



18|19  
**JUNE**  
**2026**

VIRTUAL EVENT

7<sup>TH</sup> ASIA-PACIFIC

**ADVANCED  
NURSING PRACTICE  
NURSING EDUCATION  
AND LEADERSHIP CONCLAVE**

**Peers Alley Media**

701 West Georgia Street Suite 1500, Vancouver V7Y 1C6, Canada



# SCIENTIFIC PROGRAM

# DAY 01

THURSDAY

JUNE 18, 2026

BST - British Summer Time

07:30-07:35

## Introduction

Topics: Advanced Nursing Practice | Nursing Education | Nursing Research | Midwifery | Emergency Nursing | Family Nursing | Healthcare | Pediatrics | Mental Health Nursing | Nursing Informatics | Nursing Leadership and Management | Obstetrics and Gynecology Nursing | Patient Safety | Telenursing | Nurse Practitioners | Travel Health Nursing | Public Health Nursing

## Distinguished Speaker Talks

07:35-07:55

Title: AI and the Future of Lifestyle Medicine Nursing Practices

**David John Wortley**, *World Lifestyle Medicine Education Services (WLMES), UK*

07:55-08:15

Title: General Physics for Educating Nurses and Health Professionals

**Franco Blezza**, *Università "Gabriele d'Annunzio", Italy*

08:15-08:35

Title: Lessons and Perspectives from the Covid-19 Experience: Towards a New Health Governance in Italy

**Annamaria Bartolini and Giovanni De Santis**, *University of Perugia, Italy*

08:35-08:55

Title: Skin Care for All

**Terence John Ryan**, *Green Templeton College Oxford University, UK*

08:55-09:15

Title: Integrating AI into Clinical Education: Evaluating General Practice Trainees' Proficiency in Distinguishing AI-Generated Hallucinations and Impacting Factors

**Jiacheng Zhou**, *Wuxi People's Hospital, China*

---

09:15-09:35 Title: Evaluation of Sternal Wound Infection Treatment by Negative Pressure System (Vacuum - Assisted Closure System) in Vietnam: A National Cardiovascular Center Study

**Tran-Thuy Nguyen**, *Cardiovascular Center, E Hospital, Vietnam*

---

09:35-09:55 Title: Strategic International Collaboration in Nursing Development: A Comprehensive Model from Bach Mai Hospital, Vietnam

**Bui Minh Thu**, *Bach Mai Medical College, Vietnam*

---

09:55-10:15 Title: Role of Nursing Practice and How the GDP per Capita Parameter Evolving in Four Selected Asian Countries - Bangladesh, India, Pakistan and Vietnam – A Pre & Post Covid Outlook

**Hafizur Rahman**, *Abu Dharr Gifari College, Bangladesh*

---

REFRESHMENT BREAK 10:15 - 10:30

---

10:30-10:50 Title: Innovative Analogues of Nilutamide as Human Androgen Receptor Antagonists: An In-Depth Exploration of Drug Design Through a Bioisosteric Methodology, Including Assessments of ADMET Properties, Molecular Docking Investigations, and Molecular Dynamics Simulations

**Sanmati Kumar Jain**, *Guru Ghasidas Vishwavidyalaya, India*

---

10:50-11:10 Title: Recognition of Ischaemia and Infection in Diabetic Foot Ulcer Using Deep CNN

**Pinki Roy**, *NIT- Silchar, India*

---

11:10-11:30 Title: Oral Mucositis in Oncology Patients: Prevention, Assessment, and Supportive Care Across Disciplines

**Yehuda Zadik**, *The Hebrew University of Jerusalem, and Hadassah Medical Center, Israel*

---

11:30-11:50 Title: Results of our Study of Transcutaneous Application of Carbon Dioxide in the Management of Diabetic Foot Ulcers

**Anica Badanjak**, *Polyclinic for Physical Medicine and Rehabilitation with Physical Therapy, Croatia*

---

---

11:50-12:10  
E-Poster

Title: Professional Vision of the Nurse and Midwife, Areas of Competence in Health Prevention, Legal Regulations in Bulgaria

**Hristina Milcheva**, *Trakia University, Bulgaria*

---

LUNCH BREAK 12:10-12:45

---

12:45-13:05

Title: Simply Rules of Prophylaxis for Children – Hips, Knees, Spine and Feet. Causes of Pathology, Symptoms, Proper Nursing and Proposal of Rehabilitation Methods

**Tomasz Karski**, *Vincent Pol University, Poland*

---

13:05-13:25

Title: Study of the Impact Antibiotic Combinations Used in Urinary Tract Infections on the Effectiveness of Antimicrobial Therapy

**Jagoda Jeziurska-Pavlenko**, *Nicolaus Copernicus University, Poland*

---

13:25-13:45

Title: Lysosomes, Lipophagy and Lysosomotropic Drugs

**Tatiana A. Korolenko**, *Scientific Research Institute of Neurochemistry and Medicine, Russia*

---

13:45-14:05

Title: The Impact of Ongoing Armed Conflict on Sudan's Healthcare System: Narrative Review

**Huda Suliman Osman**, *Aramco Health Care, Saudi Arabia*

---

14:05-14:25

Title: Experiences of People Involved in the Teaching and Learning Process in the Digital Nursing Environment in El Salvador

**Paula Yanira Palencia**, *Catholic University of El Salvador, El Salvador*

---

REFRESHMENT BREAK 14:25-14:40

---

14:40-15:00

Title: Feasibility and Effectiveness of a Combined Multicomponent Exercise and Tai Chi Intervention on Physical Activity and Physical Functions in Low-Income Older Adults

**Weiyun Chen**, *University of Michigan, USA*

---

15:00-15:20	Title: Global Architects of Equitable Care: Nurse-Led Systems Leadership Through an ICCO One Health Platform for Underserved Populations <b>Paula Hill-Collins &amp; Teresa Owens Tyson</b> , <i>St. Mary's Health Wagon, USA</i>
15:20-15:40	Title: Evaluation of ChatGPT Artificial Intelligence Dialogues and Simulated Scenarios to Prepare Nursing Students for Telehealth Practicum <b>Lorena Paul</b> , <i>University of the Incarnate Word, USA</i>
15:40-16:00	Title: Community-Led Solutions to Build Safer, More Equitable Places to Birth: The Baltimore Patients as Partners Project <b>Peter Schafer</b> , <i>CBO Grant Consultants, USA</i>
16:00-16:20	Title: Breastfeeding Conversations with a Home Visitor and Breastfeeding Continuation in Postnatal Enrollees <b>Maile Caroline Ray</b> , <i>University at Albany, USA</i>
16:20-16:40	Title: The Health Policy World and Its Impact on Medical-Surgical Nursing for the Aged Population <b>Dawn H. Johnson</b> , <i>DHJ Services, USA</i>
16:40-17:00	Title: Hospital Week Strategy: A Case Study of Bed Management to Mitigate Nursing Staff Shortages in a Public University Hospital in Brazil <b>Antonio Pazin-Filho</b> , <i>Universidade de São Paulo, Brazil</i>
17:00-17:20	Title: Healthcare Lived Experiences of African, Caribbean, and Black Individuals in Alberta Living with HIV/AIDS <b>Joseph Osuji</b> , <i>Mount Royal University, Canada</i>
17:20-17:40	Title: A Qualitative RE-AIM Evaluation of an Embedded Community Paramedicine Program in an Ontario Family Health Team <b>Barry Bruce</b> , <i>West Carleton Family Health Team, Canada</i>

## NETWORKING

END OF DAY 1

JUNE 19, 2026

BST - British Summer Time

10:05-10:10

## Introduction

**Topics: Advanced Nursing Practice | Nursing Education | Nursing Research | Midwifery | Emergency Nursing | Family Nursing | Healthcare | Pediatrics | Mental Health Nursing | Nursing Informatics | Nursing Leadership and Management | Obstetrics and Gynecology Nursing | Patient safety | Telenursing | Nurse Practitioners | Travel Health Nursing | Public Health Nursing**

## Distinguished Speaker Talks

10:10-10:30

Title: My Present Vision of the Core of Medicine Based on the Message of a Painting and a Ship Travel, Made Both on the XVI Century

**José Manuel Domingues Poças**, *Consulped, Portugal*

10:30-10:50

Title: Effectiveness of Multi-Dimensional Enhancement Strategies to Improve In-Hospital Stroke Awareness: A Retrospective Quality Improvement Review

**Wan Kin Sze**, *Tseung Kwan O Hospital, Hong Kong*

10:50-11:10

Title: Sustainable Pressure Injury Prevention – A Quality Improvement Project

**Nguyen Thi Phuc**, *Vinmec Times City International Hospital, Vietnam*

11:10-11:30

Title: Equipping Students for the Future: Strategies to Close the Education-Industry Divide Through Reskilling and Upskilling

**J Josephine Lalitha**, *PSG College of Arts & Science, India*

11:30-11:50

Title: Comprehensive Self-Report Scales to Measure Nurse Competence: A Scoping

**Truong Quang Trung**, *Vinmec Times City International Hospital, Vietnam*

11:50-12:10	Title: Development and Validation of Tool to Assess Respectful Maternity Care Practices Among Healthcare Providers <b>Radha Devi Dhakal</b> , <i>Purbanchl University, Nepal</i>
12:10-12:30	Title: Sustaining and Strengthening Gender-Based Violence (GBV) Coordination in Emergencies: A Synthesis of Practitioner-Driven, Globally Applicable Recommendations <b>Hira Hashmey</b> , <i>UNFPA, Nigeria</i>
12:30-12:50	Title: Association of Postoperative Pain with Disturbances in Fatty Acid Transport and Metabolism in the Peripheral Blood Mononuclear Cells of Patients with End-Stage Knee Osteoarthritis <b>Elena Tchentina</b> , <i>Nasonova Research Institute of Rheumatology, Russia</i>
LUNCH BREAK 12:50-13:35	
13:35-13:55	Title: Effect of Financial Health Risk Protection Education on Health Insurance Knowledge and Enrollment Willingness Among Rural Households in Tanzania: A Cluster Randomized Controlled Trial <b>Victoria Odemary Lyimo</b> , <i>United Republic of Tanzania and Ministry of Health, Tanzania</i>
13:55-14:15	Title: Literacy-Related Factors and Knowledge of Patient Rights Charter: Evidence from Nurses in Selected Hospitals in Ghana <b>Jacqueline Nkrumah</b> , <i>University of Education, Ghana</i>
14:15-14:35	Title: Determinants of Service Utilization and Satisfaction with Sexual and Reproductive Health Services Among Displaced and Migrant Populations in Nigeria: A Cross-Sectional Study <b>Idayat Uthman</b> , <i>UNAIDS, Nigeria</i>
14:35-14:55	Title: Hidden Grief in Healthcare: Reflective and Systemic Perspectives on Fertility Loss <b>Elaine Mayon-White</b> , <i>Tunbridge Wells &amp; Canterbury, UK</i>

14:55-15:15	Title: Leap of Faith: Serving What Matters <b>Rola El Moubadder</b> , <i>CARE Centre, Canada</i>
15:15-15:35	Title: Child Development Leading to the Pursuit of Virtues and the Avoidance of Vices <b>Gerald H Katzman</b> , <i>Wayne State University School of Medicine, USA</i>
15:35-15:55	Title: Safeguarding Patient Privacy: Advances in Healthcare Data Encryption and Security <b>Venkata Nedunoori</b> , <i>Dentsu International, USA</i>
15:55-16:15	Title: Populating the Model: The SC2.0 Approach to Co-Design for Mental Health and Substance Use Health Systems <b>AnnMarie Churchill</b> , <i>Stepped Care Solutions, Canada</i>
REFRESHMENT BREAK 16:15-16:30	
16:30-16:50	Title: The Key Aspects of Trust Building; How Much Words and Actions Matter <b>Dawn H. Johnson</b> , <i>DHJ Services, USA</i>
16:50-17:10	Title: AI-Driven Medication Adherence and ADL Monitoring: PERACTIV for Nursing Homes and Personalized Care <b>Vishnu Kakaraparthi</b> , <i>Arizona State University, USA</i>
17:10-17:30	Title: Updates on Cutaneous Leishmaniasis <b>Naomi Aronson</b> , <i>Uniformed Services University of the Health Sciences, USA</i>
17:30-17:50	Title: Explainable AI for Precision Psychiatry: Diagnosing and Managing Complex Mental Disorders <b>Vineet Mishra</b> , <i>Independent Researcher, USA</i>
17:50-18:00 E-Poster	Title: Association Between Coping of the Primary Caregiver and the Adolescent Patient with Cancer <b>Leonel Jaramillo Villanueva</b> , <i>Mexican Institute of Social Security, Mexico</i>

---

Title: Architecting the Future of Surgical Training in Mexico

18:00 -18:20

**Luis Roberto Vega González**, *Instituto de Ciencias  
Aplicadas y Tecnología, UNAM, México*

**NETWORKING**

END OF DAY 2

---

**DAY 01**



**VIRTUAL EVENT  
7<sup>TH</sup> ASIA-PACIFIC**

# **ADVANCED NURSING PRACTICE, NURSING EDUCATION AND LEADERSHIP CONCLAVE**

**JUNE 18-19, 2026**

**SPEAKER TALKS**



## AI and the Future of Lifestyle Medicine Nursing Practices

**David John Wortley**

World Lifestyle Medicine Education Services (WLMES), UK

The integration of Artificial Intelligence (AI) into nursing practices is redefining the delivery of lifestyle medicine, offering new opportunities for prevention-focused, patient-centered care. This presentation explores the transformative potential of AI in enhancing lifestyle medicine nursing through predictive analytics, behavior monitoring, and personalized health coaching.

**Objectives:** The primary goal is to evaluate how AI-driven tools can support nurses in promoting healthy behaviors, managing chronic conditions, and reducing healthcare burdens through early intervention and patient engagement.

**Scope:** The focus spans clinical and community nursing settings, where AI applications—such as machine learning algorithms, wearable technology data analysis, and conversational agents—can aid in diet, activity, sleep, stress management, and addiction prevention strategies.

**Methods:** A literature review of current AI-enabled interventions in nursing and lifestyle medicine was conducted, alongside case studies from digital health programs and pilot projects involving AI-supported nursing workflows.

**Results:** Preliminary findings show that AI improves nursing efficiency in risk stratification, enhances patient adherence through real-time feedback, and supports continuous monitoring for early detection of health deterioration. AI also facilitates tailored health education and fosters collaborative care models.

**Conclusion:** AI is poised to play a pivotal role in the evolution of lifestyle medicine nursing, empowering nurses as digital health leaders. Strategic training, ethical oversight, and interdisciplinary collaboration will be critical to unlocking its full potential while preserving compassionate care. The integration of AI offers a scalable, proactive approach to global public health challenges.

### **Presenter:**

**David John Wortley**

World Lifestyle Medicine Education Services (WLMES), UK



## General Physics for Educating Nurses and Health Professionals

**Franco Blezza**

Università “Gabruiele d’Annunzio”, Italy

(General) physics must be an integral part of the initial and continuous training of nurses, as of all health professionals, and as it is of doctors. It must be so not by following a conception and for instrumental reasons, but in an essentialist way, for the educational value that physics has.

This refers to the highly exemplary character of physics as a scientific method, as rigor, as an openness to continuous research. The scientificity that is an indispensable requirement of all health care is the same that characterizes physics, both in the sense of the nomothetic sciences, that is, which tend to laws also in a probabilistic sense, and for those aspects of the medical and natural sciences that refer more properly to the ideographic, i.e. descriptive dimension.

It is not enough to think of accompanying the initial training of a health professional with specific application skills: for example, the initial training of the diagnostic imaging technician with skills on electromagnetic waves or particles, or that of the optometrist with skills in optics. or that of the audio prosthetist with skills in acoustics, even if these remain essential requirements. Each of these health professionals must also be trained in the other branches of physics, and this applies to the nurse ah stronger reason if we take into account the increasingly high standard of professionalism that has characterized these health figures. The increasingly important attention to the professional aspect, and not executive or auxiliary, requires a strong and organic reference to general physics as a central component of scientific culture, in health as has already been the case for some time in sectors of social sciences and related professionalism.

In the context of a synthetic consideration of the cultural complex of physics with regard to its evolution in recent centuries, and not without some reference to the historical dimension that can constitute an excellent conceptual tool of a didactic and formative nature, some significant examples are given in this sense, and possible openings to future prospects are glimpsed.

### **Presenter:**

**Franco Blezza**

Università “Gabruiele d’Annunzio”, Italy



## Lessons and Perspectives from the Covid-19 Experience: Towards a New Health Governance in Italy

**Annamaria Bartolini** and **Giovanni De Santis**

University of Perugia, Italy



The Covid-19 pandemic caught the Italian healthcare system unprepared and revealed the structural weaknesses that had developed over the last thirty years (De Santis & Bartolini, 2025) as a result of public spending restraint policies (Maino, 2009) and the progressive corporatization of local healthcare units.

The result has been a system less capable of ensuring equitable access to care, with the closure of local facilities, staff reduction and increasing privatization of services (Geddes da Fitecaia & Giorgi, 2023).

