

Scientific Tracks & Abstracts



**WORLD NURSING FORUM**  
&  
13<sup>th</sup> International Conference on  
**RHEUMATOLOGY & TRAUMA CARE**

September 02-03, 2019 | Vienna, Austria

## **Insertional Achilles Tendinopathy treatment and results**

**Roberto Bevoni**

Medico Chirurgo Specialista, Italy

**I**nsertional Achilles Tendinopathy (IAT) is a common pathology affecting young active population. Many factor's are associated to this condition, such overuse, increase of weight, foot deformities, use of chorticosteroids, connective tissue diseases and inflammatory disease.

All the patients are usually treated with a conservative treatment, using NSAID's (Nonsteroidal anti-inflammatory drugs), physical therapy and insoles. Surgery should be reserved for patients who fail conservative treatment for a period of 6 months. There are many surgery techniques described in litterature.

We describe 2 surgical options, both of them include debridment of peritendinous bony and soft tissue structures and resection of the upper part of the Posterior Calcaneal Prominence (PCP). The first one is a Closing Wedge Calcaneal Osteotomy (CWCO) used in case of IAT with a mild posterior prominence. The second one is applied in case of severe Haglund deformity, and is performed with detachment of the Achilles Tendon, Haglund resection and reattachment of the Achilles tendon, using Achilles Speed Bridge System (SBS) (Arthrex). With the CCWO is possible to associate a traslation of the calcaneus to correct Hyperpronation, Hypersupination or cavus foot. In 2 cases with foot iperpronation and associated big Haglund deformity, we associated the CCWO with the reattachment of the Achilles Tendon using the SBS. In the first group of patients the postoperative period is shorter, but after 6 months both group of patients restarts their previous activities.

### **Biography**

Bevoni Roberto in Bologna is a surgeon specialized in Orthopedics and Traumatology. With experience and professionalism he deals with foot and ankle pathologies. In addition to the forefoot surgery treated with traditional methods and with minimally invasive methods, Bevoni Roberto is specialized in post-traumatic pathologies of the midfoot and hindfoot, including cases with severe loss of bone substance. The doctor also deals with the treatment of the adult's flat foot, of the child and the hollow foot. Bevoni Roberto's studio is located in via di Barbiano, 1 in Bologna.

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**Effects of overseas undergraduate clinical experience and service-learning opportunities**

**Elizabeth Simon**

New York Institute of Technology, USA

Global service learning (GSL) is an action-oriented, pedagogical approach that engages students in the core values of the home institution and educational opportunities offered in the selected location. Such high impact practices were embraced by the American Colleges ever since the Peace Corps was established in the 1960s. The prominent educators, such as John Dewey and Earnest Boyer, encouraged service learning within educational programs (Shultz, 2011). At present there is a growing interest in establishing sustainable international collaboration in professional health education programs (Plumb et al., 2013). In this context, one American college regularly encourages students to go on a GSL trip from 1882. However, nursing students' GSL was initiated from 2012 to multiple destinations: India, Dominican Republic and Haiti. Each destination is chosen with different learning goals. Students learn about a new culture, language, health practices, opportunities, challenges and above all, how to communicate with limited language skills. Such students' engagement develops their professional as well as social skills (Sen, 2011). In addition to cultural and professional learning, students completed 70-80 hours of acute care clinical experience also. These GSL trips involved an instructor from the home country as well as educators and preceptors from the destination country also. The experience is a combination of clinical learning, service to marginalized communities and site visits and fun shopping on a daily basis for 3 weeks. The presenter will discuss the details of planning, operation, budget and learning outcomes of the GSL experience based on five GSL trips to India.

**Biography**

Elizabeth Simon, R.N., A.N.P.-B.C., Ph.D., is a professor of nursing. Prior to coming to NYIT in 2018, she was a professor of nursing and dean of the School of Nursing at Nyack College. She also previously served as faculty and post-master's nursing education coordinator at Hunter-Bellevue School Nursing at Hunter. She has more than 25 years of nursing education experience and more than 30 years of clinical experience. She is a board-certified adult health nurse practitioner who has authored, reviewed, or edited books on critical care nursing; book chapters on transcultural issues and a book on non-communicable diseases. She has published several articles in peer reviewed journals and periodicals and has presented at various national and international forums. Her academic degrees include B.Sc. (N.) from the College of Nursing, Christian Medical College, Ludhiana, Punjab University, India; M.S. in Critical Care Nursing from School of Nursing, Columbia University; Ed.M. in Nursing Education from Teachers College; M.S. in Adult Health Nurse Practitioner from Hunter College; and Ph.D. in higher education from Walden University. She also taught critical care nursing during the 2015-16 academic year.

