.

As we experienced patient acuity rising, professional practice constantly changing, increased acuity and mortality, normal daily stress, volatile family interactions, visitation restrictions, staffing challenges; something had to give. Therefore, critical additional research and study as related to this impact on nursing leadership needs to occur.

#### **Biography**

Kathy received her Master's in Business Administration in Healthcare Management from Western Governance University, Bachelor's of Science in Nursing from Indiana Wesleyan University, Associates Degree in Nursing from Rhoades State College and is a Certified Nurse Manager Leader (CNML).

Kathy's hospital healthcare journey began in a rural community hospital as a patient care technician while in nursing school before becoming an ICU nurse. Kathy was promoted early in her nursing career into her first nursing leadership position as a house supervisor, and advanced to a manager role over the ICU and Emergency Department. Her leadership journey continued as she served as the Director of Critical Services and as Interim Director of Surgical Services.

Kathy has over 25 years' experience in healthcare leadership roles and is currently the Nursing Director at Parkview Randallia in Fort Wayne, Indiana. She is responsible for 144 acute inpatient beds including critical care.



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#### Tobacco-free environment in Healthcare Services – best practice for clear and unambiguous signage of the tobacco-free campus

#### Susann Koalick

Chair Global Network for Tobacco Free Healthcare Services (GNTH), Switzerland

The Global Network for Tobacco Free Healthcare Services (GNTH) https:// www.tobaccofreehealthcare.org/, since its foundation in 1999, provides healthcare services with a systematic and comprehensive approach to tobacco free policies and management in accordance with the Framework Convention on Tobacco Control (WHO/FCTC). The Global Network represents healthcare services that are committed to implementing tobacco-free policies with the aim of delivering safe quality care in relation to tobacco for every service user, every time and everywhere. Commitment to a tobacco-free campus reflects a healthcare's firm stance on smoking and tobacco use, and acknowledgement of their active role in preventing tobacco related harm. And while it can be an ongoing challenge to achieve a completely tobacco-free environment, the goal of denormalising tobacco use is one that can remain firmly in our sights. There are best practice examples in the GNTH network from healthcare organisation with clear and unambiguous signage that defines the products prohibited and identifies boundaries for buildings and grounds of the tobacco-free campus. These will be presented in the presentation.

#### Biography

Susann Koalick, has been working as an expert in inpatient and outpatient treatment of nicotin addiction at Clinic Barmelweid AG (Switzerland). She is the head of nicotin cessation services and the at Clinic Barmelweid AG (Switzerland) since 1999. Susann Koalick is educated in psychological health promotion and qualified in solution- and resource-oriented communication models. Since 2005 she has been working in the organisation and training of medical and therapeutic staff on the topic of tobacco prevention and treatment of tobacco addiction.

She is the Co- author of books on tobacco addiction treatment. Since the foundation of the Swiss network «Association FTGS – Forum Tobacco Prevention in Health Care Services Switzerland» in June 2013 she has been working as a member of the board and as its president. FTGS is the member of the Global Network and is Boardmember since 2015. Susann Koalick is GNTH Chair.



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## Antimicrobial potential of probiotic lysate Del-Immune V®

#### Tetyana Falalyeyeva<sup>1</sup>, Danylo Ostapchenko<sup>1</sup>, Yurii Penchuk<sup>1</sup>, Olena Tsyryuk<sup>1</sup>, Oleksandr Korotkyi<sup>1</sup> and Liubov Sichel<sup>2</sup>

<sup>1</sup>Taras Shevchenko National University of Kyiv, Kyiv, Ukraine <sup>2</sup>Stellar Biotics, LLC, Colorado, USA

ccording to World Health Organization, antibiotic resistance is rising to dangerously high levels in all parts of the world. New resistance mechanisms are emerging and spreading globally, threatening our ability to treat common infectious diseases. Candidiasis often occurs after taking antibiotics. Therefore, searching for new antimicrobial agents of natural origin is an extraordinary global problem. The work aimed to determine the antimicrobial activity of probiotic lysate Del-Immune V that in previous clinical trials was successfully used as a part of comprehensive gastrointestinal therapy, skin and respiratory manifestation of food allergies and demonstrated strong microbiota support.

**Methods:** Antimicrobial activity was determined by the minimum inhibitory concentration (MIC). Determination of MIC was carried out by the method of two-time serial dilutions in meatpeptone broth (MPB) for bacteria and liquid wort

#### Biography

Tetyana FALALYEYEVA, PhD, Sc.D. (biology), Professor, Head of Biomedicine Department Educational-Scientific Center "Institute of Biology and Medicine" Taras Shevchenko National University of Kyiv..

for yeast. Del-Immune V® contains cell wall and DNA fragments from a Lactobacillus rhamnosus V (Stellar Biotics, USA, 25 mg). Gram-negative (Escherichia coli IEM-1, Proteus vulgaris PA-12, Pseudomonas sp. MI-2) and Gram-positive (Bacillus subtilis BT-2, Staphylococcus aureus BMC-1) bacteria, as well as yeast (Candida albicans D-6, Candida tropicalis PE-2, Candida utilis BVS-65).

**Results.** It was shown the antibacterial and antifungal activity of the drug Del-Imune V® in vitro. The spectrum of antimicrobial activity concerned gram-positive and gram-negative bacteria and yeast-like fungi of the genus Candida.

**Conclusion:** Probiotic lysate Del-Immune V has strong immunomodulation, antibacterial and antifungal properties. Therefore, Del-Immune V is promising for preventing and auxiliary therapy of infectious diseases of microbial etiology.



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The four faces of Electronic Health Record adopters: a patients' typology based on perceived benefits and concerns

Manel Mzoughi ICD business school of Paris, France

adoption of Electronic Health atients' Records (EHRs) varies substantially. Governments need to deal with the patients' disparities to reach the expected high performance for healthcare systems, grasp efficiency, and improve the quality of diagnoses and care delivery. This study investigates patients' perceived benefits and concerns of EHR in order to develop a typology of patients, identify characteristics of different clusters, and propose practical measures for public policy makers.

Cluster analyses identified four patient clusters: the worried, qualified by the highest means of privacy concerns and perceived risk, are the most concerned by health data disclosure. Conversely, the ready adopters, showing an absolute lack of privacy concerns and risks, are the most motivated by EHR benefits. Yet, compared to the worried, concerned adopters express far less privacy concerns about their health data and perceive more favourably EHR benefits. Finally, the balanced adopters,

relatively close to the ready adopters for EHR motives, are still concerned about their health data, suggesting a segment easier to convince of EHR adoption. ANOVA analyses on intentions to create EHR and willingness to disclose health data across clusters confirm that ready adopters, followed by balanced adopters, are more likely to create an EHR and disclose health data. The concerned adopters and lastly the worried exhibit the lowest intentions for EHR creation and data disclosure.

**Results:** provide meaningful insights of patients' profiles and expectations regarding EHR adoption. Findings underscore the need to (1) implement particular targeting policies for each cluster and (2) design concrete solutions for improving EHR performance.

**Keywords:** Electronic Health Record; patient typology; privacy concerns; trust; ease of use; usefulness, control; intention to adopt; willingness to disclose personal health data.



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## Has personalized medicine become a therapeutic perspective to assess and cure SARS-CoV-2, further steps?

#### Dr Antonio Steardo MSc CChem AMRSC,

Pharms Pharmacist Chemist and Pharmacologist Rome "La Sapienza" V. Erspamer Institute Alumnus

uring these two years, the SARS-CoV-2 pandemic spread fast, killing people as surely as the global war. Step by step, research revealed several aspects of this plague. It is time to reflect on the knowledge advanced for prospective therapeutic strategies.

Nowadays, it is clever to consider the human being in a centric position instead. Patient longterm symptom control can start with precision medicine. What is its development today? what are future steps?