These changes have gradually eroded the principles of universality, equality and proximity on which the National Health Service was founded in 1978. This has exacerbated social inequalities and weakened the holistic view of health promoted by the World Health Organization, which is no longer understood as the mere absence of disease, but as the general physical, mental and social well-being of the individual. The pandemic crisis, with overloaded emergency rooms and insufficient residential facilities for the elderly, has been further confirmation of this, giving rise to the situation for the most vulnerable groups and healthcare workers themselves.

Adopting a mixed methods approach, which integrates quantitative analysis of institutional data (Ministry of Health, ISTAT) and qualitative research, the paper explores how the critical issues identified, exacerbated by Covid-19, can guide a new health governance centred on “care” in local contexts.

The results aim to propose an interpretative model that integrates organisational efficiency and the relational dimension of health, identifying useful strategies to strengthen the resilience of healthcare systems also in view of a possible future pandemic. In this perspective, caring is not merely a form of assistance, but becomes a strategic political and cultural tool for rethinking public health as a space of equity, accessibility and proximity.

### **Presenter:**

**Annamaria Bartolini**

University of Perugia, Italy

**Giovanni De Santis**

University of Perugia, Italy



## Skin Care for All

**Terence J Ryan**

Green Templeton College Oxford University, UK

The WHO requests more and better skin care for much of Africa and Asia. This with one dermatologist per sometimes 3,000,000 population for much of the world any attempt to train more dermatologists requires the best possible backing by nursing, pharmacies and traditional health. The global requirement for scientific and humane nursing and safe and effective traditional health has not always had the backing of a science dominated health system.

My career has had high spots in International Dermatology, teaching the young of Oxford First Aid, research into the blood supply, lymphatic drainage of the skin and wound healing, and curation of the Oxford Home of Sir William Osler, the Father of Modern Medicine. Always these have been backed by a strong partnership with Nursing.

At the end of my career and financed by great philanthropy I have won some battles for Nursing. The focus of my 90-94 years has been on

- 1) The Swollen leg in India treated by culturally acceptable Yoga and Ayurvedic Herbs integrated with just a little western biomedicine and declared by WHO the best example of Integrated Medicine
- 2) The health of humans, animals plants and environment taught as a theme in primary schools of Asia ([www.actasia.org](http://www.actasia.org)) with a special focus on friendship.

### **Presenter:**

**Terence John Ryan**

Professor, Green Templeton College Oxford University, UK



## Integrating AI into Clinical Education: Evaluating General Practice Trainees' Proficiency in Distinguishing AI-Generated Hallucinations and Impacting Factors

Jiacheng Zhou<sup>1,2</sup>, Yunyun Zhang<sup>1,2,4,5</sup> and Zhiyong Zhang<sup>1,2,3,4,5</sup>

<sup>1</sup>Department of General Practice, The Affiliated Wuxi People's Hospital of Nanjing Medical University, China

<sup>2</sup>Wuxi Medical Center, Wuxi People's Hospital, China

<sup>3</sup>Department of Postgraduate Education, The First Affiliated Hospital of Jiamusi University, China

<sup>4</sup>Department of General Practice, The Affiliated Wuxi People's Hospital of Nanjing Medical University, Wuxi Medical Center, Wuxi People's Hospital, China

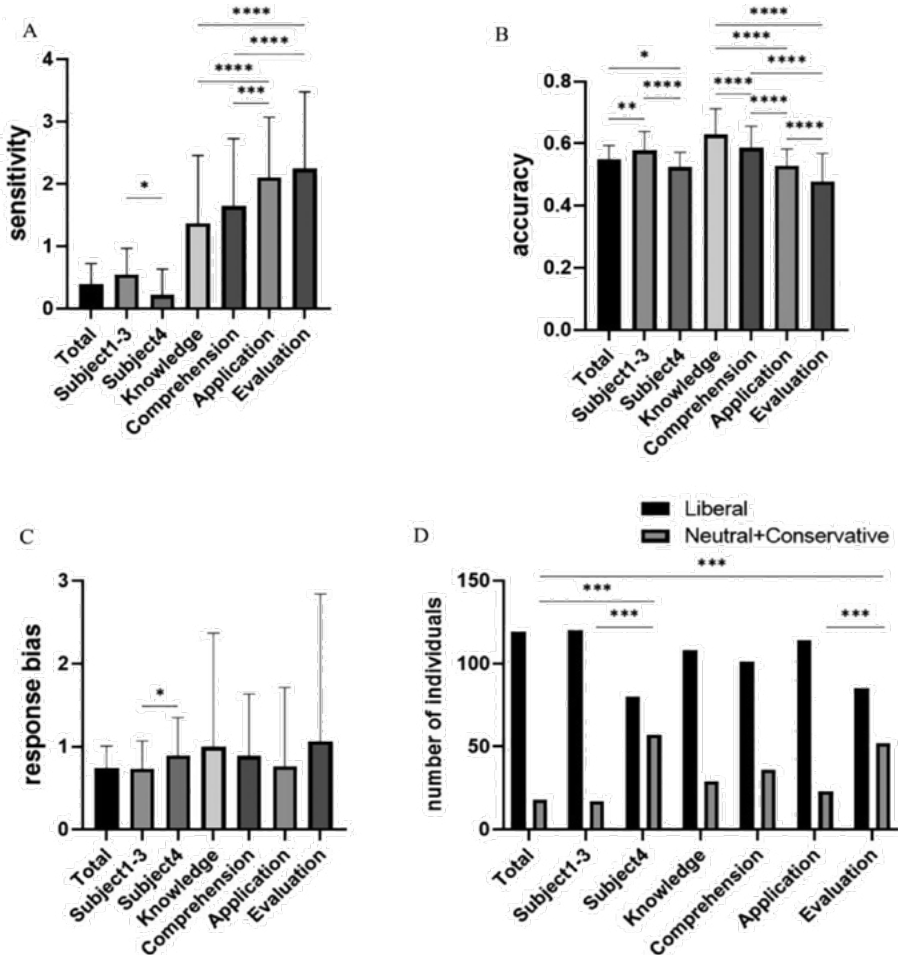
<sup>5</sup>Education Department, The Affiliated Wuxi People's Hospital of Nanjing Medical University, Wuxi Medical Center, Wuxi People's Hospital, China

**Objective:** To assess the ability of General Practice (GP) Trainees to detect AI-generated hallucinations in simulated clinical practice, ChatGPT-4o was utilized. The hallucinations were categorized into three types based on the accuracy of the answers and explanations: (1) correct answers with incorrect or flawed explanations, (2) incorrect answers with explanations that contradict factual evidence, and (3) incorrect answers with correct explanations.

**Methods:** This multi-center, cross-sectional survey study involved 142 GP Trainees, all of whom were undergoing General Practice Specialist Training and volunteered to participate. The study evaluated the accuracy and consistency of ChatGPT-4o, as well as the Trainees' response time, accuracy, sensitivity ( $d'$ ), and response tendencies ( $\beta$ ). Binary regression analysis was used to explore factors affecting the Trainees' ability to identify errors generated by ChatGPT-4o.

**Results:** A total of 137 participants were included, with a mean age of 25.93 years. Half of the participants were unfamiliar with AI, and 35.0% had never used it. ChatGPT-4o's overall accuracy was 80.8%, which slightly decreased to 80.1% after human verification. However, the accuracy for professional practice (Subject 4) was only 57.0%, and after human verification, it dropped further to 44.2%. A total of 87 AI-generated hallucinations were identified, primarily occurring at the application and evaluation levels. The mean accuracy of detecting these hallucinations was 55.0%, and the mean sensitiv-

ity ( $d'$ ) was 0.39. Regression analysis revealed that shorter response times (OR=0.92,  $P=0.02$ ), higher self-assessed AI understanding (OR=0.16,  $P=0.04$ ), and more frequent AI use (OR=10.43,  $P=0.01$ ) were associated with stricter error detection criteria.



**Conclusion:** GP trainees poorly spot ChatGPT-4o hallucinations in complex cases and overrate their grasp of its advice; medical curricula must therefore systematically test and teach hallucination detection.

**Presenter:**  
**Jiacheng Zhou**

The Affiliated Wuxi People’s Hospital of Nanjing Medical University, China  
Wuxi Medical Center, Wuxi People’s Hospital, China



## Evaluation of Sternal Wound Infection Treatment by Negative Pressure System (Vacuum - Assisted Closure System) in Vietnam: A National Cardiovascular Center Study

**Tran-Thuy Nguyen<sup>1,2</sup>, Le Ngọc Thanh<sup>1,2</sup> and Nguyen The Binh<sup>1,2</sup>**

<sup>1</sup>Cardiovascular Center, E Hospital, Vietnam

<sup>2</sup>VNU University of Medicine and Pharmacy, Vietnam

**Background:** Sternal wound infections (SWI) after open heart surgery (OHS) are an inflammatory condition that causes fluid accumulation and instability between the two sternum plates. Currently, the therapy of treating sternal wound infections by the negative pressure wound therapy (NPWT) has been becoming a trend to be applied. We conducted this study to evaluate the results of vacuum-assisted closure (VAC) therapy in the treatment of sternal wound infections at the Cardiovascular Center, E Hospital in Vietnam.

**Methods:** A cross-sectional study was conducted, and data were collected prospectively.

**Results:** Between May 2019 and June 2021, a total of 9 patients with sternal wound infections were recruited and treated with a negative pressure system. Among the patients, there were 2 males (22.2%) and 7 females (77.8%) with a mean age of 54.9 years. 6 (66.7%) patients achieved complete wound healing, and there were no reported deaths. The mean duration of VAC treatment was 53.1 days, with the shortest and longest durations being 11 and 102 days, respectively.

**Conclusion:** VAC/NPWWT is a safe and reliable choice for the treatment of sternum wound infections after cardiac surgery. The study suggests that VAC should be considered in the treatment of deep and widely infected wounds to minimize risk factors.

### **Presenter:**

**Nguyen Tran Thuy**

Cardiovascular Center, E Hospital, Vietnam



## Strategic International Collaboration in Nursing Development: A Comprehensive Model from Bach Mai Hospital, Vietnam

**Bui Minh Thu**

Bach Mai Medical College, Vietnam

**Background:** Bach Mai Hospital (BMH) is a major tertiary referral institution in Vietnam (3,600 beds; 1.5M+ outpatients and 160,000+ inpatients annually), where rapid service expansion and complexity require systematic nursing workforce development and quality improvement. International collaboration has been leveraged as a strategic mechanism to accelerate competency building, standardize care, and scale innovation in nursing practice.

**Overview:** BMH's international collaboration has progressed into a global network spanning six continents with 30+ MOUs/30 active MOUs, supported by sustained inbound–outbound exchanges and continuous professional development. Current engagement includes 150+ international delegations/year and 800+ international visitors, complemented by 100+ annual conferences/workshops that sustain specialty nursing education.

A cornerstone capacity-building stream is the JICA collaboration, which strengthened nursing management and care through manual development and Total Care implementation, established a training center with 10 classrooms, and trained >22,000 nurses and provincial health staff with high satisfaction (97% satisfied/very satisfied) and practice uptake (68% applied skills). The subsequent JICA phase (2006–2009) expanded training in nursing management and infection control, standardized protocols/materials, shared training models with Hue and Cho Ray hospitals, and positioned BMH as a regional training center among three national core hospitals.

BMH also operationalizes partnerships through bidirectional clinical exchange and specialty upskilling. The Azusa Pacific University (APU)–REI partnership supports annual nurse/nursing-student exchange, simulation-based specialty training (e.g., VAP/respiratory care), English enhancement for nursing faculty, and bilingual teaching capacity. In parallel, REI-led international training includes 1-month specialty training for nurses at the Stroke Center and Cardiology Institute, expert training for post-operative cardiac nursing, and bedside teaching at the Stroke Center

Regional cooperation with Taiwan hospitals includes ongoing institutional linkage and outbound training, including a completed plan to send 8 nurses for study at Kaohsiung Hospital, alongside specialty exposure (e.g., stroke and wound care). Specialized exchange programs (2023–2024) further include a stroke nursing exchange with Barrow Neurological Institute (USA) and ICU ventilation training for 20 ICU nurses on ASV ventilation with idsMED & Hamilton Medical (June 2024). International benchmarking and recognition are reflected in sustained awards for the Stroke Center (e.g., WSO Angels Diamond Award—14 consecutive awards), reinforcing standardized nursing care processes.

BMH has hosted International Nursing Scientific Conferences (2017, 2019, 2023), serving as recurring forums to disseminate evidence-based nursing practice, share partnership outputs, and strengthen regional and international professional networks.

**Conclusion:** BMH demonstrates a comprehensive, replicable model in which international collaboration is translated into tangible nursing development outputs—structured training programs, expert-led bedside coaching, and conference-linked knowledge diffusion—supporting improved specialty competency and scalable quality improvement in comparable health systems.

**Presenter:**

**Bui Minh Thu**

Bach Mai Medical College, Vietnam



## Role of Nursing Practice and How the GDP per Capita Parameter Evolving in Four Selected Asian countries - Bangladesh, India, Pakistan and Vietnam – A Pre & Post Covid Outlook

**Hafizur Rahman**<sup>1,2</sup>

<sup>1</sup>Former Professor of Economics, Abu Dharr Gifari College, Bangladesh

<sup>2</sup>Alumnus, Franklin Fellows- US Department of State, President B.Business LLC & Rahman Foundation, Silver Spring, Maryland, USA

In 2021, an estimated 47 million people in the Asia Pacific were employed in the health and social work sector<sup>1</sup> while the global nursing workforce was estimated at 27.9 million.<sup>2</sup> Nursing practice in every nook and corner has always been an integral part of economic prosperity. “Beyond its contribution to GDP, it is an unmeasurable catalyst in terms of its effect on the health, well-being, human capital and productivity of populations.” In fact, increasing life expectancy or the adult survival rate by one year corresponds to a 2.4% increase in economic growth<sup>3</sup> During the dark days of COVID-19, the world witnessed the pivotal roles of nursing practice unparalleled in human civilization.” It is estimated that during 2020, the world’s collective gross domestic product fell by 3.4% or over USD 2 trillion .<sup>4</sup> However, post covid-19 has put a new global challenge particularly to the growing economies like Vietnam, Bangladesh and Pakistan as well as India so far the GDP per capita is concerned. The objectives of this paper is primarily to examine the relative performances of these Asian countries in this particular indicator and see how the foreseeable future looks like for each of them particularly in the context of current inflationary pressures, geo-political unrest and internal socio-economic dynamics, post impact of epidemic.

### **Presenter:**

**Hafizur Rahman**

Former Professor of Economics, Abu Dharr Gifari College, Bangladesh  
Alumnus, Franklin Fellows- US Department of State, President B.Business LLC & Rahman Foundation, Silver Spring, Maryland, USA



## **Innovative Analogues of Nilutamide as Human Androgen Receptor Antagonists: An In-Depth Exploration of Drug Design Through a Bioisosteric Methodology, Including Assessments of ADMET Properties, Molecular Docking Investigations, and Molecular Dynamics Simulations**

**Sanmati Kumar Jain** and **Ajay Kumar Gupta**

Department of Pharmacy, Drug Discovery and Research Laboratory, Guru Ghasidas Vishwavidyalaya (A Central University), India

Prostate cancer (PC) is a major global health and economic concern, with androgens playing a crucial role in its progression and growth. Nilutamide (NLM) is an antiandrogen drug used to treat PC, but it can cause various toxicities and lead to patient resistance. A study aimed to design and evaluate safer NLM analogues using computational approaches with optimized pharmacokinetic profiles and less toxicity. The study used MolOpt and ADMETlab 3.0 tools to calculate newer bioisosteres and their ADMET scores. Docking investigations were conducted using AutoDock Vina software. The 23 bioisosteres were selected based on pharmacokinetic profiles, drug likeness, and drug score prediction scores. The analogues NLM14, NLM16, NLM18, and NLM20 showed favorable interactions and docking scores with the protein. The molecular dynamics simulation results showed that the NLM34 and NLM40 complexes were stable during the 100ns run. The findings suggest that NLM analogues, particularly NLM20, have potential as promising antiandrogen agents for PC therapy.