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**The success story of nurses who have declared to fight against bad care practices, creating innovative care models in hospitals and nursing homes**

**Fabio Cimador**

Azienda Sanitaria Universitaria Integrata di Trieste, Italy

**P**hysical, mechanical and pharmacological restraint is a care procedure widely used throughout the world both in long-term institutions and in hospitals.

A bad practice that contrasts with the numerous scientific evidences that highlight its extreme danger and complications for people in fragile conditions.

For many years now, a team of nurses from the city of Trieste has wanted to oppose this phenomenon, managing to declare Trieste as a "City Free from Restraint" in 2013.

Based on the heritage and ethics of the psychiatrist Franco Basaglia who freed psychiatric patients from mental institutions, the team of nurses from Trieste broke a cultural taboo and succeeded in proposing innovative nursing models. These models have had success in the reality of the territory, succeeding over a few years to reduce to the point of eliminating even in hospital contexts the use of Restraint as a practice with the help of volunteers. The models of health care in Trieste have restored dignity to frail people by developing models of responsibility, attention and respect. This new welfare culture expresses a proactive nursing model and guarantees everyone's rights. The duration in time of the care experience both in the public and private contest has allowed to consolidate and build, techniques, environments, innovative and creative procedures to eradicate a wrong culture in the health field but specially to create a care culture guaranteeing rights and freedom. In fact, the Restraint violates the rights of every constitution, fundamental human rights and ethical ethics, it provokes physical, mental and psychological damages to the person, causes the loss of functions to the sick and frail patients, lengthens the stays and nullifies the effects of cures, as demonstrated by numerous evidences.

Eliminating the Restraint in assistance, is an ethical, juridical, deontological, scientific and common-sense commitment that every nurse should consider in his/her care path.

**Biography**

Fabio Cimador is a Nursing coordinator in the Trieste University. He is the Teacher of courses for health professionals and adjunct lecturer at Its Volta school for "The new Technologies of Life". International collaborator accredited in the CNPQ together with EEAAC / Federale Fluminense University- State of Rio de Janeiro. - Brazil. He is a founding Member of the International Group "A Triple Aleanca" dedicated to the Culture of Non-Restraint. Researcher at "Nucleos de Estudos e Pesquisas em Emfermagem Gerontologica- NEPEG- Fluminense Federal University, Rio De Janeiro, Brazil.

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**Promoting collaboration between nurse educators and students in order to develop professional knowledge through writing and publishing about an international internship experience**

**Julie Benoit**

Institut de Formation en Soins Infirmiers, France

Since 2009, the three-year nursing bachelor's degree in France has been designed with teaching units linked to competencies (Arrêté du 31 Juillet 2009 relatif au diplôme d'état d'infirmier). One teaching unit called 'Research Introduction' starts in Semester 4 and aims to develop students' knowledge about scientific literature resources in nursing, quantitative and qualitative methods in research, to understand the interest of research in nursing sciences to promote best practices and evidence based practices in nursing (Annexe III, IV, V, 2009) (Phaneuf, 2013).

This teaching unit is also focused on preparing students for their final studies essay. It should allow to transfer their new knowledge about research into a professional interest subject on which they have to investigate, to write and submit in front of a jury (Bouveret, Lima, Michon & Grangeat, 2012). But most of them don't publish their final essay or part of their work.

Being responsible of this teaching unit and engaged in promoting and supporting international internships for our institution's students (Erasmus internships as well as extra-European internships), two students who had previous international internship experience were offered to co-create and co-facilitate a class to prepare students for their upcoming international internship.

From that innovative collaborative experience, they were asked not to simply share peer-to-peer their experience but to explain it to the nursing community by writing an article for a nursing journal. Writing workshops were organized with these two students. General explanations about french nursing publications were given as well as writing styles and analysis of their practice referring to a theoretical framework two nursing educators wrote about. At the end, five persons worked on this project: two students, two nursing educators including one recently promoted as international nursing internship supervisor and the International Relations Project Manager.

This experience aims to promote collaboration between students and professors, companioning in writing and publishing to develop self-confidence for new graduates and to contribute to the corpus of nursing science.

**Biography**

Julie Benoit has a master's degree in nursing. She is a nursing instructor at the Regional Center for Health Profession within the Nursing Program, part of the Toulouse university health center.

Her professional route guided her to Canada where she spent numerous years and developed an experience going from intensive care to community health in remote areas and teaching nursing in Montreal before coming back to France to teach nursing sciences.

Interested in Evidence Based Practice, she aims at developing her own knowledge and transmit her passion for nursing research to second-year nursing program students where she teaches now in Toulouse, France.

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## **Traumatic cardiac arrest in European trauma course**

**Florian Trummer**

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The cardiac arrest of a patient with multiple injuries after an accident, the rescue teams usually faced an unsolvable task. Due to declining numbers of polytraumatized patients, it is not possible to learn the necessary routine for the treatment of cardiac arrest in multiple injuries in everyday working life. Therefore, TCA training is playing an increasingly important role in the standardized courses for primary care and trauma management of the polytraumatized.