#### Biography

Doctor Antonio Steardo specialized in Pharmacology and graduated in Pharmacy and Pharmaceutical Chemistry. He has now gained years of experience since 2002 in the pharmaceutical products trade sector as he could have been behind the counter of the Steardo pharmacy from an early age. Already in elementary school, his curiosity for chemistry manifests itself during his games and continues lectures at the department of science at the University of Salerno. Therefore, during the cycle of studies, he prefers biochemistry and biochemistry of drug action, graduating in July 2007 with a thesis on the functioning of the endocannabinoid system on Alzheimer's disease in pharmacology. Following the beginning of his pharmaceutical chemistry studies, he stopped for a competition as a postgraduate in pharmacology at the University of Rome La Sapienza in July 2014. Expecting constant improvement as a professional update, he enrolled in the continuing professional training department at the University of Oxford to follow courses in Experimental and Translation Therapy and Medical Research. His desire to improve leads him to attend international conferences and seminars



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#### Role of Nurses for Managed the Coronavirus 2019 Epidemic in Thailand: Success and Lesson Learned

#### Boonruang Khaonuan<sup>1</sup>, Kunwadee Rojpaisarnkit<sup>2</sup> and Wonpen Kaewpan<sup>3</sup>

<sup>1</sup>Department of Public Health, Faculty of Health and Sports Science, Thaksin University, Thailand <sup>2</sup>Department of Public Health, Faculty of Science and Technology, Rajabhat Rajanagarindra University, Thailand <sup>3</sup>Department of Public Health Nursing, Faculty of Public Health, Mahidol University, Thailand

his research was a gulitative research which aimed to study role of nurses for managed the Coronavirus 2019 epidemic in Thailand. (COVID-19) The researchers were collected data using using indepth interviews, semi-structured interview, and dialoge with executives at the policy level operational level hospital administrators 70 head nurses and professional nurses working in primary, secondary and tertiary health care in 4 regionals of Thailand. The research was conducted for 6 months from September 2021 to May 2022. The reliability of the data was tested with a triangular test. Analyze data with content analysis.

As the results, the Coronavirus 2019 epidemic, the nursing professional is the main manpower and an important factor in providing health services to the people. it was found that the work of nurses in the situation of COVID-19 can be divided into 3 areas, namely, in the community, which performs an outbreak investigation, creating health knowledge for people in the community. Liaison with internal departments and outside the community active case finding work in the vaccination unit. In field hospitals, these include tasks related to nursing care, such as nursing records, medication dispensing, health counseling. food and nutrition care; liaising with various departments; receiving patients. Other immediate and referring and in-service solutions include patient registration. epidemic investigation working in the vaccination unit. Moreover, the COVID-19 situation is a learning opportunity. Nurse could create a network of work across professions, integrated work between professions and see the benefits of being a public health worker, such as accessing information about disease obtaining certain rights. The success of nurses for managed the COVID-19 epidemic such as public mind, the spirit of nursing, love of the profession. It is advisable to promote the honours nurse who working for COVID-19 and best practice of nursing care.

#### Biography

Boonruang Khaonuan has been graduated from Mahidol University, with the specialties including public health administration, health workforce, community health, health system. Presently he has been working at the Department of Public Health, Faculty of Health and Sports Science, Thaksin University, Phatthalung Campus, Thailand.



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#### **Probiotic lysates as a source for Postbiotic and Metabiotic biotherapeutics**

#### Liubov Sichel<sup>1</sup>, Monica Rubio<sup>1</sup>, Galina Gayduchik<sup>2</sup> and Oleg Shadrin<sup>2</sup>

<sup>1</sup>Stellar Biotics, LLC, USA

<sup>2</sup>Department of nutrition problems and somatic diseases of children of early age, Institute of Pediatrics, Obstetrics and Gynecology of the National Academy of Medical Sciences of Ukraine

Probiotic lysates represent the natural mixes of Metabiotic and Postbiotic substances, strongly oriented toward immune system regulation. In our experience both in vitro and in vivo conditions, probiotic lysates convincingly demonstrated a high and wide therapeutic activity without any of the potential adverse side effects associated with live bacterial cells. Active substances have no embryo toxic effects or influence on the reproductive system, no allergic or local irritation ability, do not accumulate in the body or present a potential overdose.

The objective of the study was to determine the structural composition and therapeutical effectiveness of enzymatic lysates from the strains L. rhamnosus DV – NRRLB-68023, (Del-Immune V®) and L. delbrueckii LE-NRRL-B68022 (Stellar Biotics, LLC, USA) in preschool children with health issues associated with food allergy, gastrointestinal and microbiota dysfunctions, viral infections with asthma exacerbation and clinical signs of immune deficiency.

Probiotic lysates supplementation caused

improvement on clinical conditions, significantly decreased frequency and severity of gastrointestinal symptoms, food allergy broncho-obstructive manifestation. and syndrome. Probiotic lysates administration activated the body's protective mechanisms, regulated cysteine leukotrienes, IFNs and salivary IgA production; positively impacted microbiota profile, meaningfully increased Bifidobacteria and Lactobacilli counts and significantly reduced pathogens colonization, as well as yeasts.

Obtained results demonstrated no side effects, therapeutic potency, and bifidogenic activity of probiotic lysates, indicated a more intense activation of endogenous immune protective factors following Del-Immune V® and LE lysate supplementation. The probiotic lysates demonstrate indisputable advantages for their use as a safe and potent bio-therapeutics source with high immunotherapeutic potency, involving cellular and humoral immunity. Probiotic lysate's structural fragments could be used for a targeted therapy or as a preventive care.

#### Biography

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Dedicated scientist with more than three decades of experience in the field of Microbial Biotechnology, specialized in Probiotic Biotechnology, oriented for obtaining novel probiotic derivatives with targeting biotherapeutic properties – postbiotics and metabiotics.

During her work in Biopharmaceutical Enterprise "Enzyme" (Ladyzhyn, Vinnytsia region, Ukraine) in cooperation with several specialized medical institutions and universities was developed and implemented into the oncological practice



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of Ukraine injectable form of the unique metabiotic Liasten with the subsequent expansion of the scope of its medical use and ready-made forms.

In America, along with work as VP of Research & Development in Pure Research Products, (lately transformed to Stellar Biotics, LLC, was continuing research with probiotic cultures and Cell Fragment Technology<sup>™</sup> (CFT<sup>™</sup>) for different probiotic strains for their further introduction and implementation into Probiotic and Dietary Supplement Industry in USA and in Ukraine.

Current position: CEO &CSO for Stellar Biotics, LLC, USA.



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#### **Electronic Medical Record Capture of Health Care Directives for Fragility Fracture Patients**

#### Elizabeth Sheridan MPH, MACPR, CRCC<sup>1,2</sup>, Jessica M. Wiseman MPH<sup>1</sup>, Carmen E. Quatman MD, PhD <sup>1,3</sup> and Laura S. Phieffer, MD<sup>1</sup>

<sup>1</sup>Division of Trauma, Department of Orthopaedics, The Ohio State University College of Medicine, USA <sup>2</sup>The College of Social Work, The Ohio State University, USA

<sup>3</sup>The Center for the Advancement of Team Science, Analytics, and Systems Thinking in Health Services and Implementation Science Research (CATALYST), College of Medicine, The Ohio State University, USA

**Objectives:** To evaluate capture frequency and information gaps of health care directives for fragility fracture patients.

Design: Retrospective chart review

Setting: Level 1 academic trauma center

**Intervention:** All patients received the standard of care treatment for their injuries. There was no study intervention.

**Main Outcome Measurement:** Fragility fracture, living will, health care power of attorney (HCPOA), residence at time of injury, social support, second fragility fracture

**Results:** 235 patients (mean age 76; 134 females) were included in the study sample with 35 patients sustaining a second fragility fracture. Only 15% of patients reported having a living will, while 30% of the patients reported

having a HCPOA. Information about living will and HCPOA was not collected for 54% and 40% of patients, respectively. Most patients did not have documentation in their medical chart beyond endorsing that they have a living will (70%; P=0.0016) or a HCPOA (82%; P<0.0001). There was no significant difference in health care directive capture for patients who returned with a second fracture (no improvement in data capture with second presentation).

**Conclusion:** This study demonstrates a significant gap in data capture of health care directives, notably HCPOA and living will documentation, regardless of previous treatment. Fragility fractures can be a particularly vulnerable time for patients and heath care directives within medical charts is important for advanced care planning.

#### Biography

Elizabeth (Beth) Sheridan, MPH, MACPR is the Associate Director of Research for the Department of Orthopaedics at The Ohio State University Wexner Medical Center and a PhD student in the OSU College of Social Work. She has been working in research for over 20 years and has extensive experience in benchtop, clinical, and translational research, with particular interest in independent living and quality of life across the aging spectrum. Beth has been a certified Clinical Research Coordinator (CCRC from ACRP) since 2011 and has her Master of Public Health (MPH) and Master of Applied Clinical and Preclinial Research (MACPR). Beth is also a member of American Geriatrics Society and the American Public Health Association. Beth lives in Columbus, Ohio with her partner and two children.