### **Presenter:**

**Sanmati Kumar Jain**

Department of Pharmacy, Drug Discovery and Research Laboratory, Guru Ghasidas Vishwavidyalaya (A Central University), India



## Recognition of Ischaemia and Infection in Diabetic Foot Ulcer Using Deep CNN

**Pinki Roy**

Associate Professor, Computer Science & Department of Engineering, National Institute of Technology, Silchar, India

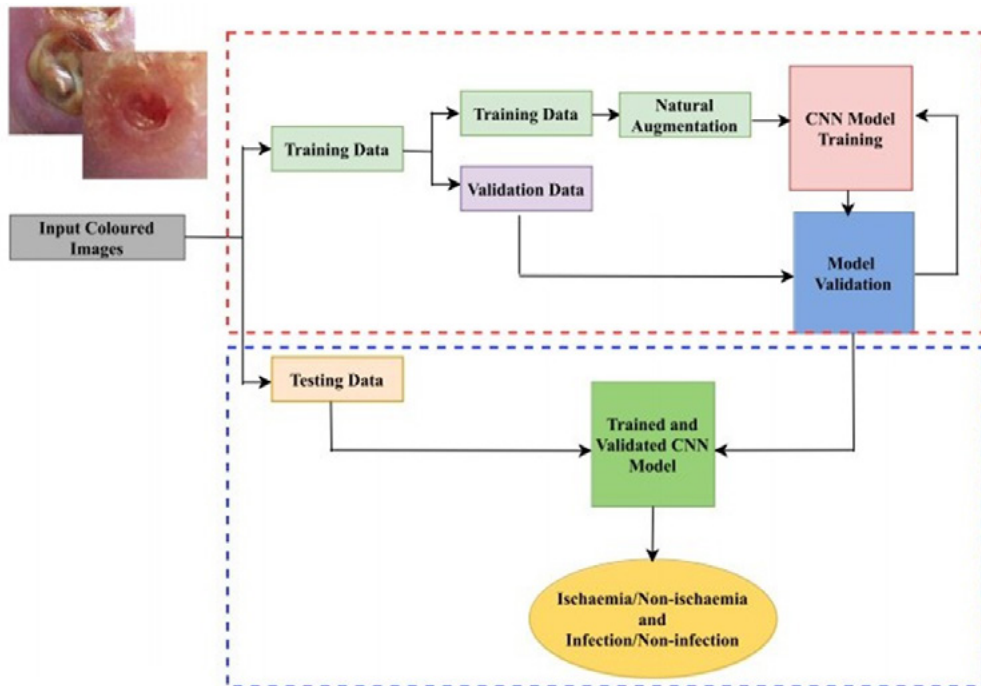
Diabetic foot ulcers (DFUs) are one of the most serious complications among all the different diabetes-related complications patients encounter. Ischaemia and infection are two states of DFU caused by lack of blood circulation and bacterial infection in wound areas, respectively. People with an active DFU should go for continuous assessment to avoid severe damages to their feet.

It has been found that the 3-year limb loss rate for patients living with ischaemia is nearly 40%. The knowledge of vascular anatomy and specifically ischaemia help medical experts to assess DFU healing progress and provide proper medication. The chances of having infection in DFU ischaemia is so high that about 56% of the time ischaemia worsens to infection, and 20% of the time, it leads to amputation. Therefore, timely recognition of these complications is crucial to get early treatments and circumvent foot or lower limb amputation.

In this work, a new deep convolutional neural network (CNN) based approach (ResKNet) is proposed to perform such assessment. The proposed network consists of a series of unique residual blocks of 2D convolution, batch normalization, and LeakyReLU with skip connections. It has been experimentally observed that a shallower network with 4 such unique residual blocks (Res4Net) can achieve promising results in ischaemia recognition, with an impressive AUC value of 0.9968. However in case of infection recognition, a network with 7 such residual blocks (Res7Net) achieved the best performance, with an AUC value of 0.8890.

Such improvements to the current state-of-the-art results suggests that the proposed approach can provide significant help to medical experts, for automatic assessment of DFU. Such impressive classification performance using the DL approach suggests the potential for utilization of the proposed approach in the medical field. It can be a great help to medical experts or clinicians to reduce their workload in diagnosing DFU ischaemia and infection, thereby knowing the status of healing progress of DFU wounds.

The use of the proposed approach in a larger and more balanced datasets, hyperparameter tuning, and GANs based synthetic data generation to identify ischaemia and infection could be a few important future research directions. It will be interesting to see how these approaches can help in improving the predictive capability of the proposed approach.



**Fig. 1** Proposed diabetic foot ulcer (DFU) ischaemia and infection recognition model

**Presenter:**

**Pinki Roy**

Associate Professor, Computer Science & Department of Engineering, National Institute of Technology, Silchar, India



## Oral Mucositis in Oncology Patients: Prevention, Assessment, and Supportive Care Across Disciplines

**Yehuda Zadik**

Department of Oral Medicine, Faculty of Dental Medicine  
The Hebrew University of Jerusalem, and Hadassah Medical  
Center, Israel

Oral mucositis is a common and often severe complication of head and neck radiotherapy, chemotherapy, and hematopoietic cell transplantation. It significantly impairs quality of life, causing pain, difficulty in eating and speaking, and may lead to treatment delays or hospitalizations. Effective management requires timely prevention, early detection, and evidence-based supportive care interventions. This presentation will review the pathophysiology and clinical course of oral mucositis, and highlight current strategies for prevention and management, including structured oral care protocols, pain control, nutritional support, and photobiomodulation therapy. Practical approaches to assessment and documentation will be discussed, together with real-world case examples illustrating the impact of multidisciplinary supportive care. By strengthening the involvement and awareness of all members of the oncology care team, outcomes for patients at risk for or experiencing oral mucositis can be meaningfully improved.

### **Presenter:**

**Yehuda Zadik**

Department of Oral Medicine, Faculty of Dental Medicine  
The Hebrew University of Jerusalem, and Hadassah Medical Center, Israel



## Results of our Study of Transcutaneous Application of Carbon Dioxide in the Management of Diabetic Foot Ulcers

Anica Badanjak<sup>1</sup>, Tomislav Bulum<sup>2,3</sup>  
Tamara Poljičanin<sup>4</sup>, Jelena Držič<sup>1</sup> and Željko Metelko<sup>1</sup>

<sup>1</sup>Polyclinic for Physical Medicine and Rehabilitation with Physical Therapy, Vascular Surgery, Neurology, Endocrinology and Diabetology, Croatia

<sup>2,3</sup>Clinical Hospital Merkur, University Clinic for Diabetes, Endocrinology, and Metabolic Diseases, Croatia

<sup>4</sup>Zagreb County Health Center, Croatia

**Background:** Diabetic Foot Ulcers (DFU) represent a significant and escalating complication of diabetes with high recurrence and mortality rates. Our study aimed to explore the effects of transcutaneous application of carbon dioxide (CO<sub>2</sub> therapy) on DFU healing and recurrence rate, as well as diabetic polyneuropathy.

**Methods:** Adults with at least one DFU were invited to undergo 20 50-min-long CO<sub>2</sub> therapies within 4 weeks. After the completion of the last CO<sub>2</sub> therapy, the effect of the therapies on wound healing and diabetic polyneuropathy was assessed, and 1 year later, we evaluated the incidence rate of DFU recurrence.

**Results:** Thirty-five subjects with DM and forty DFUs (ischemic: 15, neuropathic: 8, neuroischemic: 17) participated in our trial. After 4 weeks, 67.5% of all DFUs healed, whereas the reduction of the surface area of the unhealed wounds (74.0% ± 22.3%) was statistically significant. The restoration of protective sensations was also statistically significant. All unhealed wounds received standard care and healed within 2 additional weeks. The recurrence rate after 1 year was 17.5%. None of the patients required antibiotic treatment, hospitalization, or amputation. (4)

**Conclusion:** CO<sub>2</sub> therapy is a promising therapeutic intervention for treating DFUs and improving diabetic polyneuropathy.

### Presenter:

#### Anica Badanjak

Polyclinic for Physical Medicine and Rehabilitation with Physical Therapy, Vascular Surgery, Neurology, Endocrinology and Diabetology, Croatia



## Professional Vision of the Nurse and Midwife, Areas of Competence in Health Prevention, Legal Regulations in Bulgaria

**Hristina Milcheva**

Medical Faculty, Trakia University, Bulgaria

**Introduction:** The reforms in medical education in recent decades in Bulgaria are a result of the European Directives and the requirements for training in health professions in order to facilitate their mobility in Europe and the world. Health promotion and disease prevention activities are in the autonomous field for nurses and midwives and an important aspect of their overall professional work.

**Objective:** To present the new professional vision and role of the Bulgarian nurse and midwife and the main accents in their competencies in the field of health promotion and preventive health activities, and the related legislation.

**Material and Methods:** Analysis of regulatory and training documentation, interviews, direct observations

**Results and Discussion:** The new professional vision, competence and health regulations in Bulgaria are prerequisites for quality preventive health care. The educational status of nurses and midwives, as well as their membership in a professional organization are mandatory conditions for exercising the medical profession. Preventive and promotional activities are based on the main goal of the Health Promotion Strategy: Improving public health, through: perceiving health as a fundamental value for the individual and for society; educating in responsibility for health; promoting a healthy lifestyle. Nurses and midwives in Bulgaria are competent to fulfill their professional role to achieve this goal. The activities in three dimensions of health care are legally regulated: dependent on the doctor; working in partnership and autonomously, with the right to independent practices.

**Conclusion:** Scientific research in recent decades has established the key role of nurses and midwives in public health, whose resource is not fully utilized in the implementation of health policies.

**Presenter:**

**Hristina Milcheva**

Medical Faculty, Trakia University, Bulgaria



## Simply Rules of Prophylaxis for Children – Hips, Knees, Spine and Feet. Causes of Pathology, Symptoms, Proper Nursing and Proposal of Rehabilitation Methods

**T. Karski<sup>1</sup>, Jacek Karski<sup>2</sup> and Minami Daniel<sup>2</sup>**

<sup>1</sup>In years 1995 – 2009 – Head of the Paediatric Orthopaedic and Rehabilitation Department of Medical University in Lublin, Poland. From 2009 - Professor Lecturer in Vincent Pol University of Lublin, Poland

<sup>2</sup>Medical University of Lublin, Poland

**Introduction:** Often the health' status of adult's is connected with the proper form of prophylaxis or therapy of various disorders in children. In children there can be symptoms of Minimal Brain Dysfunction (MBD) and symptoms of Syndrome of Contracture and Deformities (SofCD) described primary by Professor Hans Mau from Tübingen, Germany. There can be other causes of pathology of locomotor system – also needed prophylaxis or therapy (see Literature).

The pathological problems with children and proposed forms of proper nursing. The early program of prophylaxis is especially important for the hips, neck and the axis of legs. For older children, it is important to diagnose the status of the spine, position of the pelvis, axis of legs, range of movement of the hips, knees, shoulders and feet. Examples – will be presented in the E-POSTER.

The first causes of pathology in children can be connected with symptoms of Minimal Brain Dysfunction (MBD) caused by asphyxia of the fetus in the gravidity or delivery period (Literature 1 - 53).

The second cause of pathology is the Syndrome of Contracture and Deformities (SofCD), first described by Professor Hans Mau (Tübingen, Germany) as "Siebener Syndrome" (Eng. "Seven Deformities Syndrome"). In SofCD, there are various asymmetries of the body, spine, hips, pelvis and feet connected with insufficient space in the mother's uterus during the gravidity period (Literature 1 - 53).

In 2006, we (T. Karski and J. Karski) added the eighth deformity to SofCD, varus of the shanks. In the E-POSTER, we present easy and successful therapy for this pathological axis of the shanks.

**3/ Observation & material:** more than 25.000 cases from the years 1995-2025 – babies and young patients were treated in the Pediatric Orthopedic and Rehabilitation Department (1995 – 2009 – in these years Prof. T. Karski was the Head of this Department) and in the Out-Patient Clinic of authors - T. Karski and J. Karski (1995 – 2025).

**4/ Importance of anamnesis - for proper diagnosis of MBD, SofCD (E-POSTER):** It is important to have complete information about the pregnancy and delivery period of a child. We should ask parents, particularly the mother, about the pregnancy period. We ask about prospective bleeding from the birth canal, high or low blood pressure, smoking of cigarettes by the mother during pregnancy - yes or no, anemia, stress, and excessive noise. If there are some complications during pregnancy and/or the delivery period, the symptoms of MBD can exist in the child – see the E-POSTER

**5/ Newborn and babies status of the hips, spine and axis of the legs:** We present in photos / figures forms of pathology in the early period of life and forms of proper nursing:

a/ Dysplasia of the hip or hips - this pathology can be in SofCD, in MBD by laxity of joints, or in spasticity of adductor muscles of hips. Important abduction nursing for the full first year or longer.

b/ Wry neck - this pathology can be in SofCD, or after traumatic delivery. The proper therapy is only rotation stretching position of the head to the wry neck side (!), no repeated movements but, I repeat - only one rotated position – publications in Germany and in the USA.

c/ Varus deformity of the shanks in SofCD – appears if the space in the uterus of the mother was too small for the fetus. Therapy (new idea from 1981) children aged 1 – 2.5 years - is excluding of Wolff – Delpeche / Hueter – Volkmann law – for 3 – 4 months - absolutely “no standing” and “no walking”. The axis of the legs returns to normal. Good response in results, we achieved in all our cases 1981 till 2025 (see the E-POSTER).

**6/ Older children (5 – 15 years ):** Problems of the feet in the form of valgus or plano – valgus deformity of children with MBD symptoms. The causes are: a shortening of Achilles tendon and muscle triceps surae which are called “contracture”. This shortening – together with the laxity of joints makes a compensatory pronation position of the feet during walking. After several years this gives a “valgus” or “plano – valgus” deformity. The first description of these causes of the feet pathology was Professor Jean Meary from Paris, France, in the 70th years of the XX century. The treatment consists of the lengthening of Achilles tendons by “stretching exercises”.

**7/ Older children aged 5 – 15 years:** Problems of the knees. Pathology can be in the form of a changed axis - varus or valgus deformity of the shanks and knee joints, contracture (not full extension of the knee joint), or instability. This pathology can cause pain in the knee in older children and adults. Varus deformity of the shanks is described in the chapter above.

Valgus deformity of the knees is mostly connected with the improper sitting position of children. Clinically, during the examination, we see instability of the knee joint and an altered way of movement in "extension of the knee from the flexion position". A new test – "changed the way of flexion to extension" is described by T. Karski and Co-authors in the Journal of Orthopedic Science and Research India / UK / 2020.

**8/ Older children. Spine. Scoliosis:** In all countries of the world, we can see children with "Idiopathic Scoliosis" – other description - Adolescents Idiopathic Scoliosis (AIS). "Idiopathic" means that the etiology of deformity is unknown, not found. In Lublin, we say: "So-Called Idiopathic Scoliosis" because in the years 1984 Helsinki /1995 – 2007 Lublin (T. Karski), I had described the etiology of this spine deformity. It was also given a new classification of the spine deformity and was presented a new, proper therapy. There are also described rules of the causal prophylaxis (see all details in the E-POSTER).

**9/ New classification - three groups and four types of scoliosis (2001 – 2004):**

**1st group** – primary double curves scoliosis - "S" ethio-pathological-group (epg). Deformity 3D. This type is connected with "walking" and "standing 'at ease' on the right leg". In this type, lumbar left convex curve, thoracic right convex curve, the spine is stiff, gibbous on the right side of the thorax, progression. A special model of hip's movements: the left hip – full adduction movement in extension position of the joint, the right hip – movement maximally limited. This type of scoliosis is described on the Internet.

**2nd group** – one or double curves scoliosis - "C" and "S" (epg). Deformity 2D - connected only with standing 'at ease' on the right leg. In "S" forms of scoliosis, additionally exist – laxity of the joints and / or wrong previous therapy. The spine is flexible, small progression, no gibbous or small. Special model of hip's adduction movements in extension position of the joint – the left hip – full movement, the right hip – movement limited partially.

The 3rd group of scoliosis "I" (epg) - was described in 2004. Deformity 2D. Clinically only stiffness of the spine, small curves, or no curves. Connection only with "walking". Special model of hip's adduction movements in extension position – the left hip – movement limited partially, the right hip – movement limited maximally. About this type of scoliosis there was a discussion in

2004 with Prof. Keith Luk and Prof Kenneth Cheung in Hong Kong (ours - T. Karski and J. Karski - educative visit).

**10/ Therapy of scoliosis – incorrect in many countries:** It is important to inform all that previous therapies – by exercises to receive strong muscles - were not correct, leading to bigger deformity and full stiffness of the spine and a bigger rib hump. Why was such therapy? In generally - it was thought that scoliosis is because of “weak muscles” and all methods of therapy in all countries in the world were similarly – exercises to “make strong muscles”. After such therapy, the deformity was in all cases only bigger. Doctors all round the World explained such situations stating – “It is natural history of scoliosis”. No – it was wrong therapy. In discussion with colleagues, I knew that only in Szeged / Hungary, and in Copenhagen / Denmark, the doctors did not recommend such therapy.

**11/ The new therapy in points – A, B, C, D recommend in Lublin from 1984 and definitely from 1997:**

A/ No standing 'at ease' on the right leg but in first symptoms of scoliosis - standing 'at ease' only on the left leg. This observation is from 1997.

B/ Stretching exercises, to receive full movement of the right hip and proper position of the pelvis - from 1984.

C/ Flexion and rotation exercises (from 1984) – forwards, to the left and to the right side of the body. Here we would like to mention – these flexion exercises in therapy of scoliosis made first around the world – Professor Stefan Malawski from Warsaw, Poland, in 1960 – 1970.

D/ Very important are the special forms of sport. Stretching exercises of the muscles and fascia of the concave side of the curves and in the whole spine are only proper in therapy. They give an increasing of flexibility and create the possibility for proper growth of the spine. The best results are in children doing sports described as “martial arts”, such as karate, taekwondo, aikido and kung fu. In these forms of sport permanently stretching exercises is done for all parts of the body, for all joints, also for the spine. This results, in growth and development of the spine is proper and symmetrical.