After an algorithm for resuscitation in Traumatic cardiac arrest (TCA) was included in the European Resuscitation Council guidelines for Resuscitation 2015 and was cited in S3 – Guidelines in treatment of multiple-trauma patients of German Society for Trauma Surgery in 2016, the "TCA in the European Trauma Course" was also decided as a pilot project to start.

Therefore, the working group of the ETC Austria decided that the implementation of the TCA Scenario should take place on the second day of the course. The reason for this is that on the first day, the focus is on non-technical skills and structuring. To carry out such a complex scenario on day 1 might lead to massive problems for the participants, but also for the instructors by leading it to the teaching key points. But it was decided to emphasize on day 1 in the Thorax Workshop the role of bilateral thorax decompression measures like needle thoracocentesis, pleurocentesis and chest drain insertion in TCA situations according to the actual recommendations.

### **Materials**

#### **Preparation of material**

Bilateral mini thorotomy, according to Guidelines, has to be performed at every TCA if pneumothorax cannot be excluded without any doubt. However, evidence-based data show that Clamshell thoracotomy is very more likely to be successful in TCA after penetrating trauma. For this reason, it was decided that an already existing scenario with penetrating trauma should be changed into a TCA scenario. Therefore the second scenario with penetrating trauma in the Abdomen Workshop already available on day 2 was used as the basis for the creation of the new TCA scenario. In this context, the interactive Power Point presentations and Role Cards for this example have been changed in advance. Furthermore, Power Point slides with the explanation of both TCA algorithm and Clamshell thoracotomy were added. The duration of this scenario was planned with 30 minutes including feedback.

### **Methods**

A total of 20 instructors and 65 participants in three courses, conducted a survey, which consisted of questions about the need to implement TCA scenarios in the European Trauma Course.

### **Results**

- There were total 79 doctors and 6 nurses
  - Participants: < 1-year work experience (n=4), 1 – 5 years work experience (n=25), 6 – 10 years' work experience (n=15), 11 – 15 years' work experience (n=5), > 15 years work experience (n=16).
  - Instructors: 1 course experience (n=1), 1 -5 courses experience (n=6), 6 – 10 courses experience (n=5), 11 – 15 courses experience (n=1), > 15 courses experience (n=7).
- For 100% of the instructors and 96% of the participants, it's very important to implement TCA scenarios to standardized courses like ETC.

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&  
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- 91% of the instructors and 89% of the participants prefer theoretical and practical education of TCA. The others prefer only a theoretical lesson.
- For 87.5% of the instructors it's positive to perform TCA scenario with 6 participants/group
- 92% of the participants and 95% of the instructors are very happy with the duration of 35 minutes for TCA scenario

**Conclusion**

It turns out that the implementation of the TCA in the ETC seems to be absolutely necessary and feasible. The preparation for this scenario should be done very accurately on Instructor's Day and should be led at least during the initial phase only by very experienced ETC instructors. The time for this example must not be less than 30 minutes. The debriefing needs to reiterate the importance of bilateral thoracotomy and the potential indication for following clamshell thoracotomy

**Biography**

Florian Trummer has his expertise in anesthesiology nursing and major trauma management. He has experience in research, evaluation, teaching and administration both in hospital and education institutions. The society of European Trauma Course Austria is based on education for medical personal, who is involved in treatment of major trauma patients.

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&  
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## **The nurse of yesterday and today: The evolution that led to the development of new knowledge**

**Elvana Fortuzi**

Pordenone Hospital, Italy

More and more over the years, that "knowing how to be, knowing how to do, knowing how to become" that many nursing theorists emphasized in their writings become the pivotal point that should distinguish a nurse. This process leads to greater decision-making freedom and greater assumption of responsibility: as Jean-Paul Sartre (French writer and philosopher) said: "It is true that you are not responsible for what you are, but you are responsible for what you do with what you are." This study aims to highlight the evolution that led to the birth of the figure, of a nurse attentive to the juridical profiles of his profession. Legal and forensic nursing is a very recent specialty in Italy compared to other states and its function is aimed at contributing to the identification of health and legal problems both for the people assisted but also for the nurses themselves. The legal forensic nurse in Italy still has a long way to go, especially due to the fact that general nursing care has found radical changes only in recent years.

### **Biography**

Elvana Fortuzi legal forensic nurse at the Pordenone Hospital in the intensive care unit. My knowledge of English is basic, but I have a good knowledge of the Albanian language. I like to ensure that our profession is considered for its great qualities and commitment; therefore, I am a member of the APSILEF association (Association of Italian Legal and Forensic Health Professions), playing the role of Regional Manager for the Province of Pordenone. I consider the projects we do in our department as a useful moment to create a group without forgetting our professional growth.