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#### Precision Care is the Winning Strategy & Business Model in Digital Health

#### Dr. Chris L. Wasden

Chief Strategy Officer, Twill

ver the past 15 years since the iPhone launched, digital was health has emerged and begun to transform all aspects of the patients healthcare journey, experience, therapy and outcomes. Initially, digital health companies created narrow point solutions to address, manage and treat various medical conditions. However, in the past few years we have seen "point solution fatigue" among providers, payers, pharma companies, employers and, most important, patients. All these healthcare stakeholders are asking for comprehensive, integrated experiences and solutions to address the breadth and complexity

of their patient therapeutic journey. This has led to the emergence of a new, more comprehensive, more compelling and more successful digital health strategy called Precision Care. This combines digital care, with digital therapy and the integration of virtual third-party services to shorten the distance between need and care, and to provide hyper-personalized experiences that offer the right therapy, to the right person, at the right time, in the way they want it. Precision Care will become the dominant strategy of the most successful companies in healthcare, not just digital health companies, but all players in the market

#### **Biography**

As Twill's Chief Strategy Officer, Chris is leading the effort to bring Twill's Intelligent Health platform to the pharmaceutical and healthcare industries. Recently, he served as a Board Member of the Digital Therapeutics Alliance (DTA), and he has also served as a board member of QualcommLife. He has been a digital health advisor to AT&T, Verizon, Vodifone, Telefonica, Qualcomm, Intel, as well as leading healthcare providers like Mayo Clinic, Cleveland Clinic, Kaiser Permanente, and large medtech and pharmaceutical companies like Medtronic, Boston Scientific, BD Medical, Eli Lilly, Novartis, Biogen, Sanofi, Merck, Amgen, AstraZeneca, and others.

In addition, he was a professor at the University of Utah and served as Executive Director of the Sorenson Center for Discovery & Innovation, a digital therapeutic game incubator. He is the co-author of two books on innovation, creativity, and leadership: Tension - The Energy of Innovation; and Solving for Why - Change Your Identity, Change Your Future.



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Covid-19's healthcare economic challenges, an attraction to evolving online crimes, could be a looming full blown disaster in hospitals

#### Dr. Fredrick Ochieng' Omogah (h.c)

Uzima University, Kenya

ospital Management has become very sensitive, critical and economically challenging, as also occasioned by a highly infectious COVID-19 pandemic. This disease has been responsible for massive healthcare havocs and high mortality rate across the globe. The rush to technology uptake as a fallback continuity plan has majorly involved the IoT Medical connected devices. This could result into full blown clinical challenges in managing patients in our hospitals. To date, technology alone has never been the solution because equipment does malfunction, can be abused or most certainly can be attacked by criminals. During this pandemic, hospitals have become a target for cybercrime activities. Criminals could take advantage of overwhelmed healthcare personnel, healthcare financing costs and high technology integrations. Usually, hospitals are extremely sensitive sectors in healthcare. Any disruption in activities aiding healthcare intervention in hospitals can lead far reaching consequences. Although healthcare sector like

others reaping big on the silver lining brought by Covid-19 pandemic, by improvement on technology infrastructure, new challenges of the freshly emerging cyber criminality, targeting Electronic Healthcare Systems (EHCS) across the globe have been on course. Healthcare workers and hospitals' infrastructure has also been overwhelmed and overstretched respectively. This is a likelihood of additional risks in our hospitals, Covid-19 notwithstanding. To avert this fresh cyber criminality, there is urgent need to put new measures in place for managing hospitals during Covid-19, and other future or unforeseen pandemics. This would ensure safety in hospitals and healthcare sectors globally. This study assessed current trends globally in Cyber Security for Healthcare. It seeks to sensitize the global community on the freshly emerging Technology challenges in hospital management and healthcare and to showcase some recommendations to be followed, to improve hospital management incase of similar future disease pandemics.

#### Biography

Dr. Fredrick Ochieng' Omogah (h.c) is a head of department of Information Systems, Sci. & Technology and a lecturer in I.T & Medical Informatics at Uzima University, Kenya. He is currently finalizing Msc. I.T Security and Audit from Jaramogi Oginga Odinga University, Kenya. He has Bachelor of Technology I.T Systems from McGrath-[MIBA.iota] Queensland's Australia, 2009. He was selected for the 4th International Training Course on Information Technology Education Methodology by JICA – to JICA-EEPIS Indonesia (Asia) 2005. He already undertook Apprenticeship-(P000612-002-2019) - Investigation & Management of Cyber and Electronic Crime at The University of Pretoria - South Africa 2019. His main research areas are in I.T and Cyber security in electronic healthcare.



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A classroom case study of experiences with an online simulation platform in the inaugural semester of an undergraduate healthcare program

#### Meagan Spencer

Freed-Hardeman University, USA

The use of simulation in communication sciences and disorders (CSD) program is a relatively new practice. Much of the research of these simulations pertains to how faculty view the process, with a lack of student perspectives. How do undergraduate CSD students view virtual simulation activities? This case study will discuss the existing literature and student views of virtual simulation within a clinical methods course. Student views include preferences, the student training experience, faculty competence, and future desires for the simulation experience.

This case study will include qualitative action research in a reflection format of student perspectives with implications as implementation science. Inclusion in the study is exclusive to a particular clinical methods class in CSD that includes those five students' perspectives, thus the study indicates a case base to support the existing literature of other student perspectives and provide assistance in supporting the development of the university's new CSD program.



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#### Strategies to Build Simulation Experiences during Study Abroad Cross-Cultural Experiences

**Theresa A. Kessler,** *PhD, RN, ACNS-BC, CNE, FAAN Valparaiso University, College of Nursing and Health Professions, USA* 

ollege students should have a variety of diverse cultural experiences during ✓ their education. There is a growing trend to develop study abroad (SA) experiences specifically for BSN nursing students to enhance cultural learning and competence (Browne et al., 2015; Kelleher, 2013). SA experiences support the development of positive personal, academic, and professional growth (Trapani & Cassar, 2020). Adding simulation to SA exchanges is an innovative way to support diverse cultural experiences and experiential learning for undergraduate nursing students. While there are unique challenges to adding simulation to any cross-cultural SA exchange, evidence supports specific strategies to overcome the challenges. These strategies should accompany the planning and implementation of any crosscultural simulation experience: (a) determine readiness to plan a cross-cultural simulation experience during SA exchanges, (b) develop realistic learning outcomes, (c) develop distance

collaboration techniques, (d) determine methods to manage any language barriers, (e) assess assumptions that may exist for those planning the exchange, (f) determine if translation is necessary during the simulation and/or during debriefing, (g) mentor faculty who may have less experience in the pedagogy of simulation, (h) overcome costs associated with travel and inherent in simulated experiences, and (i) promote a bond between students from both cultures (Kessler & Kost, 2021). By developing a plan based on anticipated needs and potential limitations, cross-cultural simulations can be planned successfully to meet educational outcomes. It is hoped that other faculty and universities will consider the development of and support cross-cultural simulation during SA exchanges. These exchanges can enhance learning in diverse cultural experiences and promote collaborations between faculty and institutions of higher education globally.

#### Biography

Dr. Kessler, Professor and Kreft Endowed Chair, teaches undergraduate students in nursing and public health. She is certified as an Adult Health Clinical Nurse Specialist through the American Nurses Credentialing Center, is a Certified Nurse Educator through the National League of Nursing, and is a Fellow in the American Academy of Nursing. Her areas of clinical expertise are adult health, management/leadership, and advanced practice. She has conducted a variety of research initiatives in undergraduate student populations using both qualitative and quantitative methodologies. Research interests include smoking and vaping abstinence education among undergraduate college students, alcohol and binge drinking behaviors among college students, developing study abroad experiences, and cognitive appraisal of stressful events. She has presented her work at national and international conferences and is widely published in a variety of journals.