**12/ Pathology of the spine in the form of "bigger than normal hyperlordosis of the lumbar spine" and "bigger than normal hyperkyphosis of the thoracic spine" – in children with MBD.**

A/ Hyperlordosis of the lumbar spine is a symptom of MBD and is connected with spastic or sub-spastic shortening of the flexor muscles of the hips. The result is "anterior tilt of the pelvis" – and this wrong position of the pelvis in-

creates the “lordosis of the lumbar spine”. Tests to find this pathology have various descriptions - the Elly Dunckan test, or Staheli test, or Thom test. Therapy includes stretching exercises to cure the flexion contracture of the hips – the anterior tilt of the pelvis - the same like in "martial arts" in karate, taekwondo, aikido and kung fu. These forms of sport are called (T. Karski) "Far-Eastern stretching form of sport".

B/ Hyperkyphosis of the thoracic spine in girls are connected with psychological reasons to make - “the antepulsion position of the shoulders”. Another cause of hyperkyphosis of the thoracic spine is Scheuermann disease. Therapy involves stretching exercises for the shoulder and thoracic spine.

**13/ Laxity of the joints and its influence on the habit of sitting:** Children with MBD, a typical observation is bigger than normal laxity of all joints. For confirmation of this pathology, we use one of ten tests of Dr. Ruth Wynne Davies - orthopedic surgeon and rehabilitation doctor in the UK (see the E-POSTER). The laxity of the joints can be congenital, inherited from the mother or the father, but mostly is connected with improper course of women's pregnancy. Mostly, it is an effect of asphyxia of the fetus in the gravidity period or due to complicated delivery. According to our experiences, the therapy of laxity of the joints is impossible. This pathology diminishes after years and in adults, it is not maximally so visible.

**14/ Discussion:** In children, even babies and newborns, we can diagnose the symptoms of MBD and symptoms connected with SofCD. Both forms of pathology can cause changes in positions, in anatomy and in function of the spine, pelvis, hips, knees and feet. It can be asymmetries in the range of movement of the hips – left and right - next causing the changes in function in form and character of “standing” and “walking”. Also, we should diagnose the status of the stability of the knees and ankle joints. All abnormalities in MBD and SofCD should be treated in the child's period of life. It is the condition of proper and pain free function of the locomotor system when they reach adult age. Good results of therapy are only after receiving full and symmetrical movement of all the joints and all parts of the body – important in children for growth and in adults for perfect function.

**Conclusion:** 1. Important is the proper and early diagnosis of MBD and SofCD in newborns and babies.

2. The symptoms of MBD and SofCD are in the hips – limited abduction – in result dysplasia, in the neck – in form of wry neck (torticollis muscularis), in the knees - varus of the shanks and in the feet - valgus deformity.

3. It is important to have proper nursing of the children in the first year or longer in flexion and abduction of the hips as therapy of dysplasia, to cure the wry neck – by rotation stretching, to prevent or cure the varus deformity of the shanks.

4. We underline the need for proper therapy – not exercises to receive stronger muscles but stretching exercises to receive full movement of the joints, good development of all parts of the body – spine, pelvis, hips, knees and feet.

5. It is important to avoid all situations leading to the instability of the joints. First, we recommend – in therapy, care for proper axis and full stability of the knees and to remember about proper sitting. For children it is “butterfly sitting” (term from karate).

6. Spine – etiology of “idiopathic scoliosis” was described in 1995 - 2007 (T. Karski) – and now this pathology we call “The So-Called Idiopathic Scoliosis”. Curves develop from the 2-3 years of life and the cause is fully biomechanical - “permanent standing ‘at ease’ on the right leg” and “walking” – confirmed in “computer gait analysis”.

7. In the new classification of “the So-called Idiopathic Scoliosis” – there are three groups and four types. The cause is “standing ‘at ease’ on the right leg” in the 1st group – “S” deformity together with “walking”. In this form of deformity - the spine is stiff. Progression. In the 2nd group – “C” and “S” deformity - the cause is only “standing ‘at ease’ on the right leg. The spine is flexible. In the 3rd group “I” deformity – it is only stiffness of the spine – curves small or absent. The cause is only “walking”.

8. The therapy and causal prophylaxis of scoliosis – only stretching exercises to receive full and symmetrical movement of the hips, of the spine in all directions. It is the condition for symmetrical growth and function. Important to remember about the same time of standing on the left and right leg.

9. Proper therapy includes such kinds of sport like karate, taekwondo, aikido, kung fu and yoga, because the program contains many elements of stretching for the feet, knees, hips, pelvis and for the spine.

**Presenter:**

**T. Karski**

Vincent Pol University, Poland



## Study of the Impact Antibiotic Combinations Used in Urinary Tract Infections on the Effectiveness of Antimicrobial Therapy

**Jagoda Jeziurska-Pavlenko<sup>1</sup>, Dagmara Fydrych<sup>2</sup>,  
Joanna Kwiecińska-Piróg<sup>3</sup>, Jana Welna<sup>4</sup> and Emilia  
Siemińska<sup>5</sup>**

Department of Microbiology, Collegium Medicum of L. Rydygier in Bydgoszcz, Nicolaus Copernicus University in Toruń, Poland

Biofilm-associated urinary tract infections (UTIs) represent a major therapeutic challenge due to their high tolerance to antimicrobial agents and frequent recurrence. The increasing prevalence of multidrug-resistant uropathogens necessitates the evaluation of alternative treatment strategies, including antibiotic combination therapy. The objective of this study was to assess the antibiofilm activity of selected antibiotics used individually and in combination against biofilms formed by clinically relevant uropathogens. The scope of the study included the evaluation of ciprofloxacin, nitrofurantoin, amikacin, and imipenem against biofilms of *Escherichia coli*, *Pseudomonas aeruginosa*, *Proteus mirabilis*, and *Enterococcus faecalis* isolated from patients with urinary tract infections. Biofilms were formed on polystyrene microtiter plates and exposed to a range of antibiotic concentrations, applied both as monotherapy and in combinations. Biofilm biomass reduction was quantified spectrophotometrically using a crystal violet staining method. The reduction result was expressed as a percentage relative to the positive control, not exposed to antibiotics. The results demonstrated that antibiotic monotherapy produced only moderate reductions in biofilm biomass, with efficacy strongly dependent on bacterial species and antibiotic concentration. Ciprofloxacin and nitrofurantoin reduced biofilms of *E. faecalis*, *P. aeruginosa*, and *E. coli* by up to approximately 45%, while amikacin and imipenem showed variable activity against *E. coli* and *P. mirabilis*. In contrast, antibiotic combinations exhibited enhanced antibiofilm effects. The combination of ciprofloxacin with nitrofurantoin resulted in synergistic biofilm reduction, particularly against *P. aeruginosa* and *E. coli*. The most pronounced effect was observed for the imipenem–amikacin combination against *P. mirabilis*, achieving biofilm biomass reduction exceeding 80%.

In conclusion, the findings indicate that antibiotic combination therapy is significantly more effective than monotherapy in reducing mature bacterial biofilms formed by uropathogens. These results support the potential clinical utility of rationally selected antibiotic combinations in the management

of biofilm-associated urinary tract infections.

**Presenter:**

**Jagoda Jeziurska-Pavlenko**

Department of Microbiology, Collegium Medicum of L. Rydygier in Bydgoszcz,  
Nicolaus Copernicus University in Toruń, Poland



## Lysosomes, Lipophagy and Lysosomotropic Drugs

**Korolenko Tatiana<sup>1</sup>, Johnston T.P.<sup>2</sup> and Bgatova N.P.<sup>3</sup>**

<sup>1</sup>Scientific Research Institute of Neurochemistry and Medicine, Russia

<sup>2</sup>University of Missouri-Kansas City, USA

<sup>3</sup>Institute of Clinical and Experimental Lymphology- Branch of the Institute of Cytology and Genetics SB RAS, Russia

Hypercholesterolemia is a major risk factor of atherosclerosis and cardiovascular diseases. The aim of this study was to investigate the role of lysosomes in lipid storage with help of lysosomotropic agents (LA). The concept of lysosomotropic agents (LA) was introduced by de Duve and coauthors soon after their discovery of a new class of subcellular organelles: lysosomes. This concept has had a great influence on the development of cellular biochemistry, biochemical pharmacology, and clinical medicine. According to this concept, LA include all drugs (of different chemical structures) that can be selectively concentrated inside lysosomes after *in vivo* administration and exert their effects on the cell via lysosomes. So, weak bases able to penetrate the membrane and accumulate inside lysosomes are considered to be LA. The acidic milieu of the lysosome results in the accumulation of weakly basic substances that can penetrate the membrane. Following entry into the lysosome, these molecules become charged, which inhibits reverse translocation out of the lysosome.

A mouse model of hyperlipidemia (developed by T.P. Johnston) induced by the administration of the block copolymer poloxamer 407 (P-407) was administered *i. p.* in a dose of 300 mg/kg, induced a significant increase in serum total cholesterol, LDL-C, and especially TG at 24 h post-dosing compared to saline-treated control mice, and the hyperlipidaemic state persists for approximately 5 days post-dosing. New data have been presented on several drugs used in medicine that exhibit lysosomotropic features. Data obtained by us from *in vivo* experiments with different LA demonstrated harmful side effects, which included lysosomal overloading and increased permeability of lysosomal membranes during intralysosomal storage syndrome, which was followed by changes in cell metabolism. Experimental animal models using LA drugs often resemble lysosomal storage diseases and the associated consequences of storage syndrome treatment, especially in the case of tolerance to treatment by enzyme replacement. Lysosomotropic pharmaceutical drugs that are basic and lipophilic typically become sequestered inside lysosomes.

**Presenter:**

**Korolenko Tatiana**

Scientific Research Institute of Neurochemistry and Medicine, Russia



## The Impact of Ongoing Armed Conflict on Sudan's Healthcare System: Narrative Review

Huda Mohamed Osman<sup>1</sup>, Babiker Rahamtalla<sup>2</sup>, Isameldin Medani<sup>3</sup>, Abeer Salih<sup>4</sup>, Khalid Nasralla Hashim<sup>5</sup>, Khalid Albasheer<sup>5</sup> and Omer Munder<sup>4</sup>

<sup>1</sup>Department of Obstetrics and Gynecology, Aramco Health Care, Saudi Arabia

<sup>2</sup>Department of Community Medicine, University of Medical Sciences and Technology, Sudan

<sup>3</sup>Department of Obstetrics and Gynecology, Faculty of Medicine, Jazan University, Saudi Arabia

<sup>4</sup>Department of Obstetrics and Gynecology, College of Medicine, Prince Sattam Bin Abdulaziz University, Saudi Arabia

<sup>5</sup>Department of Obstetrics and Gynecology, College of Medicine, Qassim University, Saudi Arabia

**Background:** The ongoing armed conflict in Sudan, which began on April 15, 2023, has severely impacted the nation's health care system, exacerbating existing vulnerabilities and creating new public health challenges.

**Objective:** This rapid review aims to assess the impact of this conflict on health services and evaluate the health consequences for Sudan's population.

**Methods:** A rapid review protocol guided the search and defined the inclusion and exclusion criteria. Electronic databases (PubMed, MEDLINE, Google Scholar, and Global Health) were searched for relevant articles from April 2023 to November 2024.

Articles focusing on the impact of armed conflict on health care services were included. Data extraction and narrative synthesis were used to report the findings.

**Results:** Thirty articles met the inclusion criteria.

Key findings include the closure of 70% of healthcare facilities in war-affected states, severe shortages of medical supplies, and significant disruptions in essential health services. This conflict has increased the risk of infectious diseases, malnutrition, and mental health issues. Violations of humanitarian corridors have impeded aid delivery, and the healthcare financing system is strained by reduced government contributions and rising out-of-pocket expenses. The humanitarian crisis has led to increased displacement, with over six million internally displaced persons and 1.57 million refugees in neighbor-

ing countries.

**Conclusion:** The conflict in Sudan has critically undermined the healthcare system, resulting in severe public health challenges. There is an urgent need for coordinated international intervention to strengthen health systems, ensure essential services, and address the root causes of conflict. Sustainable solutions must focus on immediate relief and long-term resilience, leveraging lessons from other conflict-affected regions to support Sudan's healthcare recovery and reform.

**Presenter:**

**Huda Suliman Osman**

Department of Obstetrics and Gynecology, Aramco Health Care, Saudi Arabia



## Experiences of People Involved in the Teaching and Learning Process in the Digital Nursing Environment in El Salvador

**Paula Yanira Palencia**

Catholic University of El Salvador, El Salvador

In the new cultural and social systems emerging from a digital environment and influencing nursing teaching and learning processes, it is necessary to study the individuals involved in this process and their socio-political context. Therefore, the overall objective of this study was to understand the experiences of individuals participating in the teaching and learning process within the digital nursing environment in El Salvador. This study was conducted from January 2022 to August 2025. Using a qualitative method with an exploratory-descriptive scope, categories and themes were generated, and semi-structured, in-depth interviews and participant observation guides were applied. Data analysis was performed in two phases to enhance the richness of the information. The main results demonstrated that in the post-COVID-19 pandemic era, access to new technologies in participating educational institutions has improved in terms of institutional internet access and equipment. However, a disconnect was found between practice and the written guidelines in the nursing curriculum, with a discrepancy between what is actually done and what is written. This study offers a valuable framework and guide for lesson planning in a blended learning context, aiming to become a reference point for the social organization of the country's scientific community. In conclusion, it is recommended that efforts be prioritized in social organization and curricular transformation to foster the adoption of a digital culture in El Salvador.

### **Presenter:**

**Paula Yanira Palencia**

Catholic University of El Salvador, El Salvador



## Feasibility and Effectiveness of a Combined Multicomponent Exercise and Tai Chi Intervention on Physical Activity and Physical Functions in Low-Income Older Adults

Weiyun Chen, Gary Fisher, Yilei Cui and Jan Larson

University of Michigan, USA

**Objectives:** This study aimed to examine the feasibility and effectiveness of a combination of multicomponent exercise and Tai Chi intervention on objective measures of physical activity (PA), functional fitness, and physical functions among older adults living in a low-income senior housing complex.

**Methods:** Older adults (mean age of 80.17 years ( $\pm 6.913$ )) residing in a low-income senior housing complex voluntarily participated in the intervention over two months. Baseline and the post-intervention tests on objective measures of PA, functional fitness, and physical function were conducted within two weeks before and after the intervention. Additionally, recruitment, adherence, and retention rates were collected throughout the study period. Participants completed The Acceptability, Appropriateness, and Feasibility of the Intervention Questionnaire (AAF-IQ) after the intervention.

**Results:** The recruitment rate was 87.1%, adherence rate 99.2%, and retention rate 85.2%, all surpassing the benchmark of 80% and indicating high feasibility. Similarly, participants reported a very high level of intervention acceptability, with 97.2% indicating approval. Paired sample t-tests revealed significant increases in weekly moderate-intensity PA (MPA) ( $t = -2.256, p = 0.017, \text{Cohen's } d = 0.470$ ) and moderate-to-vigorous intensity PA (MVPA) ( $t = -2.220, p = 0.019, \text{Cohen's } d = 0.463$ ) from baseline to post-intervention test. Additionally, participants demonstrated a significant improvement on Timed Up-Go test ( $t = 4.339, p < .001, \text{Cohen's } d = 0.905$ ), Short Physical Performance Battery (SPPB)-Repeated Chair Stand test ( $t = -4.534, p < .001, \text{Cohen's } d = 0.945$ ), SPPB-Balance test ( $t = -2.011, p = .028, \text{Cohen's } d = 0.419$ ), and on physical function ( $t = -1.864, p = .038, \text{Cohen's } d = 0.389$ ) over time.

**Conclusion:** This intervention study is feasible and acceptable to be implemented among older adults in this setting. The intervention effectively improves weekly MPA and MVPA minutes, functional fitness, and physical function over time.

### Presenter:

**Weiyun Chen**

University of Michigan, USA



## Global Architects of Equitable Care: Nurse-Led Systems Leadership Through an ICCC One Health Platform for Underserved Populations



Paula Hill-Collins<sup>1</sup> and Teresa Owens Tyson<sup>2</sup>

<sup>1</sup>St. Mary's Health Wagon, USA

<sup>2</sup>Appalachia Center for Excellence in Health, USA

**Background:** Across the United States and globally, rural and underserved communities confront shared and escalating health system challenges, including the growing burden of chronic disease, persistent health inequities, geographic isolation, workforce shortages, and increasing vulnerability to disasters and climate-related events. Conventional, facility-based healthcare models frequently fail to reach remote and marginalized populations, resulting in fragmented care, delayed intervention, and preventable morbidity. In alignment with World Health Organization (WHO) priorities for people-centred, integrated, and resilient health systems, these conditions demand inclusive, nurse-led models of care that strengthen rural health systems, optimize the health workforce, and deliver equitable, community-responsive services across diverse and resource-limited contexts.

