

World Congress on

NURSING EDUCATION AND PRACTICE

SCIENTIFink

09 September 2026 | Don Giovanni Hotel,
Prague, Czech Republic



Theme: “Advancing Global Nursing Through
Education and Excellence in Practice”

Nursing World 2026

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Nursing World 2026





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Venue:

Iris Hotel Eden, Prague, Czech Republic

Keynote Forum DAY - 1



World Congress on Nursing Education and Practice

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The History of Nurse Practitioner Post-Graduate Education

Mary Fisher, RN, DSN, APRN, JD
The University of Virginia, USA

This abstract is a retrospective study on trends that lead to new Nurse Practitioners (NPs) leaving their first job or the profession. It also reviews how they choose a first job and their expectations. It reviews the successes and challenges of NP fellowships, as well as their headwinds and tailwinds. It looks at strategies for recruitment support and managing these vital educational programs.

Biography:

Mary Fisher is a Psychiatric Clinical Nurse Specialist and Family Nurse Practitioner. She has been a member of the nursing profession for 30 years. She is a graduate of Radford University with a Bachelor of Science in Nursing. She also holds a master's in nursing from the University of Virginia. Her clinical interests include the treatment of children and adolescents as well as the medically complex. Her dual certification lends itself to treating both of these specialties.

She is an active member of the consortium of graduate fellowships and her research interests include graduate education, especially fostering resilience. She also has an interest in integrated health care systems. She holds a faculty appointment at the University of Virginia and serves regularly as clinical faculty for Nurse Practitioner and medical students. She is a guest lecturer on legal issues in healthcare.

Ms. Fisher is the President of the Nurse Practitioner Association of the District of Columbia and she is a member of the AANP and VCNP and Sigma Theta Tau. In her spare time, she enjoys hiking and dancing and time with family and friends.



A comparison between Video-assisted transumbilical appendectomy and laparoscopic or open appendectomy in children

D. Yardeni³, B. Kavar¹, A. Pressman¹, I. Rozine¹, L. Siplovich¹, A. G. Coran MD², E.S. Golladay MD², D. Arbell³, V. Kapuller³, Z. Diaa³, R. Udassin³, A. Vroman³

1. Pediatric Surgery Department, Ha'emek Medical Center, Afula, Israel.

2. Section of Pediatric Surgery, C.S. Mott Children's Hospital, University of Michigan Health System, Ann Arbor, MI, USA.

3. Pediatric Surgery Department, Hadassah Medical Center, Jerusalem, Israel

Aim: Video-assisted transumbilical appendectomy (VATA) is a combination of laparoscopic appendectomy (LA) and open appendectomy (OA) which has the potential advantages of both techniques. In this study, we report our recent experience with VATA and compare it to our experience with OA and LA.

Methods:

The charts of all the children who underwent VATA between March 2006 and July 2008 in the Department of Pediatric Surgery at Haemek Medical Center in Afula, Israel were retrospectively reviewed and compared to those who underwent OA or LA between July 2002 and October 2003. Children who presented with a preoperative diagnosis of acute appendicitis and children who were electively admitted for an interval appendectomy were included in the study. One 12-mm trocar was inserted transumbilically. An operating laparoscope was used to mobilize the appendix, which was delivered through the umbilicus, and a standard extracorporeal appendectomy was performed. The results of VATA were compared to our results with OA and LA which were published in 2007.

Results:

Of 129 children who underwent appendectomy, 58 had VATA, 52 OA and 19 LA. Of the 58 children who had VATA, 42 were performed for acute appendicitis and 16 as an interval appendectomy after conservative treatment of complicated appendicitis. The operating time was significantly longer for LA than for VATA and OA. The length of stay (LOS) was significantly shorter after VATA or LA than after OA. A lower percentage of children who underwent VATA had morphine needs (MO) than after LA and OA and children after VATA had statistically significantly fewer days NPO. There were no deaths or severe complications during or after any of the operations and there were no statistically significant differences in complications amongst the groups.

Conclusions:

Video-assisted trans umbilical appendectomy combines the advantages of both OA and LA. The use of one trocar along with an extracorporeal appendectomy makes VATA less invasive, easier, faster and cheaper than LA.