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&  
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## **Evolution in the treatment of post-traumatic lower limb shortening due to severe bone loss**

**Roberto Bevoni**

Medico Chirurgo Specialista, Italy

Posttraumatic lower limb shortening are challenging to treat and require considerable expertise by the surgeon. The deformities are often associated to axial and rotational deviation, and it is difficult to correct all the aspects of the deformity. Until 2000 the most used technique to achieve the lengthening required, using the distraction osteogenesis, was the ilizarov technique. In the last 2 decades hexapod systems were used to simplify the correction of the ilizarov system, using dedicated software to plan the treatment and to follow the patient during the correction time after surgery, until the complete heal. In the last years with the development of magnetic nail systems, the lengthening of the lower limbs appear to be easier to perform and more tolerated by the patient. The described complication rate using the nail is generally low. They avoid external fixation elements, and are activated transcutaneously, so the patient's pain and discomfort are reduced and the rehabilitation is faster and more effective. Distraction of the nail is brought about by the application of a remote-controller unit containing 2 revolving external magnets. The controller unit is applied externally at the exact location of the nail's internal magnet. With this new system is possible to achieve a lengthening of 8 cm, in some extreme cases with a severe bone loss (> of 10 cm) this lengthen can be achieved using the same nail, it's possible to perform a second osteotomy and a new distraction after the complete regeneration of the bone that follow the first osteotomy. In the most severe case treated we obtain a maximum lengthen of 14 cm.

### **Biography**

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**The effect of postoperative radiological alignment differences on the clinical and functional evaluations of patients undergoing knee prosthesis**

**Erol Kaya**

Merzifon Kara Mustafa Pasha State Hospital, Turkey

**Background:** Gonarthrosis is a pathology that causes pain, limitation of movement, deformity, decrease in muscle strength, decrease in proprioception, and decrease in quality of life. It's a major public health problem especially in the population over 55 years of age. Because of this, it's emphasized that the treatment of the disease increasingly becoming more important and precautions should be taken. Current and recent treatment option is total knee arthroplasty surgery (TKA) for gonarthrosis treatment.

**Methods:** We studied patients who had undergone total knee prosthesis formation of primary gonarthrosis between 2000-2014 in Dokuz Eylül University Orthopedics and Traumatology Department. 149 patients were included in the study. HSS score, VAS and 30-second chair stand test, 50-step walking test, and 11-step ladder tests were tested. At the same time, we evaluated the relation between the radiographic alignment differences and the range of flexion motion. We also looked at the relationship between the radiological alignment differences between metaphyseal lysis and revision necessity.

**Results:** As a result of our study, it was seen that the postoperative radiological alignment differences did not make a statistically significant difference on the mentioned quality of life scores and function evaluations. When metaphyseal lysis and revision requirements were evaluated, we could see that postoperative residual varus and neutral alignment did not show any significant difference with each other.

**Conclusion:** We believe that, in addition to the alignment differences, the patient may affect TKA results in more than one state, such as soft tissue balance, muscle strength, BMI, post-operative rehabilitation process.

**Biography**

Erol Kaya is an Orthopaedics and Traumatology Surgeon in Merzifon Kara Mustafa Paşa Devlet Hastanesi. From Feb 2013 to November 2019 he was working as a Orthopaedic surgeon at Dokuz Eylül Üniversitesi. He is an Clinical ESSKA Fellow as Sports Traumatology and Arthroscopic Surgery at Evangelisches Krankenhaus Wien, March 2018. Fellow (Imperial College London) (Hip and Knee Arthroplasty) at Epsom and St. Helier University Hospitals NHS Trust on DISC Sports and Spine Center, May 2017.

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## **Basic principles of fracture fixation**

### **Erol Kaya**

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**F**racture is the disruption of the integrity of the bone tissue, resulting in pathological deformity and loss of bone support function and pain. Fracture healing can be divided into two groups; First, Primary or direct recovery with internal remodeling and second, Secondary or indirect healing with callus formation. In determining the type of fixation, what we decide is actually what type of bone healing we expect. Absolute stability or non-rigid fixation?

In determining the stability, the anatomical position of the fracture, the type of fracture and the condition of the soft tissue play a decisive role. there are 3 important points to consider when deciding all of these. fixation must be continued after the decision. Restoring the stability in the fracture area (thus, functional continuity is maintained). Minimize pain associated with pathologic movement in the fracture line.

Thus, there different types of implants and surgery types that we can choose for fixation.

### **Biography**

Erol Kaya is an Orthopaedics and Traumatology Surgeon in Merzifon Kara Mustafa Pasa Devlet Hastanesi. From Feb 2013 to November 2019 he was working as a Orthopaedic surgen at Dokuz Eylul Universitesi. He is an Clinical ESSKA Fellow as Sports Traumatology and Arthroscopic Surgery at Evangelisches Krankenhaus Wien, March 2018. Fellow (Imperial College London) (Hip and Knee Arthroplasty) at Epsom and St. Helier University Hospitals NHS Trust on DISC Sports and Spine Center, May 2017.