**Objective:** This work demonstrates how nurse practitioner-led systems leadership operationalizes a One Health Platform grounded in the Integrated Comprehensive Care Collective (ICCC) Model to advance equitable, integrated, and resilient rural healthcare. The ICCC Model addresses interconnected clinical, social, and environmental determinants of health through prevention, chronic disease management, and community-level intervention, while aligning with WHO frameworks for integrated people-centered health services, chronic disease care, workforce optimization, and health system resilience.

**Methods:** In rural Central Appalachia (United States), the Health Wagon free clinic system operationalized the ICCC Model through seven integrated service lines: primary and urgent care; chronic disease management; women's health; behavioral and mental health; dental care; vision and specialty diagnostics; and pharmacy services. Care delivery occurs across a flexible continuum including stationary clinics, mobile medical and dental units, home visits, satellite-enabled telehealth, and large-scale community health expeditions. Nurse practitioners function as system leaders—directing interdisciplinary teams, coordinating cross-sector community partnerships, and leveraging digital health technologies to enhance continuity of care, patient

engagement, and self-management (Figure 1).

**Results:** This nurse-led platform significantly expanded access to comprehensive care for rural populations previously excluded from traditional systems. Mobile and community-based services reduced transportation and financial barriers, while telehealth enabled specialty consultation and longitudinal care. The model demonstrated strong adaptability during disasters and public health emergencies, maintaining essential services when conventional infrastructure was disrupted. Key outcomes and system-level impacts are summarized (Table 1).

**Conclusion:** The ICCC-aligned One Health Platform illustrates how advanced practice nurses serve as architects of integrated, people-centered health systems. By translating WHO priorities into operational practice through nurse-led leadership, innovation, and community partnership, this scalable model offers a globally transferable framework to advance equitable and resilient rural healthcare across the Asia-Pacific region and beyond.

Figure 1.

### Integrated Comprehensive Care Collective (ICCC) One Health Platform

*Conceptual framework illustrating nurse practitioner-led systems leadership integrating seven service lines across stationary clinics, mobile units, telehealth, home visits, and home visits, and community health expeditions, aligned with WHO people-centered and resilient health system priorities.*

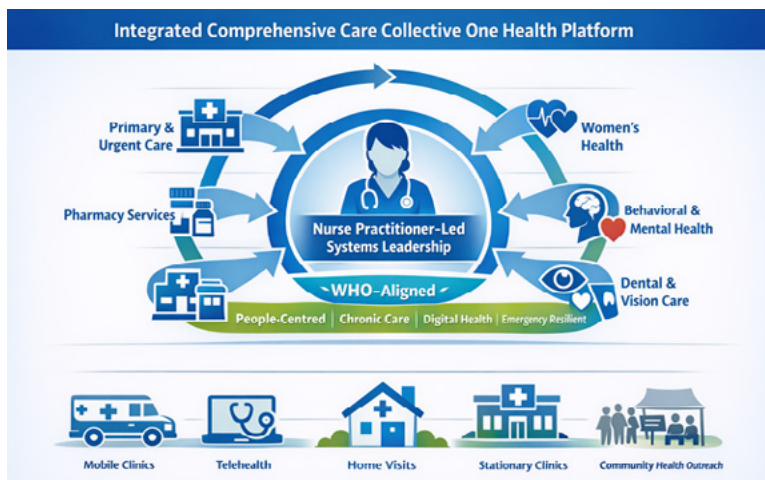


Table 1.

Alignment of the ICCC Model With WHO Health System Priorities and Outcomes

WHO Priority Area	ICCC Strategy	Observed Impact
People-centered care	Integrated, community-based services	Improved access and continuity
Health workforce	NP-led interdisciplinary teams	Workforce optimization
Chronic disease care	Prevention and longitudinal management	Increased patient engagement
Digital health	Satellite-enabled telehealth	Specialty access and resilience
Emergency preparedness	Mobile and flexible delivery models	Continuity during disasters

**Presenter:**

**Paula Hill-Collins**

St. Mary's Health Wagon, USA

**Teresa Owens Tyson**

Appalachia Center for Excellence in Health, USA



## Evaluation of ChatGPT Artificial Intelligence Dialogues and Simulated Scenarios to Prepare Nursing Students for Telehealth Practicum

**Lorena D. Paul**

University of the Incarnate Word, School of Nursing and Health Professions, USA

**Background:** Telehealth technologies continue to expand, creating new opportunities to improve access and quality of care. Preparing future clinicians for telehealth practice has become an essential academic and professional responsibility. In response, nursing faculty partnered with Federally Qualified Health Center registered nurses to co-facilitate a primary care telehealth practicum for baccalaureate nursing students. When the students reported low confidence in conducting patient telephone encounters, faculty introduced a telehealth orientation incorporating simulated ChatGPT dialogues and virtual scenarios that provided motivational interviewing feedback.

**Objectives:** The pilot project evaluated whether integrating AI supported simulations and virtual scenarios improved 32 senior nursing students' perceived readiness and participation during primary care telehealth practicums with faculty, primary care nurses, and enrolled clinic patients.

**Scope:** The project was limited to assessing students' perceived readiness, communication abilities, attitudes, and comfort with primary care telehealth interactions following completion of the AI enhanced orientation.

**Methods Used:** The Plan–Do–Study–Act framework guided development, implementation, and evaluation of the orientation. Students completed a pre survey, participated in simulated ChatGPT interactions and virtual scenarios, engaged in reflective activities, and completed a post survey. The Special Projects of National Significance Program Cooperative Agreement Evaluation Survey was applied to measure the students' perceived readiness to counsel and manage clients. Qualitative and quantitative analyses were applied. Due to the small sample size and non normal data distribution, the Wilcoxon signed ranks test was used to assess changes in the students' perceived skills, attitudes, and comfort.

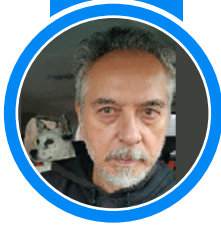
**Results:** Students reported significant increases in their perceived abilities to counsel and manage clients during telehealth encounters, along with improved understanding of telehealth applications in primary care following the orientation and simulation activities.

**Conclusion:** Integrating AI supported simulations with live telehealth learning experiences may enhance prelicensure students' readiness for digital-era practice and support future providers in contributing to cost effective care and improved access to services.

**Presenter:**

**Lorena D. Paul**

University of the Incarnate Word, School of Nursing and Health Professions,  
USA



## Community-Led Solutions to Build Safer, More Equitable Places to Birth: The Baltimore Patients as Partners Project

**Peter Schafer**

CBO Grant Consultants, USA

**Objective:** To describe a Patients as Partners maternity care quality improvement initiative. At the time the initiative was developed, the patient-provider relationship had emerged as a focal point in discussions of factors contributing to racial disparities in maternal health outcomes. The experiences of Black maternity patients have been the subject of many studies and have yielded consistent findings, particularly around patient-provider communication failures during childbirth.

**Methods:** Baltimore Healthy Start partnered with the Preeclampsia Foundation to collect and curate the stories of Baltimore women who suffered maternal health complications. During 2020-2021, a total of 34 women participated in focus groups facilitated by the Preeclampsia Foundation in order to share and draw lessons from their recent birthing experiences. All of these women were Black. Six women presented their experiences and recommendations to improve care at three hospital forums in Baltimore, MD held at Mercy Medical Center, Johns Hopkins Hospital, and Sinai Hospital. Together, these three hospitals account for the majority of births in Baltimore. Combined, over 100 medical, nursing, and administrative staff attended the Patients as Partners in Maternity Care Forums.

**Result:** Women reported feeling not listened to regarding pain, their birth plan, or being excluded from discussions and decisions regarding their care. Many women reported a belief that women of color are perceived as uneducated, therefore their opinion is viewed as less relevant; some women reported they believed this perception and treatment is exacerbated by preconceptions held by providers in relation to the education and intelligence of women receiving Medicaid coverage. Women offered a number of recommendations to improve the quality of care.

**Presenter:**

**Peter Schafer**

CBO Grant Consultants, USA



## Breastfeeding Conversations with a Home Visitor and Breastfeeding Continuation in Postnatal Enrollees

Maile C. Ray<sup>1,2,3</sup>, Margaret M. Gullick<sup>4</sup>, Sandra L. McGinnis<sup>5</sup> and Kristen A. Kirkland<sup>6</sup>

<sup>1</sup>Center for Human Services Research, College of Integrated Health Sciences, State University of New York, University at Albany, USA

<sup>2</sup>Department of Health Policy, Management, and Behavior, College of Integrated Health Sciences, State University of New York, University at Albany, USA

<sup>3</sup>Affiliated Faculty, Maternal and Child Health Program, College of Integrated Health Sciences, State University of New York, University at Albany, USA

<sup>4</sup>SUNY System Administration Office of Institutional Research and Data Analytics, USA

<sup>5</sup>Department of Nursing, Russell Sage College, USA

<sup>6</sup>Office of Research, Evaluation, and Performance Analytics, New York State Office of Children and Family Services, USA

**Introduction:** Breastfeeding is associated with many health benefits for both mothers and children, yet U.S. breastfeeding rates are far below the Healthy People 2030 goals. Furthermore, disparities in breastfeeding rates exist, whereby some demographic groups have even lower rates. This study examines the association between dosage of breastfeeding conversations with a home visitor on breastfeeding continuation in participants who enrolled postnatally.

**Methods:** This cohort study examines the impact of breastfeeding conversations with a home visitor on breastfeeding continuation on 1,422 mother-child pairs enrolled postnatally in Healthy Families New York (HFNY), a family support home visiting program. Multivariable logistic regression models analyzed longitudinal data, adjusting for several known predictors of breastfeeding that could confound the association between breastfeeding conversations and breastfeeding continuation.

**Results:** The analyses reveal a significant association between the rate of breastfeeding conversations during home visits in the preceding period and increased odds of breastfeeding continuation for 1-2 months ( $p=0.013$ ), 2-3 months ( $p<0.001$ ), 3-6 months ( $p<0.001$ ), and six months or greater ( $p=0.001$ ). The dose-response relationship and longitudinal nature of the data could suggest causality. Importantly, the impact of breastfeeding conversations is

more pronounced among mothers born in the U.S., a group with known disparate breastfeeding outcomes. Further, this study finds that the number of home visits predicts breastfeeding continuation past six months ( $p < 0.001$ ).

**Discussion:** This study offers important insights into the role of a home visiting intervention to promote breastfeeding and reduce breastfeeding disparities without the excessive costs of an intervention designed solely for breastfeeding.

**Presenter:**

**Maile Caroline Ray**

Center for Human Services Research, College of Integrated Health Sciences,  
State University of New York, University at Albany, USA



## The Health Policy World and Its Impact on Medical-Surgical Nursing for the Aged Population

**Dawn H. Johnson**

President & CEO, DHJ Services, LLC, USA

### Objectives:

To evaluate how age-friendly healthcare policies, such as the 4Ms framework, shape nursing practices in medical-surgical settings and affect care quality for older adults.

To explore the role of nursing school administrators in preparing nursing students to implement age-friendly care principles in clinical settings.

To assess the administrative responsibilities of nurses and health policy clinicians in ensuring the integration of age-friendly healthcare standards within hospitals and health plans.

To encourage nurses to explore health policy as a potential career path and understand its impact on patient care and organizational practices.

To examine the role of diversity in age-friendly healthcare policies and how they address the unique needs of diverse elderly populations in medical-surgical environments.

### Methods:

A qualitative review of recent health policies affecting elderly care, including those focused on Age-Friendly Health Systems, was conducted. Data from health policy documents, nursing guidelines, and hospital protocols were analyzed to determine the role of nurses and healthcare clinicians in implementing these policies within medical-surgical units. Interviews with healthcare administrators and frontline nurses were also performed to gain insights into the practical effects of these policies on patient care.

### Results:

Findings reveal that the integration of Age-Friendly Health Systems has led to improved patient outcomes by promoting the 4Ms framework: What Matters, Medication, Mentation, and Mobility. Health policy clinicians in hospitals and health plans have increasingly assumed pivotal roles in advocating for practices that enhance care for older adults. However, challenges remain in

training and support for nurses in effectively applying these frameworks in fast-paced, resource-constrained medical-surgical environments.

**Conclusions:**

Health policy plays a critical role in shaping the delivery of care to the elderly, particularly in medical-surgical settings. Age-friendly healthcare policies can significantly improve the quality of care for older adults, but their successful implementation requires ongoing support for nurses, particularly in education, resource allocation, and inter-professional collaboration. Further research is needed to assess the long-term impacts of these policies on patient outcomes and nursing practice.

**Presenter:**

**Dawn H. Johnson, MSN, RN (President & CEO)**

DHJ Services, LLC, USA



## Hospital Week Strategy: A Case Study of Bed Management to Mitigate Nursing Staff Shortages in a Public University Hospital in Brazil

**Antonio Pazin Filho** and **Claudia Marques Canabrava**

Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, Brazil

Nursing professionals represent the majority of the workforce in public hospitals in Brazil. Chronic understaffing—exacerbated by fiscal restrictions and administrative hiring limitations—compromises care delivery, leading to service disruptions and bed closures. This study describes and evaluates the Hospital Week (HW) strategy implemented at the Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto – University of São Paulo (HCFM-RP-USP), a tertiary academic hospital serving over 3.5 million people, as an innovative response to a 20% accumulated shortage of nursing staff between 2016 and 2019.

We conducted an implementation analysis using a single-case study approach. Data sources included semi-structured interviews with key stakeholders, hospital administrative documents, and secondary data on bed availability and admissions. The HW strategy involved scheduled temporary closure of up to 23% of eligible inpatient beds on weekends, allowing full operation during weekdays and planned discharges by Friday.

Despite staff reduction, the hospital maintained total active bed capacity and volume of admissions and surgeries, with no significant change in average length of stay or patient profile. The strategy preserved service delivery while respecting workload constraints and staff availability. Results highlight the importance of flexible hospital operations, active engagement of nursing leadership, and bed-flow coordination by hospitalists and the internal regulation unit.

The HW strategy proved to be a feasible and effective intervention within the Brazilian public health system. It offers a replicable model for optimizing hospital capacity under workforce constraints and demonstrates the resilience and adaptability of nursing and hospital management in complex healthcare settings.

### **Presenter:**

**Antonio Pazin Filho**

Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, Brazil



## Healthcare Lived Experiences of African, Caribbean, and Black Individuals in Alberta Living with HIV/AIDS

Joseph Osuji<sup>1</sup> and Excell Osuji<sup>2</sup>

<sup>1</sup>Professor, Mount Royal University, School of Nursing and Midwifery, Canada

<sup>2</sup>Student, Mount Royal University, School of Nursing and Midwifery, Canada

Biomedical advances have made HIV a manageable chronic illness. Despite Canada's significant progress towards reaching the UNAIDS 90-90-90 targets, with viral suppression rates exceeding global averages, marginalized groups such as the African, Caribbean, and Black (ACB) communities in Canada still experience disproportionately high HIV rates and worse health outcomes related to HIV.

**Objectives:** This study explores the lived experiences of African, Caribbean, and Black (ACB) individuals in Alberta who are living with HIV/AIDS and the challenges they encounter when accessing services. Participants self-identified after responding to recruitment posters displayed at HIV/AIDS-supporting agencies in Alberta. A total of 22 research participants were recruited and interviewed. The data consisted of texts from audio-recorded interviews.

**Method:** Interpretive Phenomenological Analysis (IPA) served as the philosophical framework, guiding data collection and analysis methods.

**Results:** Data analysis identified four key themes, with stigma, discrimination, and racism as consistent elements in the lived experiences of ACB individuals accessing HIV/AIDS services in Alberta. These themes were grouped into four categories: a) health literacy and empowerment, b) non-belonging and invisibility, c) barriers to care and adherence, and d) psychosocial impacts on life.

**Conclusion:** The findings emphasize the importance of increased sensitivity and understanding among healthcare and service providers, such as providing culturally appropriate support services for the ACB population living with HIV/AIDS. Moreover, implementing a comprehensive community awareness program is crucial to combat discrimination, anti-Black racism, and stigma. Broader efforts to identify and eliminate barriers to care—including poverty, accessibility challenges, and settlement issues—are also essential. This perspective advocates for intentional policy and practice reforms that prioritize diversity, equity, and belonging in protocols guiding how ACB individuals ac-

cess HIV/AIDS care in Alberta. Ending HIV requires more than just biomedical solutions and meeting targets; it involves dismantling systemic racism, fostering a sense of belonging, and establishing inclusive systems where Black lives are visible, valued, and supported.

**Presenter:**

**Joseph Osuji**

Professor, Mount Royal University, School of Nursing and Midwifery, Canada



## A Qualitative RE-AIM Evaluation of an Embedded Community Paramedicine Program in An Ontario Family Health Team

**Barry Bruce**

West Carleton Family Health Team, Canada

**Background:** In 2014, a rural Family Health Team (FHT) in Ontario, Canada embedded a community paramedicine program into their primary care practice to improve care for complex patients. Community paramedics are health care professionals who extend their role beyond emergency services to provide primary care in home and community settings. The study aims to evaluate the utility of having community paramedics embedded in a rural FHT.