Keywords:

Video-assisted, Laparoscopy, Appendectomy, Children

Biography:

1989 MD, Faculty of Health, Ben Gurion University, Beer Sheva, Israel.

1995 Pediatric Surgeon, Ministry of Health, Jerusalem, Israel.

1998 International Fellow, Pediatric Surgery, Red Cross Children's Hospital, Cape Town, South Africa.

2001 International Fellow, Pediatric Surgery, Mott Children's Hospital, University of Michigan, Ann Arbor, MI, USA.

2006 International mission, R.O.N Hospital, Nauru. Sent by the Ministry of International Affairs and HARI, Israel.

2009 Consultant Pediatric Surgeon, Pediatric Surgery Dept. Sheba Medical Center, Israel.

2016 Consultant Pediatric Surgeon, Pediatric Surgery Dept. Hadassah Medical Center, Jerusalem, Israel.



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Scientific Session DAY - 1



Promoting Adjustment Among Families Impacted by Non-curable Cancer: Results From A Randomized Clinical Trial Of The Enhancing Connections Program

Frances Marcus Lewis, Ph.D, MSN, MA, BSN
University of Washington, USA

An estimated 25% of child-rearing parents are diagnosed with advanced cancer but programs to assist these families lag far behind need. Results from our recently completed national randomized clinical trial testing the efficacy of a manualized, nurse-delivered cancer parenting program showed significant improvements in parenting outcomes. Within-group analysis showed significant improvements in parent- and child-outcomes for both the 5-session experimental program and the low-dose alternative treatment control group. Results justify dissemination and training for nurses working in the in-patient or out-patient setting.

What will audience learn from your presentation?

The manualized intervention delivered by nurses by telephone has potential to positively enhance patient parenting competencies and both parent and child behavioural-emotional adjustment.

The manualized cancer parenting program adds to nurses' services for their child-rearing parents with cancer.

The manualized cancer parenting program is ready for future additional testing in other settings and countries.

The manualized program can serve as a template for other services for expanded populations of child-rearing parents, including those with end-stage renal or liver disease, among others.

Biography:

Dr. Lewis received her BSN from Loretto Heights College, her MN from the University of Washington, her PhD from Stanford University in social science and completed her post-doctoral training at Johns Hopkins University, School of Public Health. Her current research programs focus on child-rearing families impacted by parents' cancer and on spouse caregivers of women with breast or ovarian cancer, clinical trial studies, and developing evidence-based programs.



A Qualitative Phenomenological Study Exploring The Experiences Of Adults With Chronic Neuropathic Pain Having A Capsaicin 8% Patch As A Treatment For Managing Their Pain

Nicola Hickson

University of Wolverhampton, UK

Background:
Chronic neuropathic pain is caused by a lesion or disease of the somatosensory nervous system and the pain duration extends beyond three months. It is a significant contributor to the worldwide burden of illness and disease and unfortunately, this pain typically results in suffering and disability when it manifests.

Aim:

The study aims to explore the experiences of patients with chronic neuropathic pain who are being treated for their pain with a Capsaicin 8% patch and to understand their experiences and reflect on whether the Capsaicin 8% patch treatment provides pain management.

Research Method:

An Interpretive Phenomenological Approach (IPA) was employed, using face-to-face interviews with prompts to gather the data from three participants. The qualitative data was analysed using specialist software and themes were produced.

Results:

The results showed that neuropathic pain had a significant impact on the participants' thoughts and feelings, their experience of pain and their quality of life. The results showed that pain can result in deteriorating mental health, with suicidal ideation and their pain journey can be challenging. Participants spoke of acceptance of pain and how their pain impacted areas of their lives, including their mobility, sleep and appearance.

Conclusion:

Neuropathic pain has a significant impact on patients and Capsaicin 8% patch treatment can be effective in managing neuropathic pain and improving quality of life. It is recommended that patients are given the option of Capsaicin 8% patch treatment and that Acceptance and Commitment Therapy be offered to assist them in accepting their pain.

What will audience learn from your presentation?

Further information regarding the lived experience of patients experiencing neuropathic pain.

Biography:

Nicola is a specialist pain management nurse in the National Health Service. She studied an MSc in Advanced Clinical Practice at the University of Wolverhampton, UK. The study being presented was her dissertation for the MSc.