# Global Summit on Nursing Education & Healthcare

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# The Impact of a Self-Directed Learning Module on Nurses' PATCH Scores

#### Ms. Erin Ashley North Post University/Imperial College London Diabetes Centre

nformation Technology (IT) in healthcare is a rapidly developing area and has changed the landscape of nursing practice. Confidence and competence as it relates to IT in the workplace are important factors which impact attitudes toward computers in healthcare. In the United Arab Emirate (UAE), nurses come from different healthcare cultures where IT and informatics training were not common curricula. Being able to address gaps in knowledge and experience levels before integrating new technology, such as an electronic medical record (EMR), into the workplace provides valuable evidence on how to impact attitudes through education. The practice-based question is: How will a self-directed learning module for an electronic medical record impact the Pre-test for Attitudes Towards Computers in Healthcare (PATCH) Assessment Scale scores? The design and approach will be a quantitative quasiexperimental before and after study. The PATCH Assessment Scale was chosen as part of the methodology as its purpose is to aid learners in exploring attitudes toward computers and EMRs. As the evolution of technology in healthcare is increasingly complex, higher skills are needed to perform. Consequently, there is a need for an initial assessment of attitudes toward computers in the workplace and essential training to help increase uptake. This will bolster the integration of EMR usage, skills acquisition, and nurses' attitudes. Therefore, education creates a positive impact on nurses' attitudes toward computers and EMRs.

### Biography

Erin is a Canadian living in Abu Dhabi with her husband and fur-babies. Her nursing career started in 2007, working in a variety of areas from Canada to the United Arab Emirates, including critical care and informatics project management. She has been involved in health professions education since 2012 and is currently the Education Manager for a group of outpatient diabetes and chronic care clinics in Abu Dhabi.

Erin graduated with a Bachelor of Science in Nursing (BSN) from The University of British Columbia Canada, and holds a Master of Public Health (MPH) from the University of Liverpool England. Currently, Erin is a candidate for the Doctor of Nursing Practice (DNP) at Post University, USA.



# Global Summit on Nursing Education & Healthcare

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# PediaTrac<sup>™</sup>; A Digital Tool to Track Pediatric Development in Real-Time

## Angela Lukomski<sup>1</sup>, Renee Laginess-O'Neill<sup>2</sup> and Judi Brooks<sup>3</sup>

<sup>1</sup>Eastern Michigan University/School of Nursing, USA <sup>2</sup>Eastern Michigan University/Department of Psychology, USA <sup>3</sup>Eastern Michigan University/School of Dietetics and Human Nutrition, USA

ealthcare providers need new methods for early prediction and classification of mental health disorders in children, especially neurobehavioral disorders. PediaTrac<sup>™</sup>, a digital application designed to engage caregivers in the gathering of longitudinal, real-time, multidomain data on infant and toddler development has been developed. The PediaTrac<sup>™</sup> analytic system offers a paradigm shift, enabling a new level of collaborative prevention by employing new technologies to involve and support stakeholders directly and indirectly. PediaTrac:1) Will collect data in real-time to eliminate the need for inaccurate backwardlooking reports. 2) Provide early access to care that is enabled by real-time analysis, providing families with reports on individualized developmental progress (as they enter data). 3) Addresses heterogeneity by collecting ongoing multi-domain (sensorimotor, feeding, sleep, language/cognition, and social/emotional) data on infants and toddlers. A profound

uniqueness is that PediaTrac<sup>™</sup> will incorporate an individually adaptable survey based on prior responses, which tracks the individualized risk for each child in specific domains, leading to the discovery of novel risk indicators. 4) Responses are filtered through a HIPAAcompliant analytic system that synthesizes and interprets whether the child is developing on a normal trajectory based on established norms. 5) Addresses the lack of knowledge contributing to risk, meaning PediaTrac<sup>™</sup> will be able to look back at the factors and early predictors leading to potential developmental delays. By closely following development from birth, we can learn healthy, forward-looking protective patterns and milestones from most children, establish trajectories of typical and aberrant development in multiple domains to identify when some veer off course, and gain knowledge through retrospective analytics to build healthy foundations in all children, particularly those at risk for neurobehavioral disorders.

### Biography

Dr. Lukomski is highly trained in all aspects of pediatric health care. She is board certified and has been in practice for over 25 years. Angela's primary focus is patient and family education with an emphasis on health promotion and disease prevention and pediatric growth and development.

Dr. Lukomski is a tenured full professor at Eastern Michigan University. She has an active research agenda that addresses advanced nursing practice, technology, and pediatric healthcare. Angela has co-founded PediaTrac<sup>™</sup> which is a digital tool to assess the growth and development of infants and toddlers to identify risk for autism and other neuro-behavioral disorders earlier. Her research with PediaTrac<sup>™</sup> was awarded over 5 million dollars by the National Institutes of Health (NIH). She is recognized as an expert in pediatric growth and development and is an advocate for quality and accessible healthcare for all children.



# Global Summit on Nursing Education & Healthcare

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# Improving GDM Outcomes through an Integrated Multidisciplinary Management Approach in the Middle East

#### **Dawn E. Kuzemski** *RN, MSN, PhD(c)* Aspen University, Colorado, USA, Kanad Hospital, Al Ain Abu Dhabi, UAE

**Background:** The prevalence of gestational diabetes (GDM) in the United Arab Emirates (UAE) is a major public health concern with thirty-seven percent of all pregnant women presenting with GDM and only forty percent of those are medically managed (WHO, 2019). The women's clinic at the research site, who see 200 patients per day, do not have an integrated approach to patient management and such a model does not exist in the Emirate of Abu Dhabi.

**Problem Statement:** It is not known to what degree the implementation of the NICE Guidelines for the Management of Gestational Diabetes Mellitus within an integrated model will decrease the incidence of progression to pharmacological therapy compared to treating patients with the traditional physician led practice.

**Evidence Synthesis:** An extensive literature review demonstrates that a three- pronged approach meshing evidenced based medical

management, comprehensive assessment of clinical risk factors and the use of innovative delivery modalities such as apps and telemedicine increase compliance and management of BMI and blood glucose.

**Implementation plan:** Implementation of a clinic model offering physician, dietician, and diabetic nurse educator expertise at the first and subsequent visits, and technological support for monitoring and follow up.

**Evaluation/Relevance to Nursing:** Patient outcomes, specifically compliance with visit schedule, BMI and blood glucose results were captured during the antenatal period showing improved compliance and physiological parameters. Implementation of an integrated, multidisciplinary clinic model has improved GDM outcomes in health systems worldwide and may be applicable in the UAE.

**Key words:** Gestational diabetes, management, integrated model.

### Biography

Dawn Kuzemski graduated from a 3-year diploma program in 1982 and bridged first to a BSN and then a MSN in Bioethics and Public Policy in 2002. She has post graduate diplomas in Critical Care from University of Victoria in Canada and Clinical Research from Washington State University and is currently working on her PhD. She has worked extensively in clinical and teaching roles in Trauma, Surgical and Obstetrical critical care and continues as adjunct faculty for University of Victoria in Canada and Griffith University in Australia. She has worked for 9 years in the Emirates, first with Johns Hopkins and currently at Kanad Hospital as CNO where she is joyously working with nurses and midwives to advance maternity practice in Abu Dhabi.



# Global Summit on Nursing Education & Healthcare

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# **A Model of Caring for Virtual Healthcare**

Shainy B. Varghese University of Houston College of Nursing, USA

elehealth is transforming the healthcare industry landscape around the world. Telehealth has been used by NASA to monitor the health of astronauts for around 60 years. The pandemic has pushed telehealth to the forefront of healthcare delivery. Telehealth technology enables many healthcare services typically provided in person to be done remotely or virtually, broadening the accessibility of healthcare regardless of geographical distance. Nursing is a skill-oriented, hands-on profession where the provider and the patient share the same physical space. In virtual healthcare delivery, the providers and the patients are separated and interact virtually through a screen. This new modality of caring challenges the healthcare providers' perception of caring.

Moreover, all the caring theories are written in the context of traditional healthcare delivery, and new theories are needed to explain the phenomenon of caring in this new context. The telehealth model of caring explains how caring can be conveyed when being away from each other in healthcare. According to this model, caring can be conveyed in telehealth practices by being with the patients, personifying the images on the screen, and the nurses having certain characteristics. This presentation aimed at introducing and explaining the telehealth model of caring and helping the audience to understand the key constructs in the model to enhance the ways of caring in the telehealth context.