**Methods:** In this qualitative study, we conducted 12 semi-structured interviews with the community paramedicine team (n=4) and other staff from the FHT (n=8), including physicians, nurse practitioners, allied health professionals (AHPs), and the program director. We conducted a deductive and thematic analysis using the RE-AIM framework. This allowed us to examine the strengths and challenges of incorporating community paramedics in a primary care model for providers and coordinating patient care in a rural setting.

**Results:** Reach: The community paramedicine program is primarily used by physicians to target older patients with multiple chronic conditions, frequent health care use, and limited social support. Effectiveness: In-home visits by community paramedics yield a detailed picture of patients' health-related behaviours, such as medication adherence and dietary habits, improving the FHT's understanding of patient needs and informing care strategies. Adoption: Community paramedics value the opportunity to build long-lasting patient relationships. Implementation: The FHT's rural location is a significant external barrier limiting the paramedic program's ability to serve a larger patient caseload. Maintenance: The program aligns with the FHT's mission to improve access to care for vulnerable patients.

**Conclusions:** Our findings highlight community paramedics' role in supporting high needs patients, particularly in rural settings. The average age of patients in the program is 78, and they often have multiple comorbidities, including prevalent dementia. Such health conditions necessitate home visits to gather accurate health information often masked in clinic set-

tings. Embedding community paramedics in a primary care model improves access to care and can alleviate the pressures on overburdened health care providers by increasing service capacity. Using these findings, we developed a “how to” blueprint for embedding community paramedics in primary care settings to address the care needs of high-risk older adults.

**Presenter:**

**Barry Bruce**

West Carleton Family Health Team, Canada

**DAY 02**



**VIRTUAL EVENT  
7<sup>TH</sup> ASIA-PACIFIC**

# **ADVANCED NURSING PRACTICE, NURSING EDUCATION AND LEADERSHIP CONCLAVE**

**JUNE 18-19, 2026**

**SPEAKER TALKS**



## **My Present Vision of the Core of Medicine Based on the Message of a Painting and a Ship Travel, Made Both on the XVI Century**

**José Manuel Domingues Poças (José MD Poças)**

Consulped, Portugal

Modern medicine faces several important challenges, among which I highlight access to therapeutic innovation and the proper integration of technological advances into healthcare systems and clinical practice. With this as a key focus of reflection, I have published several texts and books, both in Portugal and abroad, whose ideas will serve as the basis for this presentation, taking as an example my personal perspective on the possible interpretation of Michelangelo's painting "The Creation of Adam" in the Sistine Chapel of the Vatican and the work of Luís de Almeida in Japan.

### **Presenter:**

**José Manuel Domingues Poças (José MD Poças)**

Consulped, Portugal



## Effectiveness of Multi-Dimensional Enhancement Strategies to Improve In-Hospital Stroke Awareness: A Retrospective Quality Improvement Review

Wan Kin Sze<sup>1</sup>, Yu Chung Tsang<sup>2</sup>, Chung Chung Fai<sup>1</sup> and Lo Yuen Ting<sup>1</sup>

<sup>1</sup>Department of Medicine, Tseung Kwan O Hospital, Hospital Authority, Hong Kong

<sup>2</sup>Nursing Services Division, United Christian Hospital, Hospital Authority, Hong Kong

**Background:** In-hospital stroke accounts for an estimated 2.2% to 17% of all stroke cases and is associated with delayed recognition and poorer outcomes compared with community-onset stroke. To address this quality gap, the Stroke Nursing Team at Tseung Kwan O Hospital introduced a multi-dimensional enhancement program aimed at strengthening nursing staff awareness and improving timely access to reperfusion therapy for patients experiencing in-hospital stroke.

**Methods:** From January 2023 onwards, the program incorporated regular education sessions on reperfusion therapy for all nurses, standardization of workflows enabling nurses to directly activate thrombolysis calls for suspected stroke, regular ward rounds, ward-based training, staff forums, and visual reinforcement via posters and electronic screen savers. A retrospective quality improvement review compared the pre-intervention period (January 2020–December 2022) with the post-intervention period (January 2023–December 2025).

Data were extracted from the Tseung Kwan O Hospital stroke team database. Proportions of in-hospital thrombolysis calls and reperfusion therapies (intravenous thrombolysis and intra-arterial mechanical thrombectomy) among patients with in-hospital stroke were calculated.

Chi-square tests were used to compare proportions between periods.

**Results:** In the pre-intervention period, 516 thrombolysis calls were recorded, of which 39 (7.6%) were in-hospital. In the post-intervention period, 1,390 thrombolysis calls were recorded, of which 161 (11.6%) were in-hospital. The increase in the proportion of in-hospital thrombolysis calls was statistically significant ( $p = 0.011$ ). For reperfusion therapies, 226 were delivered pre-intervention, of which 12 (5.3%) involved patients with in-hospital stroke. Post-intervention, 315 reperfusion therapies were delivered, of which 38 (12.1%)

involved in-hospital stroke patients. This increase was also statistically significant ( $p = 0.007$ ).

**Conclusion:** This retrospective quality improvement review demonstrates that multi-dimensional enhancement strategies were associated with a significant increase in the proportion of in-hospital thrombolysis calls and in-hospital stroke patients receiving reperfusion therapy. The findings highlight the value of sustained nursing education, workflow redesign, and visible stroke-awareness prompts in enhancing stroke recognition and the timeliness of acute care. Such approaches may serve as a model for other institutions seeking to optimize in-hospital stroke management.

**Presenter:**

**Wan Kin Sze**

Department of Medicine, Tseung Kwan O Hospital, Hospital Authority, Hong Kong



## Sustainable Pressure Injury Prevention – A Quality Improvement Project

**Nguyen Thi Phuc<sup>1,2</sup>, Nguyen Thi Thu Hien<sup>3</sup> and Tran Minh Quang<sup>4</sup>**

<sup>1</sup>Intensive Care Unit, Vinmec Times City International Hospital, Vietnam

<sup>2</sup>Bachelor of Nursing Program, College of Health and Science, Vin University, Vietnam

<sup>3</sup>Nursing Department, Vinmec Head Office, Vietnam

<sup>4</sup>Intensive Care Unit, Vinmec Times City International Hospital, Vietnam

Hospital-acquired pressure injuries (HAPIs) remain a significant challenge for healthcare organizations, necessitating strengthened prevention strategies due to their adverse impact on patient outcomes and the substantial economic burden they impose on healthcare systems. In low-and middle-income countries (LMICs), pressure injuries (PIs) are often underrecognized and underreported, and they tend to present at more advanced stages compared with those in high-income settings. These disparities are frequently attributed to resource constraints, staffing shortages, and limited implementation of structured prevention programs.

The purpose of this evidence-based project was to enhance nurses' knowledge of HAPI prevention bundles through an educational program tailored for bedside nurses and to reduce the incidence of HAPIs by implementing a comprehensive, evidence-informed prevention bundle. The multidisciplinary HAPI prevention bundle consists of six key interventions: risk assessment, skin assessment, use of pressure-redistributing specialty mattresses, early mobilization, nutritional support, incontinence and moisture management, and provision of pressure injury prevention education to patients and caregivers. In addition, the incidence and prevalence of PIs were measured using the National Database of Nursing Quality Indicators (NDNQI) data collection form. These survey data were collected during both the pre-implementation and post-implementation periods to evaluate nurses' ability to perform accurate skin and risk assessments, as well as their real-time compliance with the prevention bundle.

Post implementation findings demonstrated a significant reduction in the incidence of PIs, decreasing from 5.9% to 3.67% over a six month period with no HAPIs at Stage 3 or above, nor any deep tissue PIs, accompanied by substantial improvements in compliance with the prevention bundle. Notably,

both skin assessment and risk assessment compliance increased to 100%. These findings underscore the effectiveness of targeted education and the timely adoption of evidence based prevention bundles in improving patient outcomes.

**Presenter:**

**Nguyen Thi Phuc**

Intensive Care Unit, Vinmec Times City International Hospital, Vietnam  
Bachelor of Nursing Program, College of Health and Science, Vin university,  
Vietnam



## Equipping Students for the Future: Strategies to Close the Education- Industry Divide through Reskilling and Upskilling

**J Josephine Lalitha**

Dept. of Mangement Sciencces, PSG College of Arts & Science, India

In the context of hastening technologies, disruption and progressing industry requirements, the education industry divide has become progressively more prominent. This study explores strategies for reskilling and upskilling students in higher education institutions to develop employability and career reediness. Drawing on established agendas such as the t shaped skills model and the 70: 20: 10 learning model the research examines how learner centric approaches experiential learning and academia industry associations contribute to bridging the skill gap. Using the mixed methods approach, data were collected from 500 students across arts & sciences colleges in Coimbatore through stratified random sampling structured questionnaires and focus group discussions. The findings reveal that technological advancement (mean = 4.5) and industry demands ( $r= 0.81$ ) are the robust drivers of student engagement in reskilling and upskilling initiatives, whereas access to resources remains a deterring factor. Workshops and on-line courses emerged as the most ideal learning formats, with demographic variations encouraging coping strategies.

Factor analysis highlights program engagement, skill acquisition, a perceived benefit as precarious contributors to effectiveness and academic performance. the study emphasizes the implication of aligning HEI curricula with dynamic industry needs, nurturing lifelong learning and incorporating practical skill development into main stream education. the implications extend to policy makers, educators and industry ladders offering actionable insights for promoting a resilient, future ready work force adept of thriving in a technology driven global economy.

### **Presenter:**

**J Josephine Lalitha**

Associate Professor, Dept. of Mangement Sciencces  
PSG College of Arts & Science, India



## Comprehensive Self-Report Scales to Measure Nurse Competence: A Scoping Review

Truong Quang Trung<sup>1</sup>, Hoang Thi Xuan Huong<sup>2</sup>  
Dao Tran Tiet Hanh<sup>3</sup>, Lori Delaney<sup>4</sup>, Giap Thi Thanh  
Tinh<sup>5</sup>, Nguyen Thi Khanh<sup>6</sup>

<sup>1</sup>Group Chief Nursing Officer, Vinmec Times City International Hospital, Viet Nam.

<sup>2</sup>Faculty of Nursing, Phenikaa University, Viet Nam.

<sup>3</sup>Southern Cross University, Australia.

<sup>4</sup>School of Nursing, Midwifery and Social Work, The University of Queensland, Australia.

<sup>5</sup>College of Health Sciens – Center for Innovations in Health Sciences, VinUniversity, Viet Nam.

<sup>6</sup>The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

**Background:** Nurse competence is a critical determinant of patient safety, care quality, and healthcare workforce performance. Numerous self-report instruments have been developed to assess nursing competence; however, substantial variation exists in their theoretical foundations, structure, and domain coverage, making instrument selection challenging.

**Aim:** To identify and compare comprehensive self-report scales used to measure holistic nurse competence and to map their measurement domains.

**Methods:** A scoping review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). Four electronic databases (PubMed, Embase, CINAHL, and Web of Science) were systematically searched from inception to 27 February 2026. **Backward** citation searching was also performed. Study screening and data extraction were independently completed by reviewer pairs, with disagreements resolved through discussion.

**Results:** Twenty validated self-report scales measuring holistic nurse competence were identified. The instruments varied considerably in length, ranging from 18 to 108 items, and collectively covered 20 measurement domains. Nursing Implementation was represented across all scales, while Teamwork, Research and Evidence-Based Practice, Ethics and Legal Issues, and Manners and Attitudes were frequently included, indicating broad consensus regarding essential competence dimensions. The Nurse Professional Competence Scale and the Chinese Nursing Core Competency Scale demonstrated the broadest domain coverage, encompassing 18 domains each. The EHTAN

Questionnaire and the Nurse Competence Scale each covered 17 domains.

**Conclusions:** This review provides a comprehensive synthesis of how nurse competence has been operationalized in self-report instruments. By highlighting differences in scale length and domain coverage, the findings support informed instrument selection and provide guidance for future competency framework development, scale adaptation, and nursing workforce evaluation across diverse healthcare contexts.

**Presenter:**

**Truong Quang Trung**

Group Chief Nursing Officer, Vinmec Times City International Hospital  
Vietnam



## Development and Validation of Tool to Assess Respectful Maternity Care Practices Among Healthcare Providers

Radha Devi Dhakal<sup>1,2</sup>, Regidor III Poblete Dioso<sup>3</sup>, Kalpana Sharma<sup>4</sup> and Govinda Prasad Dhungana<sup>5</sup>

<sup>1</sup>PhD Scholar, Lincoln University College, Malaysia

<sup>2</sup>Shree College of Technology, Purbanchal University, Nepal

<sup>3</sup>Lincoln University College, Malaysia

<sup>4</sup>Tribhuvan University, School of Nursing, Chitwan Medical College, Nepal

<sup>5</sup>Tribhuvan University, Birendra Multiple Campus, Nepal

**Background:** Respectful maternity care in healthcare facilities during child-birth is a growing concern around the world. It is more than just an important component of care quality; it is also a human right. The aim of this study was to develop and validate a tool to assess respectful maternity care practices among healthcare providers in Nepal.

**Methods:** This is a cross-sectional study as part of an explanatory sequential mixed-method research design. The tool was developed using 9 steps in three phases: item development, scale development, and scale evaluation. Tool is a five-point Likert scale containing 36 items. Each item was rated on a 1–5 scale ranging from 1 (strongly disagree) to 5 (strongly agree). The participants were healthcare providers working in maternity units of various healthcare centers of Madhesh Province. The items were analyzed for validity and reliability with exploratory factor analysis. The data were analyzed via the Statistical Package for Social Science version 22.

**Results:** The content validity index (CVI = 0.895), kappa index and content validity ratio (CVR) were calculated for each item and they were within an acceptable range. Analysis of internal consistency revealed an acceptable Cronbach's alpha value (0.925) for the 36 item RMCP scale, and seven subscales. The suitability of the data for factor analysis was confirmed by Kaiser-Meyer-Olkin (0.801), and Bartlett's test of sphericity was significant (0.000). Principal component analysis with varimax with Kaiser normalization rotation identified 7 factors with eigenvalues greater than one, accounting for 74.55% of the observed variance.

**Conclusion:** A new tool for respectful maternity care practices has been developed through a rigorous process of item generation and validity-reliability assessment in addition to confirmatory factor analysis to assess the respectful maternity care practices of healthcare providers in Nepal which

is statistically proven to be valid and reliable, with an appropriate range of confirmatory factor analysis results. Assessing the RMC practices of health care providers during facility-based maternity care may be relevant.

**Presenter:**

**Radha Devi Dhakal**

PhD Scholar, Lincoln University College, Malaysia

Shree College of Technology, Purbanchl University, Nepal



## Sustaining and Strengthening Gender-Based Violence (GBV) Coordination in Emergencies: A Synthesis of Practitioner-Driven, Globally Applicable Recommendations

**Hira Hashmey**

GBV AoR Coordinator, UNFPA Nigeria (former), Nigeria

**Background / Objective:** Gender-based violence (GBV) is a global public health crisis and human rights violation, disproportionately affecting women and girls in humanitarian settings. This study aimed to synthesize practitioner-driven insights and generate globally relevant, evidence-informed recommendations to strengthen GBV coordination amid a deepening humanitarian funding crisis, political pushback on gender equality, and the ongoing Humanitarian Reset.

**Methods:** A global consultation was conducted in February 2025 via online focus groups with six GBV coordination experts representing diverse humanitarian contexts, including Nigeria, Venezuela, Lebanon, Pakistan, South Sudan, Cameroon, Kenya, and the East African region. Findings were reviewed, validated, and extrapolated into globally applicable recommendations. This abstract focuses on Nigeria-specific findings.

**Results:** Eight consensus-driven recommendations emerged: (1) strengthen and expand the GBV coordination workforce; (2) adapt funding models toward flexible, multi-year mechanisms; (3) enhance national leadership and promote sustainability; (4) advance localization, particularly women-led organizations; (5) implement context-specific, adaptable coordination mechanisms; (6) systematically integrate GBV coordination into public health emergencies; (7) invest in data, knowledge management, and strategic research; and (8) address the critical implications of U.S. funding withdrawal. In Northeast Nigeria, the USAID suspension — representing approximately 40% of humanitarian funding — has triggered program closures, staff layoffs, and a documented rise in sexual violence, child marriage, and intimate partner violence.

**Conclusion:** Effective GBV coordination requires sustainable, adaptive, and well-resourced mechanisms. Stakeholders at all levels must mobilize long-term flexible funding, reinforce national coordination systems, and prioritize women's leadership. Collective action is essential to ensure GBV remains a core humanitarian priority amid shifting global funding landscapes and growing resistance to gender equality.