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## **Occupational prestige of nursing in Lithuania**

**Andzelika Zavackiene**

Republic Klaipeda Hospital, Lithuania

**Background:** Nurses play a vital role in facing public health challenges, delivering high quality health services, strengthening health systems on local and global scales.

**Problem:** The quality of nursing and patient safety are affected by insufficient number of nurses, lack of new job positions, high workloads, low salaries, standardised work, which hinders experience and education, questionable health and safety, and low occupational prestige of nursing. Lithuania is named as one of the EU countries, where a number of nurses is decreasing. It is projected to further reduce, as the average age of nurses is 45 years, and the profession is not popular among high school graduates. Even though graduates choose the nursing specialty for access to employment, nursing care remains low in society. Favourable public opinion is paramount in increasing nursing's recognition, strengthening the professional identity of nurses and motivating them to perform to higher standards, as well as encouraging younger generation to choose this profession

**Aim:** The aim of this research was to determine how the society perceives nursing in terms of prestige.

**Methods:** An anonymous questionnaire survey was conducted at Lithuanian university, republic and regional level hospitals as well at universities educating healthcare students in January, February and May 2018. The study enrolled 829 participant (nurses, physicians, patients, and students) who filled in the questionnaire of Nurse image, using 5 points Likert scale. SPSS 21.0 Statistical Package was used for data analysis.

**Results:** The society perceives the social prestige of nurse profession as average. It is strongly believed that nursing is hard work (range 4.48), an admirable profession (range 4.46), a highly qualified profession (range 4.50), and a profession with great responsibilities (range 4.66). It is agreed that nursing is a calling (range 4.22). Participants do not agree with the statement, that nursing does not require much education (range 2.09), however, they strongly agree that nursing is poorly paid (range 4.74).

Nursing is more positively perceived by younger nurses and health care students. They are more likely to support the statement, that nurses require much education, nursing is a highly qualified profession (range 4.50), and a profession with great responsibilities. In contrast, older nurses are likely to doubt the need for education and are more likely to support the statement that nursing requires physical work.

### **Conclusions:**

- Nursing is more positively perceived by younger respondents. They are more aware of the profession's importance, required competence and education, responsibilities, and are more likely to deem that nursing is prestigious. These factors influence the professionalism of nurses and the public opinion about their profession.
- Older respondents, however, tend to think that nursing does not require much education and are more likely to view nursing as manual, standardised work.
- It was determined that most nursing students as well as nurses themselves think they are assistants to doctors, rather than specialists, who work independently and can assume responsibility.

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&  
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September 02-03, 2019 | Vienna, Austria

**Biography**

Andzelika Zavackiene is an Academic Reputation Investigator, Partner of Klaipeda University Faculty of Health Sciences in QS Global Employee Survey at QS World University Rankings. She is an Experts' team member as academic/ social partner in International Evaluation assessment project at study programmes. She has completed Nursing bachelor's degree and Advanced Practice Nursing master's degree in Lithuania. Experienced Lecturer with a demonstrated history of working in the hospital & health care industry. She is skilled in Non-profit Organizations, Coaching, Medical Devices, Team Building and Public Speaking. She was awarded Dr. J. Ciplijauskas nobel prize from Vydunas Youth Fund in Chicago, USA for justifying the honorable nurse's name.

Her professional route guided her to Canada where she spent numerous years and developed an experience going from intensive care to community health in remote areas and teaching nursing in Montreal before coming back to France to teach nursing sciences.

Interested in Evidence Based Practice, she aims at developing her own knowledge and transmit her passion for nursing research to second-year nursing program students where she teaches now in Toulouse, France.

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**Correlation between collaborators happiness index and customer satisfaction in intensive therapy**

**Lídia Guimarães Morais**

Dorsal Health Management, Brazil

The intensive care environment is of great importance for the recovery of customers potentially at risk for life. It requires all employees a lot of concentration, determination and care 24 hours a day. It is a highly complex place, with very strict and costly processes. Inserted in this situation is the customer recovery and, through their moment of weakness, evaluates all this climate in pursuit of greater satisfaction.

The proposal is to determine a happiness index consists of 8 areas: Motivation at work, work environment, recognition and trust, involvement with leadership and organization, Compensation, balance between personal and professional life, happiness in the company where he works and happiness with the function which plays in the company where he works. Making a comparison with customer satisfaction through NPS and determine whether a happier environment provide greater customer satisfaction.