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Group Presentation DAY - 1



Novel progressive examination methods and possibilities in the treatment of chronic wounds from a dermatologist's perspective



Zelenkova Hana, MD, PhD, MBA & Lenka Zeherová, diploma Nurse

Private Clinic of Dermatovenereology, Slovakia

Since the 1970s, the treatment of acute and chronic wounds of various aetiologies has witnessed an explosive development of new modern investigative methods and products. In addition to the older classical conservative procedures, modern and continuously innovated methods of treatment have been added. The new generation dressings make full use of the knowledge of pathophysiology and especially the principles of moist healing. However, new investigative procedures, studies of the microbiome and assessment of the microbial colonization of the wound are particularly important, resulting in a realistic and practical approach to therapy.

The current modern Molecule i:X method uses violet light (405 nm) to detect bacteria in real time - invisible to the naked eye.

Sonication - a simple alternative laboratory diagnostic method principally using bio ceramic coating and ultrasound. Wound exudate - sonicate containing bacteria and endotoxins is bacteriologically analyzed and detected using ultrasound. The method provides more detailed information on the bacterial colonization of a non-healing wound than a standard smear, which in turn can and should be used in practice for more targeted and effective antibiotic treatment.

The application of bacteriophages is well known in practice. MRSA (methicillin-resistant *S. aureus*) strains were first recorded in the 1960s. Despite enormous and continuously growing knowledge in the field of *S. aureus* virulence factors, in many cases it is difficult to effectively prevent infection

and subsequently treat staphylococcal infections. This is especially true for infections caused by strains of *S. aureus* that are resistant to multiple antibiotics. Given the difficulty of developing new effective antibiotics, phage therapy - bacteriophage-bacterial immunomodulator therapy - is once again coming to the forefront of interest after many years.

Another highly effective product used in the treatment of acute and chronic wounds is a dressing or gel that specifically binds bacteria, enriched with copper and bio ceramics. Disposable wipes are used for cleaning. There are no known contraindications, and no antibacterial substances remain in the wound after use. A very low risk of allergies has been confirmed. The products are suitable for both short-term and long-term treatment, and no mechanism of resistance development is known. The products bind bacteria and promote autolytic wound cleansing.

The healing of acute and, from a dermatologist's point of view, chronic and extensive defects of the lower legs in polymorbid patients requires a comprehensive and multidisciplinary approach. The work of an educated nurse in the wound care process is irreplaceable. It is necessary to monitor the current conclusions of studies on examination methods and the latest treatment trends and procedures. Finally, it is essential to limit undesirable polypharmacy and unnecessary administration of antibiotics. Efforts should also be made to achieve positive economic impacts of treatment and, last but not least, to improve the quality of life and thus the overall comfort of the patient.

What will audience learn from your presentation?

- The healing of acute and, from a dermatologist's point of view, chronic and extensive defects of the lower legs in polymorbid patients requires a comprehensive and multidisciplinary approach.
- The work of an educated nurse in the wound care process is irreplaceable. It is necessary to monitor the current conclusions of studies on examination methods and the latest treatment trends and procedures.
- Efforts should also be made to achieve positive economic impacts of treatment and, last but not least, to improve the quality of life and thus the overall comfort of the patient.



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Biography:

H. Zelenková, MD, PhD, MBA has been active in the field of Dermatovenereology since 1973. Since 2000 she has been directing her own Private Clinic of Dermatovenereology - www.dost.sk.

Professional orientation: wound management, medicinal mycology, psoriasis, atopic dermatitis, carboxytherapy and PRP in dermatology, aesthetic dermatology, management in dermatology. More than 90 clinical studies testing pharmaceuticals and treatment materials were carried out at her clinic with results published in many international medical journals. More than 590 expert lectures in the Slovak Republic as well as abroad, 490 scientific publications. Author of a publication on Ichthamol and Antioxidants on dermatological practice, in 2014 She wrote a monograph Carboxytherapy, published in English, Slovak, Polish and Russian, reedition this monograph 2018. Founder and Past President of the Slovak Society for Aesthetic and Cosmetic Dermatology (SSEDK), President of the traditional international DERMAPARTY congress. 2007 Past President of the European Society of Aesthetic and Cosmetic Dermatology

Lenka Zeherová is a diploma nurse and clinical research professional from Slovakia. She works at DOST – Private Clinic of Dermatovenereology in Svidník and is actively involved in international clinical research and global health networks. She graduated from the Secondary Medical/Nursing School in Svidník and continues to contribute to nursing and healthcare research.