**Presenter:**

**Hira Hashmey**

GBV AoR Coordinator, UNFPA Nigeria (former), Nigeria



## Association of Postoperative Pain with Disturbances in Fatty Acid Transport and Metabolism in the Peripheral Blood Mononuclear Cells of Patients with End-Stage Knee Osteoarthritis

**Elena Tchetina**

Immunology and Molecular Biology Laboratory, Nasonova Research Institute of Rheumatology, Russia

**Objective:** To reveal the pre-operative metabolic differences in fatty acid metabolism in patients with knee osteoarthritis (KOA) associated with post-surgery pain development aiming to find intrinsic causes of chronic post-operative pain.

**Methods:** Peripheral blood of 26 healthy volunteers (55±8.3 years) and 50 end-stage KOA patients (56.5±8.9 years) undergoing knee joint replacement surgery was examined prior to surgery and 6 months' post-surgery. Nociceptive pain was assessed using VAS index whereas neuropathic pain, using DN4 and PainDETECT questionnaires prior to surgery. Functional activity was assessed by WOMAC. Pain indices after surgery according to VAS of 30% and higher were considered. Protein levels were quantified by ELISA. Total RNA was isolated from whole blood. Relative gene expression examination was performed with quantitative real-time RT-PCR prior to surgery.

**Results:** Out of 50 patients, pain complaints were obtained from 17 patients after 6 months' post-surgery. No difference in the clinical pain-related and functional indices in the examined subsets of patients was observed at baseline. Prior to surgery the majority of the examined genes were significantly upregulated in all the examined patients compared to healthy controls. In contrast, FASN gene expression was comparable in KOA patients and healthy individuals. Patients who developed postoperative pain demonstrated significantly higher expression of ACLY and CPT1A genes compared to those who were satisfied with the results of surgery. At the same time, no differences were found in the expression of ACC1, MLYCD and FASN in both in both examined subsets was noted.

**Conclusion:** Postoperative pain development is associated with an increased transport of fatty acids into mitochondria, caused by overexpression of the CPT1A gene, as well as by accumulation of acetyl-CoA due to high expression of the ACLY gene, which can be assessed in the peripheral blood of patients

with KOA before surgery.

**Presenter:**

**Elena Tchetina**

Immunology and Molecular Biology Laboratory, Nasonova Research Institute of Rheumatology, Russia



## Effect of Financial Health Risk Protection Education on Health Insurance Knowledge and Enrollment Willingness Among Rural Households in Tanzania: A Cluster Randomized Controlled Trial

Victoria Odemary Lyimo<sup>1,2</sup>, Clement Sobe Morabu<sup>1,3</sup>  
James Tumaini Kengia<sup>1,3</sup>, Nyasiro S. Gibore<sup>1,4</sup> and  
Leonard Katalambula<sup>1,4</sup>

<sup>1</sup>United Republic of Tanzania, Tanzania

<sup>2</sup>Ministry of Health, Tanzania

<sup>3</sup>Presidents Office Regional Administration and Local Government (PORALG), Tanzania

<sup>4</sup>School of Nursing and Public Health, The University of Dodoma, Tanzania

**Background:** Many countries have introduced health insurance schemes to accelerate Universal Health Coverage (UHC). However, limited awareness on the risk of impoverishment may hinder enrollment. In Tanzania, educating the rural households on financial risk protection is key strategy to enhance insurance knowledge and enrollment willingness, especially among rural households.

**Objective:** To measure the effect of financial health risk protection education on knowledge and willingness to enroll in health insurance among the rural households in Tanzania

**Methods:** The study was a cluster-randomized controlled trial. Total of 560 household heads were assigned randomly in control or intervention group (280 in each group). Questionnaire was used to collect data. Intervention group received education for 1 month then followed for 2 months.

**Outcomes:** change in knowledge on financial health risk protection, health insurance for all and willingness to enroll. Logistic regression was conducted to establish relationship between knowledge and willingness to enroll.

**Results:** The odds of knowledge on financial health risk protection and health insurance for all increased substantially in the intervention households at end-line compared to baseline. Participants in the intervention group were two times more likely to have adequate knowledge on financial health risk protection at the end-line compared to the baseline study [(OR= 0.478,  $p=0.005$ ) baseline to (OR= 2.3,  $p<0.0001$ ) end-line]. Similarly, participants the intervention group were more likely to have adequate knowledge on health

insurance for all at the end-line compared to the baseline study [(OR= 0.20,  $p=0.29$ ) baseline to (OR= 1.4,  $p<0.0001$ ) end-line]. The odds of willingness to enroll in health insurance increased two times more in the intervention households at end-line compared to baseline study [(OR=-0.28,  $p = 0.18$ ) baseline to (AOR= 2.2,  $p<0.0001$ ) end-line].

**Conclusion:** The intervention significantly improved knowledge and willingness to enroll in health insurance among rural households, demonstrating its potential to promote insurance uptake.

**Presenter:**

**Victoria Odemary Lyimo**

United Republic of Tanzania and Ministry of Health, Tanzania



## Literacy-Related Factors and Knowledge of Patient Rights Charter: Evidence from Nurses in Selected Hospitals in Ghana

Jacqueline Nkrumah<sup>1</sup>, John Foster Atta-Doku<sup>2</sup>  
Gordon Abekah-Nkrumah<sup>3</sup> and Prince Owusu Adoma<sup>1</sup>

<sup>1</sup>University of Education, Winneba, Ghana

<sup>2</sup>University of Saskatchewan, Canada

<sup>3</sup>University of Ghana Business School, Ghana

**Background:** Patient rights charters are important policy tools for promoting quality healthcare, protecting patient dignity, and strengthening provider-patient relationships. In Ghana, the Patient Rights Charter (PRC) was introduced in 2002, yet little is known about whether frontline providers can easily read, understand, and apply its content. This study examined nurses' knowledge of the PRC and the literacy-related factors associated with such knowledge.

**Methods:** A cross-sectional quantitative study was conducted among 205 nurses from four district hospitals in Ghana's Central Region. Participants were selected through proportional and total enumeration sampling. Data were collected using structured questionnaires, a multiple-choice cloze test to assess actual comprehension, and the Patient Education Materials Assessment Tool (PEMAT) to measure perceived understandability. Readability of the PRC was assessed using standard indices, including Flesch-Kincaid Grade Level, Gunning Fog Index, Coleman-Liau Index, SMOG, and Flesch Reading Ease. Descriptive statistics and multivariable regression analyses were performed.

**Results:** The PRC was found to be difficult to read, with an average reading grade level of 14 years of education required. Readability scores indicated complex language and low ease of reading. Despite this, 87.3% of nurses demonstrated adequate comprehension of the charter, while 8.3% read at a frustration level. Knowledge of the PRC, however, was limited: 63.4% of respondents could recall only one or two patient rights and responsibilities, and 19.5% could recall none. Regression analysis showed that actual comprehension was the only significant predictor of PRC knowledge ( $\beta = 0.31, p < 0.05$ ). Age, education level, years of work, rank, and perceived understandability were not significant predictors.

**Conclusion:** Although most nurses could understand the PRC, their practical knowledge of its provisions was low. Improving readability and promot-

ing structured orientation and continuous education on the charter may enhance nurses' knowledge and support patient-centered care in Ghana.

**Presenter:**

**Jacqueline Nkrumah**

University of Education, Winneba, Ghana



## Determinants of Service Utilization and Satisfaction with Sexual and Reproductive Health Services among Displaced and Migrant Populations in Nigeria: A Cross- Sectional Study

**Idayat Uthman<sup>1</sup>, Moréniké Oluwátóyìn Foláyan<sup>2</sup>, Roberto Ariel Abeldaño Zuñiga<sup>3</sup>, Veronica Akwenabuaye Undelikwo<sup>4</sup>, Babatunde Adelekan<sup>5</sup>, Oluwaranmilowo Amusan<sup>6</sup>, Mohammed Abdullahi<sup>7</sup>, Olujide O. Arije<sup>8</sup>, Fadip Kpahnim Kwamkur<sup>9</sup>, Fatimah Jajere<sup>10</sup> and Gideon Bokkos<sup>11</sup>**

<sup>1</sup>UNAIDS, Federal Capital Territory, Nigeria

<sup>2</sup>Department of Child Dental Health, Obafemi Awolowo University, Nigeria

<sup>3</sup>Postgraduate Department, Faculty of Social Sciences, University of Sierra Sur, Mexico; Centre for Social Data Science, University of Helsinki, Finland

<sup>4</sup>Department of Sociology, University of Calabar, Nigeria

<sup>5</sup>UNFPA, Nigeria

<sup>6</sup>Institute of Public Health, Obafemi Awolowo University, Nigeria

<sup>7</sup>Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, University of Maiduguri, Nigeria

<sup>8</sup>Institute of Public Health, Obafemi Awolowo University, Nigeria

<sup>9</sup>Department of Business Administration, University of Jos, Nigeria

<sup>10</sup>National Agency for the Control of AIDS, Nigeria

<sup>11</sup>Department of Business Administration, University of Jos, Nigeria

**Background:** Understanding the determinants of access to sexual and reproductive health (SRH) services in humanitarian settings, and their links to client satisfaction, is essential for effective programming. The primary objective of this study was to describe the levels of access to modern contraceptives, STI services, cancer screening, and GBV management among women and men facing humanitarian crises (IDI, refugees, and migrants). The secondary objective was to determine the associations between clients' perceived ease of access and their satisfaction with the services received.

**Methods:** This was a secondary analysis of the data of a cross-sectional study conducted in five Nigerian states (Borno, Taraba, Yobe, Cross River, Benue) in December 2024. The study participants were refugees, internally displaced

persons (IDPs), and migrants. Data were collected via interviews using a structured questionnaire. Access to five SRH services (modern contraceptive counseling, STI screening/treatment, cervical and prostate cancer screening, and GBV management) was assessed. Multivariable logistic regression was used to identify factors associated with access, and cross-tabulations examined the link between perceived ease of access and satisfaction.

**Results:** The study included 1,194 sexually active adults (842 women, 352 men). Service access was highly gendered. Compared to refugee women, IDP women had significantly lower odds of accessing contraceptive (AOR: 0.50; 95% CI: 0.34-0.72) and STI services (AOR: 0.66; 95% CI: 0.44-1.00), while migrant women had higher odds of cervical cancer screening (AOR: 3.04; 95% CI: 1.70-5.44) and GBV management (AOR: 2.12; 95% CI: 1.09-4.09). For men, migrants had higher odds of accessing STI services (AOR: 2.75; 95% CI: 1.37-5.54) and prostate cancer screening (AOR: 11.63; 95% CI: 3.47-38.98) compared to refugees. A strong, consistent association was found between ease of access and satisfaction. Over 93% of clients reporting "easy" access were satisfied, while satisfaction plummeted to 20.8-33.3% among those reporting "uneasy" access.

**Conclusion:** Access to SRH services is shaped by gender, displacement status, and service type. The link between perceived ease of access and client satisfaction underscores that the process of obtaining care is as critical as the clinical service itself. SRH programs must adopt tailored, client-centered approaches that address unique sub-population barriers and systematically reduce logistical friction to improve both access and quality of care.

**Presenter:**

**Idayat Uthman**

UNAIDS, Federal Capital Territory, Nigeria



## Hidden Grief in Healthcare: Reflective and Systemic Perspectives on Fertility Loss

**Elaine Mayon-White**

Tunbridge Wells & Canterbury, UK

Infertility and pregnancy loss remain highly prevalent yet frequently silenced experiences within healthcare systems. Despite advances in reproductive medicine, the psychological and relational impact of fertility treatment and pregnancy loss often remains under-recognised, creating experiences of isolation, disenfranchised grief, shame, anxiety, and emotional disconnection for individuals and couples navigating the transition to parenthood.

This presentation explores infertility and pregnancy loss through a counselling psychology and systemic lens, drawing upon reflective clinical practice within private fertility healthcare settings. It considers how medical narratives centred on treatment success and problem-solving can unintentionally obscure emotional distress and diminish space for grief, meaning-making, and relational processing. The presentation will examine how preventative psychological approaches can support emotional well-being not only following loss, but throughout fertility treatment pathways and healthcare encounters more broadly.

Themes explored include disenfranchised grief, attachment, family scripts, identity disruption, reflective practice, and the emotional impact of uncertainty within healthcare systems. Particular attention will be given to how psychologically informed and relational approaches may contribute to earlier intervention, improved communication, compassionate multidisciplinary care, and reduced emotional isolation for patients and families.

The presentation also reflects upon the role of healthcare professionals working alongside trauma, uncertainty, and repeated loss, highlighting the importance of reflective spaces for staff well-being and sustainable care delivery. Ultimately, the session argues that preventative healthcare must extend beyond physical outcomes to include emotional containment, relational understanding, and the creation of healthcare cultures where hidden experiences of loss can be recognised and meaningfully held.

### **Presenter:**

**Elaine Mayon-White**

Tunbridge Wells & Canterbury, UK



## Leap of Faith: Serving What Matters

**Rola El Moubadder, Ruth Wojtiuk and Ruth Lee**

CARE Centre for Internationally Educated Nurses, Canada

This publication, *Globalization and Integration of Internationally Educated Nurses: A Comprehensive Analysis*, explores the growing global migration of internationally educated nurses (IENs) and examines strategies to support their integration into healthcare systems across Canada, the United States, Finland, the United Kingdom, and Australia. The book highlights how persistent global nursing shortages, aging populations, workforce instability, and increasing healthcare demands have intensified the need for sustainable approaches to recruiting, licensing, integrating, and retaining IENs within diverse healthcare environments.

Drawing on comparative international perspectives, this volume presents evidence-informed practices, policy analysis, and real-world experiences from nurse leaders, educators, employers, regulators, and frontline professionals involved in IEN transition and workforce integration initiatives. The Canadian chapter "*Streamlining Integration and Licensure: Strategies to Capture the Contribution of International Nurses to the Canadian Healthcare System*" provides a comprehensive overview of immigration pathways, licensure processes, workforce mobility, mentorship, and workplace integration programs designed to support IENs' successful transition into professional practice. Particular attention is given to the role of individualized supports, employer engagement, mentorship, and regulatory modernization in addressing barriers faced by IENs.

The publication further examines the ethical, cultural, and workforce implications of global nurse migration while emphasizing the importance of equity, diversity, inclusion, and culturally responsive healthcare systems. Through case studies and policy recommendations, the book advocates for collaborative and sustainable workforce strategies that recognize the valuable contributions of IENs to healthcare delivery and patient outcomes. This work serves as a practical and scholarly resource for healthcare leaders, policymakers, educators, employers, researchers, and organizations seeking to strengthen nursing workforce capacity and improve the integration and retention of internationally educated nurses globally.

**Presenter:**

**Rola El Moubadder**

CARE Centre for Internationally Educated Nurses, Canada



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

**Gerald H Katzman**

Clinical Associate Professor, Department of Pediatrics  
Wayne State University School of Medicine, USA

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

### **Presenter:**

**Gerald H Katzman**

Wayne State University School of Medicine, USA



## Safeguarding Patient Privacy: Advances in Healthcare Data Encryption and Security

**Venkata Nedunoori**

Dentsu International, USA

The healthcare sector generates and manages vast amounts of sensitive patient information, making it a prime target for cyberattacks and data breaches. Ensuring the confidentiality, integrity, and availability of healthcare data is critical not only for regulatory compliance but also for maintaining patient trust and safety. This presentation provides a comprehensive review of contemporary encryption and data protection techniques applied within healthcare systems. It examines traditional cryptographic methods such as symmetric and asymmetric encryption, as well as advanced approaches including homomorphic encryption, attribute-based encryption, and format-preserving encryption. Beyond encryption, the session highlights complementary security measures such as role-based access control, data masking, secure backups, and continuous auditing. Emerging trends such as post-quantum cryptography, blockchain-enabled health record management, and privacy-preserving machine learning are also discussed as pathways to future-proofing healthcare data security. By synthesizing current best practices with forward-looking strategies, this presentation aims to equip healthcare professionals, IT practitioners, and policymakers with insights to safeguard patient information in an increasingly digital and interconnected world.

### **Presenter:**

**Venkata Nedunoori**

Dentsu International, USA



## Populating the Model: The SC2.0 Approach to Co-Design for Mental Health and Substance Use Health Systems

**AnnMarie Churchill, Karen Young, Alexa Bol, Melanie Hood, Mary Bartram and Alexia Jaouich**

Stepped Care Solutions, Newfoundland and Labrador, Canada

While co-design is often used in individual or group-level health interventions, its application in planning and implementing mental health and substance use health (MHSUH) system design is less common. Stepped Care 2.0® (SC2.0) offers a flexible framework for mental health system transformation. It integrates various levels of care, ensuring quick access to a comprehensive range of services, from illness prevention and health promotion to peer support, specialist, and crisis interventions. This model also focuses on identifying and incorporating culturally relevant formal and informal programs to foster individual and community well-being. The objective of this presentation is to describe the Populating the Model Series, a co-design-based, system-level planning intervention for mental health system transformation based on the Stepped Care 2.0 (SC2.0) model. This presentation will provide case examples to demonstrate how co-design can yield unique insights leading to more equitable, effective and efficient care systems through power sharing, partnership development, and collaboration among key community groups. A mixed methods design was used to collect quantitative and qualitative information from service users, providers, and system leaders. By embedding co-design throughout the Populating the Model Series, we created more opportunities for service users, providers, and others with diverse perspectives, knowledge, and experiences to participate in the design and improvement of mental health and substance use health systems in their communities. These results were demonstrated across various mental health service delivery systems including for rural and urban communities, post-secondary education institutions, Veterans' groups and the perinatal population.