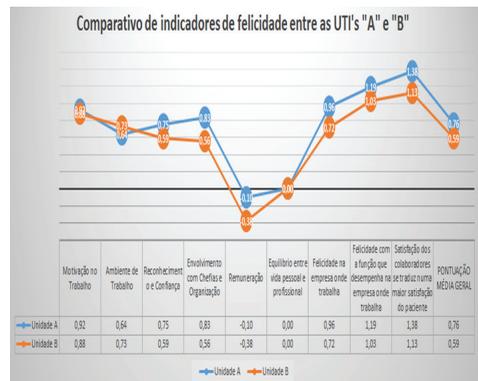
Two private institutions were surveyed named A and B. With happiness index calculated by Likert scale.

Results: happiness index of 0.76 to 0.59 for drive A and drive B. The NPS-unit was 9.17 and B was 9.6. The conclusion is that there is no correlation.

**Biography**

Lídia Guimarães Morais is a nurse graduated from the Evangelical University of Anápolis, post-graduate in business management by the Dom Cabral Foundation. She is working with health sector management, with experience in the general and sectorial management of hospitals in Brasília and Goiás. She is currently involved with projects aimed at developing institutions that seek hospital accreditation and optimization of processes through the application of quality tools. Full associate of the Brazilian College of Health Executives - CBEXs - with a search for the best practices and sustainability for the management. Comprises a group of IQG's leading Evaluators with work on the ONA and QMENTUM hospital certification, disseminating good practices in patient care. She is a partner - owner of the Dorsal company, health management.

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**Public health nurses making a difference: Increasing TB case notification rates through community-led TB Campaigns (TBC) in 11 Regions in Tanzania**

**Godwin Etim Asuquo**

Africa Centre for Health Leadership, Nigeria

**Statement of Problem:** Tanzania ranks 15th among 22 TB high-burden countries and 6th in Africa. From April 2016 to June 2018, Save the Children Tanzania implemented a Global Fund-supported TB /HIV program in partnership with four local sub-recipients in 14 high TB/HIV-burden regions. Despite reaching DoTs coverage of 100% and treatment success rate of 89%, TB case detection remains at 33%. Two thirds of people estimated to have TB are not reached by the health system. Challenges include poorly equipped diagnostic facilities, low community awareness; distance from communities to diagnostic centres; break down in the referral supply chain with no mechanisms for escorted referrals. The program supports the Government of Tanzania's goals of increasing TB case detection efforts and reducing the incidence of TB by 25% and mortality by 50% of TB and Leprosy by 2020.

A key intervention undertaken to achieve these goals are community-led TB Campaigns modelled along Combination HIV Prevention Campaigns aimed at increasing community TB awareness, strengthening active case-finding and community uptake of TB/HIV collaborative services. With public health nurses as the focal points, 11 one-day TB campaigns were conducted in November to December 2017. This consists of community-friendly social mobilisation strategies and campaign actions including public education through mass-media, folk-media/theatre to mobilise communities to campaign grounds to receive TB Health Education, TB-screening and on-site sputum examination of presumptive cases in collaboration with District Laboratory technicians. The Purpose of this study is to evaluate the success of this intervention vis-à-vis the role and involvement of public health nurses in implementing TB prevention and treatment programs in Tanzania. During the campaign, 2766 community members were screened for TB; specimens of 1298 (46%) presumptive TB cases were processed on-site; 376 (29%) were confirmed as TB cases.

**Conclusion and Significance:** The results show that delivering TB services through community-taskforces using community-friendly campaign-actions led by public health nurses generates community-demand for services and increases TB case-notification by combining leadership engagement/advocacy with service-delivery at community-doorsteps in a fun environment. A targeted scale-up of this approach therefore has significant promise in ending the TB epidemic in Tanzania.

**Biography**

Godwin Asuquo is an international public health leader with about 20 years' experience in nursing, reproductive health and child rights, governance, HIV/AIDS/ TB and primary health care program management including health systems strengthening. He has consistently worked in senior leadership positions delivering impactful results for communities served in Africa including Nigeria, Chad, Senegal, Egypt, Morocco, Ethiopia, Rwanda, South Africa and Tanzania. Tasks undertaken during these assignments range from policy development, program management, training, research, organizational development, and strengthening capacity for HIV/AIDS, obstetrical care and human resources for health. He was until June, 2018, the Chief of Party/Program Director for Save the Children's Global Fund Program in Tanzania. He is currently providing leadership to the Africa Centre for Health Leadership in Nigeria. Previously, he served as Primary Health Coordinator, Nurse and midwives Educator and a Lecturer in Public Health and Nursing at the University of Maiduguri and Imo State University in Nigeria.