Role and Management of Forensic Anthropology and Forensic Medicine in Estimating Sex and Age of the Yazidi Kurdish Mass Grave in Kojo, Near the Sinjar Area



Prof. Dr. Yasin Kareem Amim and Assistant Professor Dr. Muhsen Kamal Yasen

General Director of Medico Legal Institute – Iraq and Medico Legal Institute – Iraq

Following the 2014 attacks on Sinjar, multiple mass graves were documented in Kojo village. Many victims were exhumed and transferred to Baghdad for medico-legal examination and humanitarian identification. In large-scale recovery operations, pelvic and cranial elements are not always available or sufficiently preserved; consequently, long bones (femur and forearm) become critical for sex estimation and for cross-checking age assessments. Objective: To evaluate whether measurements of the left femur and left forearm (radius + ulna complex, measured as forearm length) can aid sex estimation and support age profiling in a cohort of exhumed individuals from Kojo, and to summarize practical management steps that supported ethical, scientific, and culturally sensitive handling of remains. Materials and Methods: We reviewed 382 skeletonized sets of remains meeting strict inclusion criteria (intact left femur and left forearm; adult epiphyseal status) and excluding cases with extensive burning, mutilation, advanced taphonomic alteration, or prior major trauma/deformity. Standard osteological procedures and chain-of-custody protocols were applied. Long-bone lengths were

recorded; descriptive statistics and group comparisons were conducted to explore sexual dimorphism and age-related patterns within the available data. Results: The mean left femur length was 31.40 ± 11.91 cm and the mean left forearm length was 24.02 ± 9.12 cm. The difference between these means was statistically significant ($p < 0.001$). Of 342 sexed individuals, 146 (42.7%) were male and 196 (57.3%) were female. Age profiling identified 199 (58.2%) adults, 139 (40.6%) older adults, and 4 (1.2%) subadults. Conclusions: In absence of pelvic or cranial landmarks, femur and forearm measurements provide practical adjuncts to sex estimation in this population and context. Such measurements should be applied alongside broader metric and morphological assessments and, wherever possible, genetic testing. The experience from Kojo highlights not only analytical techniques but also the operational management—documentation, storage, and family-centered return—that underpins dignified identification.

Keywords: Forensic anthropology; mass graves; Kojo; Sinjar; Yazidi; sex estimation; long bones; femur; forearm; humanitarian identification; Iraq

Biography:

Prof. Dr. Yasin Kareem Amin was born in Sulaymani, Iraqi Kurdistan Region, in 1963. He received the M.B.Ch.B degree in Medicine from College of Medicine - Mosul University- Mosul in 1991, and the M.Sc. degree in Anatomy and Histology – Salahaddin University 2002 College of Medicine. He completed his Ph.D. degree of Embryology at Hawler Medical University in 2009. Prof. Dr. Yasin Kareem Amin a distinguished figure in embryology and laying the foundation for his subsequent specialization in embryology and assisted reproductive technologies. As an IVF specialist, Prof. Dr. Yasin has made significant contributions to academic and scientific communities, playing a pivotal role in advancing reproductive medicine.

Beside his Qualifications in Medicine, he graduated as Forensic Medicine and Forensic Anthropology (Forensic Anthropologist) in Bournemouth University 2005. He joined Hawler Medical University College of Medicine since 2002. Currently lecturer in different fields of anatomy, embryology and forensic anthropology. Prof. Dr. Yasin works all exhumations of mass graves in Iraq especially Kurdish mass graves in south of Iraq and genocide with the chemical bomb attack of Kurdish civilian people in Halabja and (ISIS) war. Afterword's he spent twenty-five years as lecturer and researcher at Hawler Medical University College Of medicine and University Kurdistan of Hawler – College of medicine.