### **Presenter:**

**Ann Marie Churchill**

Stepped Care Solutions, Newfoundland and Labrador, Canada



## The Key Aspects of Trust Building; How Much Words and Actions Matter

**Dawn H. Johnson**

President & CEO, DHJ Services, LLC, USA

### Session Overview:

In an era where trust in medicine is paramount to fostering equitable health-care outcomes, this session will delve into the critical role of underrepresented providers and community engagement in building and maintaining trust, particularly among marginalized populations. By showcasing real-world examples, data-driven strategies, and collaborative efforts, this session aims to provide actionable insights that attendees can implement within their own healthcare settings. Through interactive discussions, participants will learn how innovative approaches can be both sustainable and scalable, leading to tangible advancements in health equity.

### Learning Objectives:

1. Understand the pivotal relationship between trust in medicine and health equity, including the impact of historical disparities on marginalized communities.
2. Learn how to effectively collect and utilize data to drive targeted actions and measure results that promote health equity and rebuild trust.
3. Explore successful models of collaboration that integrate patient and community voices, emphasizing the value of diverse partnerships in achieving common goals.
4. Gain insights into practical tools and strategies for implementing community-centered initiatives within healthcare organizations, emphasizing the "how" over the "why."
5. Discover innovative approaches that break new ground in fostering trust in medicine and how these approaches can be adapted to various healthcare contexts.
6. Discuss sustainable practices and scalability considerations, ensuring long-term impact beyond initial pilot phases.
- 7.

**Presenter:**

**Dawn H. Johnson, MSN, RN (President & CEO)**

DHJ Services, LLC, USA



## AI-Driven Medication Adherence and ADL Monitoring: PERACTIV for Nursing Homes and Personalized Care

**Vishnu Kakaraparthi** and **Troy McDaniel**

Arizona State University, USA

Medication adherence is a cornerstone of effective personalized medicine, yet non-adherence remains a persistent challenge across clinical, homecare, and long-term care settings. In nursing homes and assisted-living environments, limited visibility into patients' daily behaviors often leads to delayed interventions and compromised treatment outcomes. This work presents PERACTIV (Personalized Activity Monitoring), a wrist-centric, AI-powered platform designed to support medication adherence through continuous, centralized monitoring of Activities of Daily Living (ADLs) relevant to nursing practice and patient care.

PERACTIV leverages multimodal wearable sensing and advanced human activity recognition to detect adherence-related behaviors such as pill intake, water consumption, and hand-to-mouth gestures, while also capturing broader ADLs that contextualize medication routines. These activity-level insights are aggregated into a centralized tracking framework that provides nurses and caregivers with real-time visibility into patient adherence patterns, reducing reliance on self-reported data and enabling proactive, data-driven care decisions. The system is designed to scale across multi-resident settings, making it particularly suitable for nursing homes and long-term care facilities.

Beyond adherence monitoring, PERACTIV integrates complementary safety and supervision capabilities, including fall detection and activity anomaly monitoring, to support continuous assessment of patient well-being. These features enable timely responses to adverse events, enhance resident safety, and support ongoing evaluation of functional status.

Preliminary evaluations demonstrate that PERACTIV achieves reliable activity recognition across diverse users and environments, highlighting its potential as a unified wearable monitoring solution. By combining medication adherence tracking, ADL monitoring, and safety analytics within a single platform, this work advances next-generation nursing support systems that align personalized medicine with practical caregiving workflows and real-world healthcare needs.



Figure: PERACTIV Device

**Presenter:**

**Vishnu Kakaraparthi**

Arizona State University, USA



## Updates on Cutaneous Leishmaniasis

**Aronson N**

Uniformed Services University of the Health Sciences, USA

In this presentation, current data on the epidemiology, clinical presentation, diagnostic approaches, management and prevention of cutaneous leishmaniasis will be shared. While leishmaniasis endemic to Asia (such as Thailand) will be discussed, the consequences of travel and migration as relevant to cutaneous leishmaniasis will be presented. A review of recent medical literature and evidence-based results will be summarized, combined with pertinent clinical details gleaned from my practice. At the conclusion of the talk, attendees should recognize cutaneous leishmaniasis presentation and better understand how to approach care of patients.

**Presenter:**

**Naomi Aronson**

Uniformed Services University of the Health Sciences, USA



## Explainable AI for Precision Psychiatry: Diagnosing and Managing Complex Mental Disorders

Vineet Mishra<sup>1</sup> and Vijaykumar Viradia<sup>2</sup>

<sup>1</sup>Healthcare Product Leader, Independent Researcher, USA

<sup>2</sup>Healthcare Transformation Leader, Independent Researcher,  
USA

Explainable AI (XAI) offers critical potential in precision psychiatry by making AI-driven decisions more interpretable and trustworthy, which is especially valuable for diagnosing and managing complex mental disorders. The systematic literature review provides a concise overview of the study's aim to evaluate the impact of Explainable AI (XAI) on improving diagnostic accuracy and personalizing treatment for complex mental disorders. The review includes peer-reviewed research articles, case studies, and review articles published in English between 2014 and 2024, with studies specifically addressing XAI applications in diagnosing and managing mental health disorders. The study conducted a systematic literature review to examine the role of Explainable AI (XAI) in diagnosing and managing complex mental health disorders. The study used PubMed and ScienceDirect to screen relevant studies published between 2014 and 2024, resulting in 47 high-quality references. Data extraction focused on XAI's impact on diagnostic accuracy, personalized treatment, and associated challenges. The synthesis identified key trends, innovations, and gaps in the application of XAI for precision psychiatry. This study highlights the potential of AI-driven personalized healthcare in psychiatry, emphasizing the role of deep learning and machine learning in tailoring treatment plans based on individual patient profiles. Key findings include the effectiveness of AI models in diagnosing mental health disorders, predicting treatment outcomes, and enabling real-time monitoring. The integration of explainable AI (XAI) enhances model transparency, aiding clinicians in decision-making. Challenges such as model complexity, data privacy, and biases were identified. The study calls for improvements in interpretability and dataset diversity to optimize AI applications in precision psychiatry. Future research should focus on real-world implementation and addressing ethical concerns. The potential of XAI in precision psychiatry and its future work will be emphasized in a concise manner.

### Conclusion

The integration of AI in psychiatry has shown great promise in personalizing treatment by analyzing individual patient profiles. AI models, particular-

ly deep learning (DL) and machine learning (ML), can enhance diagnostic accuracy, predict treatment outcomes, and enable real-time monitoring of mental health disorders. These advancements align with the goal of delivering targeted interventions based on neurobiological, lifestyle, and emotional factors. AI has proven essential in improving diagnoses, such as depression and ADHD, and optimizing treatment strategies, with explainable AI (XAI) ensuring transparency in decision-making.

However, challenges persist, particularly with the complexity and opacity of some AI models, hindering their acceptance among clinicians. While XAI enhances interpretability, further refinement is needed for actionable, understandable outputs. Ethical concerns regarding data privacy, consent, and biases also need addressing to ensure equitable AI applications. Future research should focus on improving AI interpretability, expanding diverse datasets, and exploring AI integration in real-world settings, particularly in resource-limited environments, to assess scalability and feasibility.

In conclusion, while XAI in precision psychiatry offers significant benefits in personalizing mental health care, overcoming challenges related to model transparency, data privacy, and bias will be key to realizing its full potential.

**Presenter:**

**Vineet Mishra**

Healthcare Product Leader, Independent Researcher, USA



## Association Between Coping of the Primary Caregiver and the Adolescent Patient with Cancer

Leonel Jaramillo Villanueva<sup>1</sup>, Mario Enrique Rendón Macías<sup>2</sup> and Ana Ríos Covian<sup>3</sup>

<sup>1</sup>Department of Mental Health, High Specialty Medical Unit, XXI Century National Medical Center Pediatric Hospital, Mexican Institute of Social Security, Mexico

<sup>2</sup>School of Medicine, Dental and Health Sciences Programs, National Autonomous University of Mexico, Panamerican University, Mexico

<sup>3</sup>Department of Pediatric Oncology of the High Specialty Medical Unit, XXI Century National Medical Center Pediatric Hospital, Mexican Institute of Social Security, Mexico

**Background:** Coping mechanisms help individuals face adversity, remain stable over time, and can be generalized to various circumstances. Two types are typically distinguished: the active style, aimed at resolving problems, and the passive style, focused on emotional regulation. We hypothesized that passive coping of the primary caregiver (hereafter, primary caregiver [PC]) would affect the adaptive coping of his or her adolescent child with cancer (hereafter, adolescent with cancer [AC]).

**Objective:** To analyze coping styles in adolescents with cancer (ACs) and their primary caregivers (PCs).

**Materials and methods:** This was an analytical cross-sectional study including 116 pairs of an adolescent with cancer (AC) and a primary caregiver (PC). The adolescents completed the Adolescent Coping Scale (ACS), applicable to those aged 9–17 years, while the caregivers completed the Coping Strategies Inventory (CSI).

**Results:** 49% (57/116) of the pairs both used the active coping style, and 14% showed the passive style in both members. No agreement was found between the coping styles of the AC and PC (Kappa = 0.15, 95% confidence interval [CI]: 0.13–0.14,  $p = 0.13$ ). The multivariate analysis explained 61% of the variance (Nagelkerke pseudo  $R^2 = 0.61$ ; likelihood ratio = 191.4;  $p = 0.003$ ).

**Conclusions:** Passive coping by the primary caregiver occurred with low frequency, and active coping was favored, similar to that of the adolescent with cancer.

**Presenter:**

**Leonel Jaramillo Villanueva**

Department of Mental Health, High Specialty Medical Unit, XXI Century National Medical Center Pediatric Hospital, Mexican Institute of Social Security, Mexico



## Architecting the Future of Surgical Training in Mexico

**Vega-González Luis Roberto<sup>1</sup>, Castillo-Camarena Nadia<sup>1</sup>, Padilla-Castañeda Miguel Angel<sup>1</sup> and Capurso García Marino Antonio<sup>2</sup>**

<sup>1</sup>Instituto de Ciencias Aplicadas y Tecnología, UNAM, México

<sup>2</sup>Unidad de Desarrollo Profesional Continuo y Capacitación, Hospital General de México

This work details the establishment of a Surgical Simulation Laboratory unit through a strategic alliance between the Institute of Applied Sciences and Technology (ICAT) at UNAM and the General Hospital of Mexico. The initiative was founded on bibliometric and scientometric analyses, demonstrating that global trends in medical education is shifting towards digital environments that guarantee patient safety. Through a technology roadmap, the development of instrumented mannequins and virtual and augmented reality systems was planned to enhance surgeons' skills. This collaboration highlights the creation of locally developed technology and advanced training tools aimed at reducing clinical risks. Finally, successful cases in areas such as neurosurgery and orthopedics are presented, consolidating simulation as the formative standard of the future in one of Mexico's most prominent public hospitals.

### **Presenter:**

**Luis Roberto Vega González**

Instituto de Ciencias Aplicadas y Tecnología, UNAM, México

# INDEX

Name	Pg. No
Anica Badanjak	26
Annamaria Bartolini	14
AnnMarie Churchill	83
Antonio Pazin Filho	52
Aronson N	88
Barry Bruce	55
Bui Minh Thu	19
David John Wortley	12
Dawn H. Johnson	50
Dawn H. Johnson	84
Elaine Mayon-White	78
Elena Tchetina	70
Franco Blezza	13
Gerald H Katzman	81
Hafizur Rahman	21
Hira Hashmey	68
Hristina Milcheva	27
Huda Mohamed Osman	38
Idayat Uthman	76
J Josephine Lalitha	63
Jacqueline Nkrumah	74
Jagoda Jeziurska-Pavlenko	34
Jiacheng Zhou	16
José Manuel Domingues Poças (José MD Poças)	58

Name	Pg. No
Joseph Osuji	53
Korolenko Tatiana	36
Leonel Jaramillo Villanueva	91
Lorena D. Paul	45
Maile C. Ray	48
Nguyen Thi Phuc	61
Paula Hill-Collins	42
Paula Yanira Palencia	40
Peter Schafer	47
Pinki Roy	23
Radha Devi Dhakal	66
Rola El Moubadder	79
Sanmati Kumar Jain	22
T. Karski	28
Terence J Ryan	15
Tran-Thuy Nguyen	18
Truong Quang Trung	64
Vega-González Luis Roberto	93
Venkata Nedunoori	82
Victoria Odemary Lyimo	72
Vineet Mishra	89
Vishnu Kakaraparthi	86
Wan Kin Sze	59
Weiyun Chen	41
Yehuda Zadik	25

**BOOKMARK YOUR DATES**

8<sup>TH</sup> ASIA-PACIFIC

**ADVANCED NURSING  
PRACTICE, NURSING  
EDUCATION AND  
LEADERSHIP CONCLAVE**

June 2027 | SINGAPORE

# PARTNER WITH US

## CONFERENCE CO-ORGANIZATION AND JOURNAL PARTNERSHIPS!!

### Greetings!!

We are reaching out to explore meaningful collaboration opportunities with professionals and organizations who share our vision of advancing scientific knowledge and global outreach. Please find below two key areas where we are currently seeking partnerships:

### Collaboration 1: Conference Co-Organization

We would be delighted to collaborate with you in organizing conferences—either in your own country or in any other location of your preference.

If you, or a group of your colleagues or scientific contacts, are interested in hosting a conference, we welcome the opportunity to partner with you under a flexible and supportive collaboration model.

At Peers Alley, we have a strong and experienced team that manages both the scientific and operational aspects of conference planning. Our dedicated marketing team will actively promote the event, attract a diverse lineup of expert speakers, and ensure strong participation. We also leverage our extensive, curated database of researchers and professionals across various scientific disciplines to maximize outreach and engagement.

While our team oversees the scientific agenda, logistics, and event management, your local or regional insights will help shape the program for greater im-

pact. Our approach is simple and collaborative—your event terms are our terms.

### Collaboration 2: Partnerships with Journals and Publishing Houses

Peers Alley is interested in collaborating with publishing houses, academic publishers, and independent journal owners to support the growth and sustainability of scholarly journals.

We can help increase quality manuscript submissions through our extensive conference network and researcher database. For journals requiring additional support, we are open to collaboration, joint management, acquisitions, or taking responsibility for journal operations.

Our partnership model is flexible, and we are open to mutually agreeable terms and conditions.

With our robust researcher database and outreach capabilities, we are confident in our ability to significantly increase the volume and quality of manuscript submissions for your journals.

If you are open to exploring potential synergies, we would be glad to connect at your convenience.

For further communication, please contact us at: [contact@peersalley.com](mailto:contact@peersalley.com)

**Warm regards,**

Peers Alley Media  
701 West Georgia Street,  
Suite 1500, Vancouver, V7Y 1C6, Canada

**BOOKMARK YOUR DATES**

8<sup>th</sup> Asia-Pacific

**Advanced Nursing Practice, Nursing Education and Leadership Conclave**

JUNE 2027 | SINGAPORE

# Handi-Capabilities: Research & Development!

## (Building a New Paradigm...)

International Congress SANITUS - 21 - nov - 2026

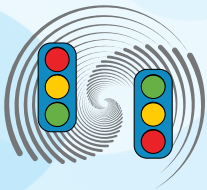
UNIVERSIDADE CATÓLICA PORTUGUESA  
(Centro Regional do Porto)

Launched by the SANITUS Foundation in 2022, the project gained international recognition when it was presented at UNESCO House on September 9, 2024, during the "Handi-Capabilities, Sport & Work" following the Paralympic Games — two landmark moments that reaffirmed a bold and innovative vision for disability inclusion.

THE EVENT WILL TAKE PLACE AT THE  
CARVALHO GUERRA AUDITORIUM  
9:00 AM TO 7:00 PM

Ahead of Disability Awareness Day (December 3<sup>rd</sup>), a new vision of valuing capabilities beyond disability...! To engage society in a new paradigm...

The inclusive VITABalance-Med Project is a new visual proposal for schools, workplaces and elderly, based in a poster, pyramid manual, book-game, family game and... !



### Preliminary program

#### Round tables :

- "The VitaBalance-Med Project - new developments and research"
- "Work and Handi-Capabilities: New Ideas, New Challenges!"

#### Master Conferences :

- "Handi-Capabilities: What formula to calculate it?"
- "VBM and Handi-Capabilities: a new global international model?"

SPECIAL MOMENTS with iVBM Family Game, Educational App, Kapandane, Book-Game and the INTERNATIONAL PROTOCOL.

INTERNATIONAL COLLABORATIVE PROJECT

INTERNATIONAL SATELLITE SYMPOSIUM:

"HEALTH EDUCATION PROJECTS"

REGISTER!



SPECIAL INVITATIONS : Sílvia São Miguel, Hugo Vilela and Alessandra Pentone



Fundação Sanitus



EDIÇÕES ESCOTIORS