#### **Biography**

Dr. Shainy Varghese is a Pediatric Nurse Practitioner and an Associate Professor at the University of Houston College of Nursing. Dr. Varghese earned her Ph.D. in Nursing from the University of Texas Medical Branch and completed her dissertation on Telehealth. Dr. Varghese earned her bachelor's in nursing with Midwifery from India, a Master's in nursing as a Pediatric Nurse Practitioner from the University of Houston Health Science Center Houston, and has been practicing as a pediatric nurse practitioner since 2004. She is a Global Nurse Consultant and a Fulbright Specialist from 2022- 2025. Dr. Varghese's research focuses on Telehealth, Vitamin D Deficiency in Children, and Gaming Addiction in Children. Dr. Varghese is a published researcher and has presented her findings at local, national, and international conferences have won many accolades for her service.



# Global Summit on **Nursing Education & Healthcare**

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Theme: "Developments and Challenges in the field of Nursing Science and Healthcare"





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## Faculty Advisement and Helpfulness and The Retention of First Semester Associate Degree Nursing Students

#### Janice A Summers

Borough of Manhattan Community College (BMCC) / City of New York Graduate Center CUNYGC), USA

Retention and success of nursing students are essential to address the expected growth in demand for healthcare services. By focusing on success, rather than remediation, nursing students are empowered to reach their full potential.

Guided by the Jeffreys Nursing Universal Retention and Success conceptual model, a quantitative descriptive multi-site research study appraised first-semester associate degree nursing students' perceptions advisement of nursing faculty and helpfulness related to course completion. Jeffreys Student Perception Appraisal-Revised tool was used to determine how first-semester associate degree nursing students perceived environmental factors, professional integration factors, and faculty advisement and helpfulness restricted or supported course retention and success. Harrison's Faculty Advisement Evaluation Ouestionnaire was utilized to determine which faculty advisor characteristics were present and helpful during advisement.

Analysis of the five research questions established that support by faculty, friends, and family was essential to nursing students' ability to remain in the course. In contrast, employment and financial factors were perceived as the most restrictive. The exploratory factor analysis indicated that students felt more supported by professional integration factors than environmental factors. Highlighting the importance of nurse educators in student retention and academic success. In examining the relationship between perceived faculty advisement and helpfulness and specific effective advisor characteristics, results confirmed that when students perceived that effective advisor characteristics were present, they also perceived faculty advisement and helpfulness as greatly supportive of their ability to remain in the course.

the inter-relationship between Finally, environmental factors and profession with integration factors demographic variables and specific advisor characteristics study was explored. Results implied that students who perceived environmental and professional integration factors to be supportive participated in more college activities



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#### **Biography**

I started nursing in 1976 as a British Army nurse, then spent several years working in different specialties as a surgical staff nurse. My area of specialty is neurosurgery, where I worked for 14 years, ten of those years spent working as a ward sister. I also worked as a practice educator in neurosciences for two years. I have in total spent twenty-eight years teaching in practice and higher education. From September 2002 to January of 2013, I was program lead for Health and Social Wellbeing and a senior lecturer in adult nursing at Edge Hill University in the North of England. Whilst in this position I undertook a secondment into a project management position working for the regional nurse education commissioning body. In my current nurse educator position at the Borough of Manhattan Community college in New York, I teach advanced medical surgical nursing.



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## **Future Considerations: The Ongoing Journey to Veteran Recoverv**

Selina Doncevic MSN, RN, CRRN and Lisa Perla, PhD, RN, FNP, CRRN, CCM

United States Department of Veterans Affairs: Veterans Health Administration, Washington DC, USA

international military members who sustained polytraumatic injuries continue to live and rehabilitate. There are unique psychosocial issues, as well as overlapping

wenty+ years after the start of burden of ongoing medical needs, as well as the Global War on Terror, many family and caregiver unit support dynamics which all comprise the recovery milieu. We will present literature findings, as well as anecdotal findings of these recovering war injured.

#### **Biography**

Selina Doncevic began her nursing career in Pennsylvania after completing her BSN at DeSales University. After years of ortho-trauma-neuro-rehabilitation experience, she obtained her MSN at LaSalle University in Philadelphia.

Her private sector nursing experience is along the continuum of care from inpatient acute care, inpatient acute rehabilitation, homecare nursing, outpatient, and public health clinic.

She began working with the federal government as a research nurse for the Military Extremity Trauma Amputation Limb Salvage study, and continued on then as a Neuroscience Clinician/SME for mild, moderate, and severe traumatic brain injury with the Defense and Veterans Brain Injury Center.

In 2010 she began working for the Department of Veterans Affairs as a VA/DoD Polytrauma Rehabilitation Nurse Liaison at Walter Reed Army Medical Center and National Naval Medical Center- during one of the heights of polytraumatic injured Service Members- of the Global War on Terror. She is certified in Rehabilitation Nursing and the Trauma Nurse Core Course. She liaises between the two federal health systems for polytraumatic injured service members and Veterans of GWOT, dual eligible amputees and transitioning active-duty service members (to Veteran) with complex and multiple diagnoses. She is the Clinical Advisor of the Polytrauma Field Advisory Committee for the VA Office of Nursing Services. She received her Healthcare Compliance Graduate Certificate from University of Pittsburgh School of Law in December 2019.



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# Scientific Sessions DAY 2



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# A Breath of Fresh Air: A Novel Technique to Ensure NGT Function and Increase Patient Safety

## Dr. Steven Clark Cunningham

Ascension Saint Agnes Hospital and Cancer Institute, USA

N asogastric tubes very commonly used in medical and surgical patients, but are prone to dangerous malfunction despite traditional flushing techniques. We have developed a flushing technique to ensure successful tube function. We have compared this technique to conventional flushing and provide a didactic video. In our experiments, both in vitro and in vivo, the mean gastric residual volume

is nearly 25 times lower following our novel flushing technique than following conventional flushing (13 mL vs. 330 mL). This simple and easy-to-learn technique is much more effective than conventional techniques, and maintains nasogastric tube function, which is necessary to prevent dangerous vomiting and aspiration pneumonia that can commonly result with conventional techniques.

### **Biography**

Dr. Cunningham is the Director of Pancreatic and Hepatobiliary Surgery and the Director of Research at Ascension Saint Agnes Hospital. He earned his M.D. from George Washington University and completed general surgery residency at the University of Maryland. He has completed fellowships in both oncology research and pancreatic and hepatobiliary surgery at Johns Hopkins Hospital. His CV includes >100 contributions to the medical literature, including peer-reviewed articles, book chapters, and educational reviews. He is also a children's book author with three books published, one about dinosaurs, one about the human body, and one about religious literacy.



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# Academic-Practice Partnership: A framework for Promoting Palliative and End-of-Life Care in Clinical and Academic Settings

Dr. LALY JOSEPH, DVM, DNP, CNE, RN, C, MSN, ARNP, ANP-BC, FNAP Phillips School of Nursing @ Mount Sinai Beth Israel, NY, New York, USA

A cademic/Practice Partnerships are an important mechanism to strengthen nursing education and practice and help nurses to lead change, embrace diversity, and advance health. Nurses play a key role in caring for patients with serious illness in today's complex health care system. Improving care in the final phase of life has been an important medical and societal goal during the last two decades, yet the amount of content that deals with the wide range of end-of-life (EOL) issues continues to be minimal in

nursing schools. Therefore, it is imperative that future nurses be prepared with the knowledge and skills to meet the needs of diverse patients and families across the lifespan, the illness trajectory, and health care settings. The purpose of this project is to implement an academic/ practice partnership with the Philips School of Nursing (PSON) and its clinical partner, Mount Sinai Health System (MSHS) to prepare student nurses, new graduates and practicing nurses to address issues of diversity, inclusion, and equity in providing compassionate, evidence-based palliative and EOL care at the highest level of the registered nurses' scope of practice. This partnership will create systems for nurses to achieve educational and career advancement, prepare nurses of the future to practice and lead, provide a structure for nurse residency programs, and provide mechanisms for life-long learning and professional development.

Evaluating the outcomes of this project can lead to curricular changes and provide a basis for decisions related to the best approaches for addressing palliative and EOL care in nursing curricula.

#### **Biography**

Dr. Laly Joseph is currently the Senior Associate Dean & Professor at the Phillips School of Nursing in New York, USA. Her academic and health care career spans more than 29 years, with previous positions as Associate Director, Clinical Assistant Professor, RN-BSN-MSN Program Director, Administrative Nursing Supervisor, Director of Education, Sigma Chapter Leader and President, United Nations Delegate, and currently as International Nursing Consultant with universities in India and Malaysia. She is clinically active as an Adult Nurse Practitioner, is a Certified Nurse Educator by the National League of Nursing and has national & international presentations & publications.