He Owns 70 researches published in different journal impact, Scops, DOI Citation 100, Index 54. He also served as volunteer in my specialist doctor with peshmerga during (ISIS) war working on battlefield For Over four years. He gained Professor academic title since 2021 and served as the general director of Medico legal institute (MLI) of Kurdistan Region 2005. He is now Prof. lecturers in Different Spatiality of Medical Research Center at Hawler Medical University, scientific research center. Yasin supervises a numbers of MSc students in Embryology and forensic medicine.

Assistant Professor Dr. Muhsen Kamal Yasen is an academic and medical professional associated with the Medico-Legal Institute in Erbil, Kurdistan Region of Iraq. His professional work focuses on forensic medicine, medico-legal practice, and related healthcare services.

He is actively involved in "forensic medical examinations, medico-legal evaluations, academic teaching, training, and research". Through his clinical and academic work, Dr. Yasen contributes to the advancement of forensic and legal medicine and supports professional education in the field.



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Hospitalization at Home and Reduction in Skilled Nursing Facility Utilization



Carla Moore Beckerle, DNP, APRN-BC & Carrie Plisco, DNP, APRN, AGPCNP-BC, WHNP-BC

Esse Health, subsidiary of Surround Care, United States

The hospital at home model delivers acute care services to patients in their homes. This provides an effective and cost-efficient alternative to traditional hospitalization. This model, also known as acute care at home or virtual hospital, allows patients to receive hospital level care in the comfort of their own homes. This addresses the issues of rising costs and changing patient preferences. It is designed to provide acute care for patients stable enough to be monitored from home. 2024 Medicare data indicates 40 percent of patients ages 65 and older require Skilled Nursing Facility (SNF) admissions following hospital discharge. (1) Hospital at home discharge data greatly differs.

What will the audience learn from your presentation?

Learner objectives:

- The learner will be able to describe the full range of inpatient services provided by the hospital at home model, including assessments, treatments, diagnostic studies, IV medications, monitoring, and therapies similar to what they would receive in a hospital.
- The learner will be able to describe how the model leverages telehealth, remote monitoring,

and in-home care providers to ensure patients receive hospital-grade oversight. This includes regular check-ins by healthcare professionals and the use of medical equipment at home.

- The learner will be able to verbalize how patients are typically screened in emergency departments or during primary care visits. Eligibility criteria often include clinical stability, the ability to safely receive care at home, and passing a home safety assessment.
- The learner will be able to describe studies that suggest that hospital-at-home care can reduce the total cost of care by 30% or more due to lower overhead costs and shorter lengths of stay.
- The learner will be able to explain how patients in hospital-at-home programs often experience lower readmission rates, reduced mortality rates, and higher satisfaction levels compared to traditional hospital care.
- The learner will be able to understand how the patient experiences Enhanced Comfort and Convenience: Patients benefit from receiving care in a familiar environment, which can lead to better recovery experiences and overall well-being.

Biography:

Carla Beckerle, DNP, APRN-BC, has over 49 years of experience in health care. She's managed critical care, emergency, case management, and utilization services. In the outpatient setting, she served in the role of Vice President of Clinical Programs. She continues to practice clinically as an APRN in her employer's hospital at home program.

Beckerle is a member of the ADA, expert reviewer for Diabetes Spectrum magazine, a member of NANDA International Expert Clinical Advisory Panel (ECAP), AANP/ANA/MONA St. Louis and State Chapters, STLNA and AMNP St. Louis Chapters, board member of the Gift of Adoption and Memory Care Home Solutions.

Carrie Plisco, DNP, APRN, AGPCNP-BC, WHNP-BC, has over 35 years of experience in health care. She worked for 20 years in an internal medicine primary care setting. She continues to practice clinically as an APRN in her employer's care management and hospital at home programs. She is a member of AANP/ANA/MONA St. Louis, and STLNA.