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September 02-03, 2019 | Vienna, Austria

## **Stroke, herniation and the resilience by roller Doctor100**

**Tang Anh Tuan**

BMG International Joint Stock Company, Vietnam

Stroke and herniation are the century diseases of middle-aged, elderly and now also of the young people. These diseases leave a long-term sequelae, to recover it is requires a lot of time and effort not only of the patients but also the doctors and the specialists in spinal manipulation and massage. Doctor Nguyen Ngang, creator of roller Doctor100 and method Doctor100, has been self-experienced many diseases for a long time: degenerated 4 waist-vertebraes, degenerated 4 neck-vertebraes, 170/110 high blood pressure, myocardial infarction, prostate cancer, skin cancer surgery 2 times, memory decline, bulge belly... very difficult to move. Doctor Nguyen Ngang has approached Oriental medicine and invented the roller Doctor100 and the method Doctor100. Thanks to this method, his pain was significantly reduced, the health is improved unexpectedly. After 6 months the diseases almost disappeared, his mind is recovered, after a year, the health is recovered and now Dr. Nguyen Ngang becomes a healthy elderly strong and lucid.

Doctor100 method and Doctor100 roller not only improve the health of patients but also an active method to help patients actively rehabilitate, while preventing the risk of recurrence.

Doctor100 method has been successfully applied in hospitals: Central Military Hospital 108, Central Acupuncture Hospital, Bach Mai Hospital, Budapest acupuncture catgut embedding Institute – Hungary.

### **Biography**

Tang Anh Tuan is CEO of Doctor100 Center. The center is established in Viet Nam in 2007, in Vienna in 2008. In 2010, standardise Self-healing and prevention the health by Doctor100 Roller; joined "Treatment & Control Spinal Disease" workshop in Singapore, Exhibition in Seoul-South Korea and Paris-France; Also successfully applied Doctor100 method to hospitals: Central Military hospital 108, Central Acupuncture hospital, Bach Mai hospital. In 2012 introduce Doctor100 Acupuncture-Roller. 2014 upgrade to Doctor100 Acupuncture-Roller with heat, which help and effectively very much in treatment chronic diseases related to spine. In 2017 new born Doctor100 Quartz-Power-Roller.

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## **Nurses involvement in policy making, service delivery and evaluation of Nigeria's HIV/AIDS response program**

**Godwin Etim Asuquo**

Africa Centre for Health Leadership, Nigeria

**Statement of Problem:** The recent HIV prevalence survey data has shown significant drop in HIV prevalence in Nigeria from 5.8% in 2001 to 1.4% in 2019. This resulted from more than two decades of collective action by several stakeholders implementing the multi-sectoral HIV/AIDS response covering prevention, treatment, care and support. Health workers have been at the centre of implementation of this program in a health care system characterized by persistent inter-professional rivalry and power games which have affected the contributions of various professional cadres to the program. This study examined the extent to which nurses have been involved in the decision-making process, in service delivery and in the recently concluded National AIDS Impact and Indicator Survey.

**Methodology:** A qualitative design was used for a select group of 400 nurses - 200 from the north and 200 from the southern parts of the country. Data was collected through in-depth interviews, administration of questionnaires addressing specific variables on Nurses involvement in policy formulation, service delivery and program evaluation and complemented by 3 focus group discussions. This was preceded by a desk review focusing on the national health policies, strategic plans and frameworks and implementation data. The theoretical framework for this study was informed by the Critical Social Theory (CST) and Power Theory which enabled an understanding of the barriers, power issues and inequities in our societies.

**Findings:** Finding from the study indicates that, fewer nurses (18%) alluded to being involved in making decisions, 70% of nurses perceived they were adequately involved in the provision of care while only 8% were involved in monitoring and evaluation.

**Conclusion and Significance:** This study points to inadequate involvement of nurses both at the policy level and in monitoring and evaluation which may well explain the quality of care issues which have characterized the program since its inception. This study will help policy makers and planners in repositioning the response for better outcomes of nurses both at the policy level and in monitoring and evaluation of the program. As a key stakeholder in service delivery, inadequate involvement of nurses in these critical areas may well explain the quality of care issues which have characterized the program since its inception. This study will help policy makers and planners in repositioning the response for better outcomes.

### **Biography**

Godwin Asuquo is an international public health leader with about 20 years' experience in nursing, reproductive health and child rights, governance, HIV/AIDS/ TB and primary health care program management including health systems strengthening. He has consistently worked in senior leadership positions delivering impactful results for communities served in Africa including Nigeria, Chad, Senegal, Egypt, Morocco, Ethiopia, Rwanda, South Africa and Tanzania. Tasks undertaken during these assignments range from policy development, program management, training, research, organizational development, and strengthening capacity for HIV/AIDS, obstetrical care and human resources for health. He was the Chief of Party/Program Director for Save the Children's Global Fund Program in Tanzania till June, 2018. He is currently providing leadership to the Africa Centre for Health Leadership in Nigeria. Previously, he served as Primary Health Coordinator, Nurse and midwives Educator and a Lecturer in Public Health and Nursing at the University of Maiduguri and Imo State University in Nigeria.