Patricia Karwan Volume 1



**Theme:** "Developments and Challenges in the field of Nursing Science and Healthcare"

# Global Summit on Nursing Education & Healthcare

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## **Cancer related Fatigue**

#### Dr Patricia Karwan

Care New England, USA

ancer related fatigue occurs in most patients with cancer underaoina chemotherapy. It is a distressing symptom that affects a patient's quality of life and may persist for months or years after treatment. Cancer related fatigue can be defined as distressing, persistent, subjective sense of physical, emotional and or interferes with usual functioning (NCCN, 2017). Tired is the need for rest or sleep. Physical cognitive, tiredness or exhaustion related to cancer treatment that is not proportional to recent activity can be safely effective in reducing the fatigue.

The purpose of this study was to evaluate (effectiveness of exercise program) oncology patients in active treatment related to maintain or improve the patient's ability to manage cancer related fatigue through regular physical activity.

The method was to implement and evaluate a 3 month, patient centered education program, for people with cancer, undergoing chemotherapy and experience fatigue. Verbal instructions and printed material were used. Participants completed a Common Terminology Criteria for Adverse Events (CTCAE) fatigue assessment, selfreport and grading pre and post implementation of the physically activity mutually agreed upon. The study population was identified on all oncology patients, age 18-89 years old, regardless of where they were in the treatment This descriptive, pre and post study plan. assessed oncology patients for three months, in one outpatient clinic, who were being treated with Intravenous chemotherapy.

### Biography

Patricia Karwan is An Adult Oncology Nurse Practitioner for Women and Infants Hospital at Care New England Health System. She is an Advanced Lecturer at Rhode Island College School of Nursing where she teaches graduate-level Nursing. Her Master's in Nursing was received from Wayne State University in Michigan and completed her Doctorate of Nursing from Sacred Heart University in Connecticut. She is a member of the Oncology Nursing Society, and Advanced Practice Society for Hematology and Oncology as well as a member of the Mu Delta Chapter of Sigma Theta Tau. She is a peer reviewer for Harborside Press on Oncology and Hematology Patients.



# Global Summit on Nursing Education & Healthcare

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The guided use of an e-health tool to strengthen health literacy. A pilot study in a multicultural diabetes population in a primary care clinic in Brussels

#### Lien Mertens<sup>a</sup>, Harrie Dewitte<sup>a</sup>, Lieve Seuntjens<sup>b</sup>, Rita Vanobberghen<sup>c</sup>, Bert Aertgeerts<sup>a</sup>

<sup>a</sup>Department of Family Medicine and Primary Care, University of Leuven (KULeuven), Belgium <sup>b</sup>Department of Family Medicine and Primary Care, University of Antwerp (UAntwerpen), Belgium <sup>c</sup>Department of Family Medicine and Primary Care, University of Brussels (Vrije Universiteit Brussel), Belgium

**Objectives:** We aimed to investigate whether the use of an e-health tool, guided by a healthcare provider, can improve health literacy (HL) in primary care.

**Methods:** We set up a longitudinal prospective cohort study in a primary care clinic in Brussels. Diabetes patients were invited to participate in two study consultations with a trained healthcare provider, in which an e-health tool was introduced. The Health Literacy Questionnaire (HLQ) was used to evaluate HL before (n = 59) and after intervention (n = 41).

**Results:** Patients feel significantly stronger in finding good health information after intervention (p = 0.041), with relatively stronger progress for the subgroup with weaker digital skills (p = 0.029). Participants also declare understanding health information better after intervention

(p = 0.050). Specifically, the lower educated participants feel reinforced to correctly evaluate and assess health information and come closer to the skill level of the higher educated patients after intervention. Conclusions: The guided use of an e-health tool in primary care strengthens various patient HL skills. Most particularly the skills "the ability to find good health information" and "understand health information well enough to know what to do" are reinforced. Moreover, patient populations with lower HL, such as the lower educated and lower digitally skilled, show a greater learning potential.

**Innovation:** These results need to be considered as a motivation for further investments in more widely accessible e-health tools to further improve HL at population level and to bridge health differences.

### Biography

Lien Mertens graduated in Medicine at the Catholic University of Leuven (KULeuven, Belgium) in 2016. After a 2-year Internship in Pediatrics, she started a Master in General Practice in which she graduated in 2021. During the General Practice Internship in Brussels, she worked with a culturally very diverse patient population and was closely confronted with issues of language barriers, cultural sensitivity and social vulnerability. These challenges triggered her interest in the role of health literacy in health and healthcare communication, and the potential contribution of a General Practitioner (GP) to patient empowerment.

Since January 2022, Dr. Mertens started working as a part time PhD-researcher at the Primary Care and Public Health Department of KULeuven, and part time as a GP in a Community Health Centre in Leuven city. She currently performs research in the topic of Shared Decision-Making (SDM), and specifically investigates how to improve the inclusiveness of SDM implementation across diverse patient groups.

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Using The Synergy Framework to Empower Front-Line Nurses and Nursing Leadership to Help Decrease Burnout and Improve Retention

### Cecilia Li and Amera Taylor

Fraser Health Authority-Royal Columbian Hospital, Canada

taffing shortages and the extra workload this put on nurses have caused increased burnout, patient safety concerns, increased operational costs (i.e. absenteeism/ OT) and, most of all, staff disengagement. All of the above negatively affected our General Surgery Program, and the Covid-19 Pandemic further intensified workforce challenges, which resulted in a mass exodus of nursing staff. As a result, recruitment and retention became a number one priority. Royal Columbian Hospital General Surgery Program, partnered with the University of British Columbia, Faculty of Nursing to create a Quality Improvement project to help

address burnout and recruitment/retention by employing the Synergy Framework. Frontline nurses developed a patient-centered tool, a crucial first step in staff empowerment and engagement that aligns patient care needs with nursing competencies. This tool allows nurses to manage their workload based on their skill sets. It also helps Leadership with decisions regarding staffing levels and skill mix using evidence generated by the nurses from the tool. In addition, data collected can be used for quality improvement to further enhance patient care and safety

#### **Biography**

Cecilia Li is a Clinical Operations Director at the Royal Columbian Hospital and an Adjunct Professor School of Nursing, Faculty of Applied Sciences at the University of British Columbia. She obtained her Bachelor of Science in Nursing (BSN) with Honours and an Executive Masters of Business Administration in HealthCare (EMBA) from the University of British Columbia. She is also an EXTRA Fellow with Healthcare Excellence Canada.

She is passionate about patient experience, workforce engagement, and quality and health system improvement.

Amera Taylor holds a Bachelor of Nursing degree from the University of Calgary and has a certificate in Leadership. She is currently Manager of Clinical Operations for General and Vascular Surgery at a Tertiary Hospital in British Columbia, Canada. Previously, she was with BC Cancer as a Senior Practice Leader, where her role covered both nursing practice (regionally & provincially) and operational management. As part of the Senior Leadership team she manages both human and financial resources in alignment with the health authority strategic priorities.

Amera has a clinical background in oncology and advanced vascular access. She has held several leadership roles in education and program development as a Nursing Instructor with the University of Calgary, Clinical Nurse Educator with Alberta Health Services and was a Director-At-Large with the Canadian Vascular Access Association. Amera works with staff to apply best practices to clinical care, support staff working with complex patients/families and facilitate quality improvement projects to help empower and support teams to provide safe, quality care.



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# Leveraging Artificial Intelligence to Enhance Nursing Education and Promote Academic Integrity

### Awais Ali, Dr. Kelly Wheatley and Erik Yarberry

The Ohio State University College of Nursing, USA

rtificial intelligence (AI) tools have the potential to revolutionize nursing education by enhancing instructional methods and improving the learning experience for students. In this presentation, we will explore the various ways in which AI can be used in nursing education, including the creation of personalized learning plans, the use of virtual assistants for answering student questions, and the development of simulations for handson practice. We will also discuss the potential benefits and challenges of implementing AI in nursing education, as well as best practices for integrating these tools into the curriculum. By leveraging the power of AI, nursing educators can create engaging and effective learning environments that prepare students for success

in the rapidly changing healthcare landscape. In addition to enhancing instructional methods and improving the learning experience for students, AI tools can also be used to combat academic misconduct in nursing education. By leveraging AI-powered plagiarism detection software and utilizing automated proctoring systems, educators can more effectively identify and prevent cheating and other forms of academic dishonesty. These tools can also provide valuable insights into students' behavior and help identify any potential issues that may need to be addressed. As a result, the integration of AI in nursing education can not only improve the learning experience for students, but also promote academic integrity and fairness in the classroom.