Sole Survivors of the Barzani Genocide: Lived Experiences, Memory, and Social Reconstruction



Mariwan Sedeq Omer & Mr. Rebar Ahmed Khalid

Hawler Medical University, Erbil, Iraq and

Minister of Interior in the Kurdistan Regional Government Iraq, Kurdistan, Erbil

Short Description of what will be discussed during the presentation (Abstract Background and objectives: The mass disappearance and execution of Barzani Kurds (1983) is a critical but under-studied event in Iraq and genocidal violence more broadly. There were sole survivors (sometimes women who were the surviving members of their families) who bear the distinctive burden of memory and reconceptualization of roles. This paper presented findings concerning how sole Barzani survivors describe the lived experience, how they enact memory and what role they played in social reconstruction in the Kurdistan Region of Iraq. Methods: Rich semi-structured interviews were carried out using a

hermeneutic phenomenological framework on a purposive sample of twelve Barzani people (aged 40 - 63) who were the sole survivors of the Barzani genocide in their houses either nuclear or extended families. Data collection was carried out by conducting 60- to 90-minute interviews with the participants in June - July 2025. All the sessions were recorded audibly, typed word-to-word and then translated to English. The process of analysis followed the six steps of analysis proposed by Van Manen by using different types of reading in holistic, selective, and detailed reading styles to identify major themes present in the collected data.

Biography:

Mariwan Omer is a legal scholar and practitioner specializing in genocide studies, mass grave investigations, cybercrime law, and international legal frameworks. His work bridges human rights, forensic law, and digital security, focusing on justice for atrocity crimes and the evolving challenges of cybercrime in modern legal systems. Mariwan has participated in research projects and legal initiatives addressing post-conflict accountability and emerging threats in cyberspace, contributing to both academic discourse and practical legal reforms.

Mr. Rebar Ahmed Khalid is a senior security professional and civil engineer from the Kurdistan Region of Iraq. He holds a Master's Degree in National Security from the Iraqi National Security University, Baghdad, and a Bachelor's Degree in Civil Engineering from Salahaddin University. He has held several senior positions within the Kurdistan Region's security institutions, including Major General and Head of the Joint Coordination Department of the Kurdistan Region Security Council, as well as Director of Intelligence Analysis at the Parasteen Agency. His extensive professional experience also includes leadership roles in counter-organized crime, administration, intelligence analysis, and regional security coordination. He is a member of the Kurdistan Engineering Union and has contributed to various organizations related to the development and security of the Kurdistan Region. He is fluent in Kurdish and Arabic and has advanced proficiency in English and Persian.



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Scientific Session DAY - 1



Analysis of factors determining the stiffness and elasticity of scars in women after cesarean section —a pilot study

Wojciech Smuczyński

Nicolas Copernicus University in Torun, Poland

Background / Objective:

Among women with a history of cesarean section (CS), scar abnormalities are observed in 20–32% of cases. The presence of a scar in the lower abdomen may cause pain, dysmenorrhea, dyspareunia, and postural dysfunction. The aim of the study was to conduct a feasibility study and secondary exploratory analysis of the factors determining scar stiffness and elasticity in women after CS.

Methods:

The study involved 30 women aged 26 to 45 who had undergone at least one CS no earlier than six months before the start of the study. The following feasibility endpoints were analyzed: recruitment rate, completion rate, protocol deviations, and device usability. Myotonometry was performed to quantify the stiffness and decrement (a parameter that inversely reflects tissue elasticity) of the CS scar. The correlation between stiffness and decrement and age, BMI, time since the last CS, and the number of CSs was assessed.

Results:

All predefined feasibility criteria were met. Recruitment exceeded the target rate (3.3 participants/week), with a high completion rate (90%). One minor protocol deviation occurred without impact on safety or data integrity. The MyotonPro device showed good usability, with no reported discomfort and successful completion of all measurements. Secondary exploratory correlation analyses suggested a tendency toward a negative correlation between BMI and the stiffness and decrement (indicating increased elasticity) across most scar regions. No consistent correlations were

observed between age and the examined scar parameters. Exploratory analyses further indicated a probable positive correlation between time elapsed since the last CS and stiffness and decrement (indicating reduced elasticity), which was observed only in the central region of the scar. The number of cesarean procedures showed sporadic, region-specific correlations with scar parameters, limited to selected measurement points.

Conclusion:

These findings suggest that the study design is feasible and acceptable. Future research protocols should also include a comparison with healthy skin in the scar area. Preliminary exploratory analyses suggest a potential influence of BMI and time since last CS on scar stiffness and elasticity. However, due to the limitations of the pilot study, these observations should be considered preliminary and hypothesis-generating and may be used to design future confirmatory studies.

What will audience learn from your presentation?