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## **Ultrasound-guided steroid injection: A scintillating dimension in managing de Quervain's tenosynovitis**

**Ashish Mathew**

Rajiv Gandhi University of Health Sciences, India

**Introduction:** de Quervain's tenosynovitis is a stenosing tenosynovitis of the first extensor compartment of the wrist and leads to wrist pain along with impaired function of the wrist and hand. Local steroid injection and surgical release forms the mainstay treatment in the conservative and surgical line of treatment respectively till date. This study aims to bring out the effectiveness of local steroid injection given accurately under ultrasound guidance making it comparable to surgical release in the short-term period, thereby emerging as an immediate and cost – effective line of management.

**Materials and Methods:** Twenty-three patients diagnosed with de Quervain's tenosynovitis were included in this study whom did not show any relief of symptoms when conservative mode was used namely rest, analgesics and splinting in certain cases.

Clinically patients were assessed using DASH (Disabilities of the Arm, the Shoulder and the Hand) score based on the severity of condition before the procedure and after the procedure. A mixture of 1 ml of triamcinolone and 1 ml of 1% lidocaine hydrochloride was taken under aseptic precautions and was injected into the involved compartment under expert guidance with help of ultrasound imaging. Clinical improvement was later evaluated by analyzing the pre procedural and post procedural DASH (Disabilities of the Arm, the Shoulder and the Hand) score indexes comparing it to surgical release.

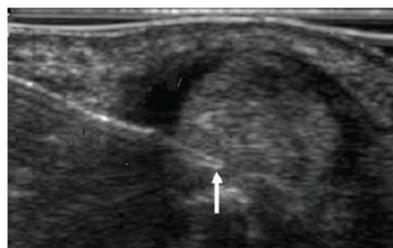
**Results:** 22 patients (96% were symptom-free) out of the 23 patients that were included, after the 1st injection at two weeks. At the end 6 months 22 (96%) patients were symptom free and were fully satisfied with the gratifying outcome. No recurrence in these patients after a 1 year of follow-up was recorded. The one failed patient underwent surgery for release of the first extensor compartment and was symptom-free at the 2 weeks post –op after assessment. Adverse reaction of the steroids was incidentally seen in 2/23 (16%) of the patients, which eventually subsided in 20 weeks. Incidence of nerve injury, infection, or tendon rupture did not occur.

**Conclusion:** We draw to close that selective infiltration of steroids in the common sheath of the EPB and APL under Ultrasound-guidance provides an evocative improvement of pain and function in greater number of patients with de Quervain's Syndrome thereby avoiding a possible surgery.

### **Biography**

Ashish Mathew is dedicated in improving the health and wellbeing of financially indigent patients. His open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare for patients who find it difficult in affording surgical management of certain orthopaedic pathologies. Ultrasound-guided injections have emanated as an option in the management of de Quervain's disease as a less invasive and cost-effective modality compared to surgical release. This would thereby encourage patients to opt for a less invasive procedure.

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**Fig. 2: Ultrasound image, at the time of delivery of injection into the 1<sup>st</sup> extensor compartment**

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## What do we stand for? Nursing historiography as a research priority

**Ursula Serdarevich**

Favaloro University, Argentina

Historiography is conceived as the critical study of writings on History, its sources and authors and as a logical and methodological exercise. It allows evaluating the consistency and coherence of events of the past and its influence on memory processes and disciplinary identity (Alattore Winter, 2010; Jaksić, 2012). Thus, professions are embedded in a socio-historical process of conformation and transformation that cannot be ignored.

In the field of Nursing, historical analysis provides a path of knowing the larger context of health care and medical advancement, and how it may have influenced health care policy. Issues related to gender, race and ethnicity intersect with the economics and politics of care (Lewenson & Mc Allister, 2015: 4). These inquiries also provide a path to understand ruptures, continuities and tensions of present developments. The dynamic vision of this perspective enriches the discipline, shows the social representations about the profession, and the impregnation of public health models in training. It also aims to rethink gender roles and stereotypes and stimulates the epistemological reflection on the nature and scope of constructs such as “care”, “vocation”, “service” and “cure”.

From the methodological point of view the adoption of a qualitative approach and the availability of varied techniques for the study of primary and secondary sources helps researchers to link different sources of data and to reveal a deeper meaning of categories that operate transversally in the instruction of human resources in health (Mc Donald & Tipton, 2001).

**Conclusion & Significance:** Historiographical perspective allows to consider men and women as actors in connection to the elements of the context (Imízcoz Beúnza, 2013), crossing past, present and future. Historical analysis lead to the abandonment of hagiographic aspects (Toman & Thifault, 2012) in pursuit of a methodology that investigates historical contexts in a broad and flexible way.

### Biography

Ursula Serdarevich is a teacher and independent researcher in Buenos Aires, Argentina. Her primary line of inquiry is Nursing Historiography and the relations between power, identity and memory. In the educational field, she works with pre - graduate and postgraduate students. She is also involved in animal welfare and protection serving as a volunteer at an animal sanctuary.

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