#### Biography

Awais Ali

Director of IT & Business Systems

Co-Director Data Commons

Awais Ali is a dynamic and highly skilled IT professional, who expertly manages and directs the operations of the IT department. With a focus on driving mission-critical business operations, Awais works closely with decision-makers across the organization to identify and implement innovative technology solutions that deliver tangible benefits. With a deep understanding of the needs of the college, Awais is able to design and deliver cost-effective IT solutions that enhance the performance of the organization. As a leader in the field, Awais is always seeking out new ways to leverage the latest technologies to drive success and ensure that the IT department is at the forefront of driving business growth.

#### Kelly Wheatley, MEd

Kelly is the Instructional Designer for The Ohio State University College of Nursing. Kelly participates in planning for future learning technology implementations through by staying abreast of current trends, emerging research and new evidence. She manages online learning technologies and environments, provides support for learning technology



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Resources, develops communication and training resources to support users, works with faculty and staff to identify problems and provide solutions pertaining to teaching and learning with technology. Kelly leads orienting new faculty and staff to instructional technology resources and training for effective use..

#### **Erik Yarberry**

#### **Senior Systems Manager**

Erik Yarberry is a highly accomplished senior systems manager who has a proven track record of delivering results in complex and fast-paced environments. With a strong background in systems management and a deep understanding of the latest technologies, Erik is an invaluable asset to any organization. He is skilled at working closely with cross-functional teams to identify and address key business challenges and is renowned for her ability to develop and implement innovative solutions that drive operational efficiency and improve overall performance. In his current role, Erik works closely with the IT department to ensure that mission-critical systems are running smoothly and efficiently, and is always looking for ways to drive continuous improvement.



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# Five Ds: Innovative Practices to Increase Interprofessional and Global Collaboration

## Barbara A. Ihrke and Connie J. Crump

Indiana Wesleyan University, USA

esire - The project desired to increase the transcultural knowledge of students and that during the learning/experiences, that would lead to growth in empathy and understanding of people in the healthcare systems. Students would realize that each person is worthy of health care and that an interprofessional team is required.

**Dream:** Choosing the ideal partnerships depends on collaborating with global connections, colleagues, and volunteer opportunities. Indiana Wesleyan University (IWU) School of Nursing has required transcultural experiences since 1975.global" Locations were vetted for safety, accessibility, ability to meet course outcomes, and partnerships.

**Develop:** A team approach supported the myriad of details required before the first experience with students. A coordinator of global studies was hired, visionaries were invited to be part of the team, and budgets were created. As global partnerships developed, local interprofessional members were added.

**Designate:** Elements including personnel, partnerships, programs, and funding must be

clearly defined. Programs must be sustainable and self-supporting (student-funded or tuitionsupported). Nursing and risk management must approve each transcultural experience, whether stateside or overseas, individual or group trips.

**Defend:** Benefits are many but must be reiterated over and over. Challenges such as funding, unhappy students/parents, and "disasters" (evacuations) must be managed quickly and efficiently within university protocols.

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#### Biography

Barbara A. Ihrke, PhD, RN, serves as the Vice President of Academic Affairs, School of Nursing has taught full-time at IWU since 1994. A Sabbatical leave in the fall of 2004 in Gabon, Africa further enriched the nursing program and opened up opportunities for global ministry. She previously served for eleven years as a missionary nurse teaching in a school of nursing and doing primary health care projects in the Democratic Republic of Congo. Her passion for working with students in global settings has provided over twenty-five global trips to assist students in understanding cultural concepts. Her areas of expertise and passion are transcultural nursing and global health.



# Global Summit on Nursing Education & Healthcare

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# The Burden of being bullied: A case study

### Mo Blishen and Dawn Pegram

Te Whatu Ora, Health New Zealand

Bullying is not a word that is used comfortably. In fact we will call it anything other than bullying. It is also insidious. Most nurses are not aware that they are being bullied until it has started to affect them physically and emotionally.

Our presentation will present a case study of a nurse who was bullied to the point of feeling suicidal. We willlook at the interventions and actions she took to get through the ordeal.

We will also look and the different ways that bullying can present itself.

It is important that that bullying is talked about and its existence acknowledged.

### Biography

Dawn and Mo have worked together for over 10 years. They met in district nursing in Wellington, NZ. Since then they have taken their passion of talking about the difficult topics international. In 2019, they travelled to Sydney, Australia and presented at The 6th Public Health Palliative Care International Conference and discussed about who has control over dying.

Dawn, is UK trained and has over 30 years of nursing experience.

Mo was trained in NZ and has been nursing for over 20 years.



# Global Summit on **Nursing Education &**Healthcare

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Theme: "Developments and Challenges in the field of Nursing Science and Healthcare"

# **Poster Presentations**DAY 2



# Global Summit on Nursing Education & Healthcare

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# One School's Journey to Next Generation NCLEX

### Jennifer M. Wells, PhD, RN and Amy R. Purser, PhD, RN, CNE

University of North Carolina at Pembroke, USA

**Purpose:** The purpose of this presentation is to describer preparation and implementation activities to prepare faculty for Next Generation NCLEX at a Bachelor of Science in Nursing prelicensure program.

**Design:** Lewin's Change Model was used to implement this faculty improvement change project

**Setting:** Rural, pre-licensure Bachelor of Science in Nursing program in North Carolina; Diverse student body of 1/3 African American, American Indian, and Caucasian

Participants: Sixteen nurse educators, four

of whom are tenured, eleven with terminal degrees. Average experience teaching at the baccalaureate level or higher is seven years. The school is a grow your own faculty regarding faculty development.

**Methodology:** Researchers used Lewin's Change Model to design and implement educational training sessions to prepare faculty for Next Generation NCLEX

**Outcome:** Faculty are prepared to instruct students in clinical judgement methodologies in the classroom and clinical settings as well as implementation of Next Generation NCLEX on formal and informal evaluation.

#### **Biography**

Dr. Jennifer Wells has been a nurse educator for 18 years and currently serves as Director of Program Outcomes at the University of North Carolina at Pembroke. All teaching experience has been in rural, southeastern North Carolina with diverse, underserved, disadvantaged persons. Primary course responsibilities include Obstetric and Gynecologic and Pediatric specialties for undergraduate students and theory and nursing education courses for graduate students. Research has focused on educational practices and parent education of the neonatal population. Service time has been used to strengthen community partnerships with local inpatient facilities and regional community colleges. She has been involved with partnerships with local schools and organizations to grow the impact area.



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# Nurses' inter-professional work competences and related factors including difficulties providing palliative cares

#### Tomoko Hasegawa<sup>1</sup>, Miki Kobayashi<sup>2</sup>, Yukari Fujita<sup>1</sup>, Yoshiko Uehara<sup>1</sup>, Kanae Kitano<sup>1</sup>, Rika Tonami<sup>1</sup> and Yoshimi Demura<sup>1</sup>

<sup>1</sup>University of Fukui, Faculty of Medical Sciences, Division of Nursing, Japan <sup>2</sup>University of Fukui Hospital, Japan

**Purpose:** The objectives of this study were inter-professional work: IPW competences and related factors of nurses who receive consultations from palliative care teams.

**Method:** The subjects were 1230 nurses who receive consultations (consultee nurse) from palliative care teams: PCTs. Self-administered questionnaire survey contented self-rated IPW competency scale for health. The survey also included related factors, such as feeling of individual and team work difficulties related palliative care team activities, and participations of palliative care workshops.

**Results:** 812 nurses responded to the survey (response rate 66.0%). Average point of the IPW competency was  $52.4\pm19.2$ . Nurses who had participated in palliative care workshops and multi-professional workshops had significantly higher IPW competency (p<.05). Difficulties

in palliative care team activities and IPW competences were negatively correlated (rs=-.392, p<.01). On multiple regression analysis, difficulties in palliative care team activities were influenced by "integrated care interaction", "frequency of attendance of workshops about palliative care", "experience on cancer nursing", and "frequency of consultation from palliative care team" (adjusted R2=.0208).

**Discussions:** The results suggest that improving the ability to practice inter-professional work reduces feelings of difficulties about individual and team work related to palliative care team activities. Efforts such as workshops to enhance nurses' IPW competency in the field of palliative care were suggested to be effective. We believe that encouraging active collaboration with palliative care teams in the future will improve the ability to practice professional collaboration.

### Biography

After obtaining her nursing license, Tomoko Hasegawa worked as a nurse at the Shizuoka Red Cross Hospital, Japan. She then studied in California, USA, where she obtained her registered nurse and public health nurse licenses and worked as a nurse. She also received a bachelor's degree in nursing and a master's degree in health sciences from the Loma Linda University, California. After returning to Japan, she worked as a faculty member at the University of Fukui. Professor Hasegawa received her doctorate in nursing from the Osaka University. She has been working as a professor of nursing at the University of Fukui since 2007.



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# An Evidence-Based Pilot of Retail Healthcare Provider Job Satisfaction

## Kimberly E. Taylor DNP, FNP-BC

University of Fukui, Faculty of Medical Sciences, Division of Nursing, Japan; 2University of Fukui Hospital, Japan

The Five-Minute Preceptor tool is a developmental tool that aides in the development of nursing education. This tool utilize "five-step microskills" that are strategies derived from a prior tool for medical residents over 20 years ago. (Neher et al, 1992). The five-minute preceptor tool was adapted for

nursing education in 2011. The teaching strategies can aide in teaching patients and staff in ambulatory settings. The strategies employ the foundation of clinical development in a timely fashion. The tool promote evidencebased critiques of diagnosis and treatment regimens as adapted for the retail healthcare setting. The tool encourages knowledge usage and critical thinking skills for providers. It additionally provides a dynamic of immediate feedback with reinforcement of appropriate data. These teaching strategies were implemented by a pilot DNP research project in a Tucson Retail Healthcare market.

### Biography

Kimberly E. Taylor completed her Doctoral of Nursing Practice at Chamberlain College of Nursing in June of 2017. She received her Masters of Science in Nursing with her Family Nurse Practitioner at Kennesaw State University in Kennasaw, Georgia. Kimberly practices as a Doctor of Nursing practice in family health at Luke Air Force Base. She completed her pilot research project change intervention for retail healthcare provider job satisfaction. This poster presentation will be her third presentation.



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# Assessment of Patient Safety Culture in Primary Care Settings in Greece

John Antonakos University of Athens/Medical School, Greece

**Introduction:** A positive safety culture is considered a pillar of safety in health organizations and the first crucial step for quality health services. In this context, the aim of this study was to set a reference evaluation for the patient safety culture in the primary health sector in Greece, based on health professionals' perceptions.

**Methods:** We used a cross-sectional survey with a 62% response rate (n = 459), conducted in primary care settings in Greece (February to May 2020). We utilized the "Medical Office Survey on Patient Safety Culture" survey tool from the Agency for Healthcare Research and Quality (AHRQ). The study participants were health professionals who interacted with patients from 12 primary care settings in Greece.

**Results:** The most highly ranked domains were: "Teamwork" (82%), "Patient Care Tracking/

Follow-up" (80% of positive scores), and "Organizational Learning" (80%); meanwhile, the lowest-ranked ones were: "Leadership Support for Patient Safety" (62%) and "Work Pressure and Pace" (46%). The other domains, such as "Overall Perceptions of Patient Safety and Quality" (77%), "Staff Training" (70%), "Communication about Error" (70%), "Office Processes and Standardization" (67%), and "Communication Openness" (64%), ranked somewhere in between.

**Conclusions:** A positive safety culture was identified in primary care settings in Greece, although weak areas concerning the safety culture should be addressed in order to improve patient safety.

**Keywords:** primary care; patient safety culture; Agency of Healthcare Research and Quality.

#### Biography

- Medical Physics Expert at "Attikon" University Hospital of Athens, Greece. 20 years of experience in Diagnostic and Interventional Radiology and Nuclear Medicine.
- Ph.D. Candidate at Medical School, University of Athens.
- More than 10 publications in SCI journals and national and international journals or conference proceedings. More
  than 50 presentations and posters in national and international conferences. Field of expertise: Patient and staff
  Safety, Quality Assurance in Hospital Settings.



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Developing a training plan in Patient Safety in the Bachelor Degree in Medicine: an institutional challenge.

#### Miguel Ulibarrena Sáinz<sup>1,2</sup>, Borja Herrero de la Parte<sup>2</sup>, Víctor Echenagusia<sup>1</sup>, Asier Ulibarrena García<sup>3</sup>, Ignacio García-Alonso<sup>2</sup> and Susana Urrutia<sup>1</sup>

<sup>1</sup>Mutualia, Bilbao (Biscay) <sup>2</sup>Dpt. of Surgery and Radiology and Physical Medicine, Faculty of Medicine and Nursing, University of The Basque Country UPV/EHU, Leioa, Biscay <sup>3</sup>Faculty of Nursing. Catholic University of Valencia

**Rationale:** WHO recommended to teach knowledge in Patient Safety (PS) to undergraduate students at health science faculties, and is offering its PS Curriculum Guide (PSCG) as a tool.

**Aims:** we incorporated the PSCG at our Faculty and present the results in six academic years (2016 to 2022). Also assess the impact of the teaching mode, given that during the Covid-19 pandemic (online, face to face or blended mode).

**Material and methods:** This work was developed out within the framework of the subject "Perioperative Care". Before and after PS teaching, a 12-question survey was conducted. We also made a sub-analysis of the results obtained in the academic years 2019/2020, (when we had to teach exclusively online), 2020/2021 (face-to-face and online) and 2021/2022 (face-to-face teaching).

**Results:** Of a 662 students, 516 (77.9%) responded to the pre-course and 469 (70.8%) to the post-course surveys (average 73.9  $\pm$  13%). The global average of correct answers in the pre-

course surveys over the six years was 54.68%, rising to 75% in post-course (p<0.0001). The aspect that saw the greatest increase was "error impact", from 25.6% to 70.6% (p<0.0001). The highest percentage of final correct answers was in "PS Culture" (94.1%). The poorest area was "error localization" (25.6% to 46.8%). Online teaching saw the smallest increase in correct answers (57.51 vs. 66.12%); however, the positive responses in the blended and face-toface teaching groups increased to 81.87% and 76.02%, respectively.

Also we analyzed results by thematic block thematic blocks (terminology, PS culture, error facilitation, error localization and error impact).

**Conclusions:** PS teaching at our University leads to an increase in students knowledge of PS. The students display a high level of general knowledge relating to PS prior to the teaching of the subject. However, there is a need to reinforce training in some areas of PS, such as "error localization". The teaching mode with the best results was 100% face-to-face teaching.



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Racial Disparities in Healthcare/ Are US Healthcare Systems Doing Enough for Black/African Racial Minorities?

### Rabi, Yunusa, Jaman and Patience

University of Washington, USA

ince the racial reckoning conversation was catapulted into the global space by the cruel murder of George Floyd in 2020, we have seen widespread policy changes in the United States across various systems and institutions, healthcare most prominent, attempting to address many long-known health disparities between racial groups. These Race Equity Policies in Healthcare mostly aimed to improve health outcomes for racial minorities by (1) improving access to quality healthcare for racial minorities, (2) improve experience of racial minorities when in contact with healthcare, and (3) improve diversity in representation of racial minorities in significant power positions within the healthcare workforce. In this study, we are examining how well large United States healthcare systems are doing to improve health access of black/African people by quantitatively

analyzing secondary health data to measure change across 3 indicators pre- and post- health equity policy implementation. The 3 indicators being measured for change are (1) Health insurance coverage, (2) Proximity to Health center/clinic, (3) Participation of black pregnant women in early Prenatal care/ prenatal care during the first trimester. We are examining health systems data from 5 large healthcare organizations in different geographical regions of the United States who have implemented race equity policies since the aftermath of George Floyd. We will be making evidencebased policy recommendations to further direct healthcare systems to success by improving health outcomes for black/ African American racial minorities they serve.

**Keywords:** Equity, Race, Policy, Healthcare Access, Healthcare Systems.

### Biography

Rabi Yunusa is a Physician and an Assistant Professor in the departments of Health Systems and Population Health, and Global Health at the University of Washington, Seattle, USA. Her research and work focus on the negative role of bias and stigma on the health of marginalized people living in resource limited settings. Rabi collaborates with communities and organizations in the USA and Nigeria in bringing Equity, Antiracism and Social Justice lens in all her activities.