From my presentation, the audience will learn:

- the usefulness of myotonometry in assessing caesarean section scars,
- whether there is a correlation between stiffness and decrement and age, BMI, time since the last caesarean section and number of caesarean sections.
- As I am presenting pilot studies, the knowledge shared may help other scientists conduct their own research by assessing the feasibility study and secondary exploratory analysis of factors determining scar stiffness and elasticity in women after caesarean section.

Biography:

Dr Wojciech Smuczyński - Master of Physiotherapy, Master of Nursing, Academic teacher - assistant profesor at the Department of Physiotherapy at Collegium Medicum UMK in Bydgoszcz. In 2016, the obtained doctoral degree in medical sciences in the discipline of medical biology after defending the doctoral dissertation: „Spectrophotometric analysis of the nucleus pulposus of the intervertebral disc in patients operated on due to osteoarthritis of the spine” - at the Faculty of Medical, Collegium Medicum Nicolaus Copernicus University in Bydgoszcz.



Machine Learning Prediction of Cholesterol Response to Dietary Interventions and Intermittent Fasting in Women: A 12-Week Comparative Analysis

Shula Shazman

*The Open University of Israel, Mathematics and Computer Science
Department, Raanana, Israel*

High cholesterol is a major global health concern and a leading risk factor for cardiovascular disease. Although dietary interventions such as intermittent fasting (IF) and continuous energy restriction have been shown to improve lipid profiles, substantial inter-individual variability in response remains a key challenge for effective clinical implementation. This study aims to leverage machine learning techniques to predict cholesterol response in women undergoing different dietary interventions and to advance personalized nutrition strategies.

A dataset comprising 284 women participating in seven dietary intervention protocols—including various intermittent fasting and continuous restriction regimens—was analyzed over a 12-week period. Twelve baseline clinical and metabolic features were used as predictors. Cholesterol response was evaluated using four lipid-related measures (including LDL, HDL, total cholesterol, and triglycerides), which were integrated into a composite outcome score reflecting overall improvement in lipid profile.

Three machine learning models—J48 decision tree, Logistic Model Tree (LMT), and Random Forest—were developed and assessed using 10-fold cross-validation. The models achieved robust performance, with an overall accuracy of approximately 81%, balanced sensitivity and specificity (~ 0.80), and an

F1-score of 0.84. Notably, interpretable models, particularly decision trees and LMT, enabled identification of key predictors and clinically relevant thresholds influencing treatment response.

These findings highlight the potential of machine learning to capture complex, non-linear relationships underlying dietary response and to support data-driven, personalized cholesterol management. Further validation in larger and more diverse cohorts is necessary to establish generalizability and facilitate future clinical application.

What will audience learn from your presentation?

- How machine learning models (Decision Trees, Logistic Model Trees, and Random Forest) can be applied
- Apply similar machine learning frameworks to their own datasets in health, nutrition, or personalized medicine research.
- Incorporate interpretable models into clinical or research workflows to support decision-making.
- Adapt the methodology to design predictive tools for other treatment responses or interventions.
- Use the presented approach to guide hypothesis generation and feature selection in future studies.

Biography:

Dr. Shula Shazman is a researcher at The Open University of Israel, specializing in machine learning applications in healthcare and personalized medicine. Her work focuses on predictive modeling, explainable AI, and data-driven approaches to improving clinical decision-making. She has contributed to research in areas such as nutrition, metabolic health, and chronic disease management, with an emphasis on translating machine learning insights into practical healthcare solutions.



Differential Diagnosis of Life-Threatening Liver Diseases During Pregnancy

Roman Mitsoda

Head of the Department of Maternity and Childhood Protection, State Higher Educational Institution "Uzhhorod National University", Ukraine

Despite advancements in medical science and the continuous adoption of innovative medical technologies aimed at controlling infectious diseases, viral hepatitis remains a major contributor to elevated rates of illness and mortality. The paper presents differential diagnosis of the most dangerous liver diseases during pregnancy, such as viral hepatitis A, B, C, as well as acute liver dystrophy and HELLP syndrome. Clear diagnostic criteria and delivery route are provided for each of the considered liver diseases during pregnancy. It is emphasized that it is extremely important to make an accurate diagnosis. Thus, in the case of acute fatty liver disease in pregnant women and HELLP syndrome, the only way to save the baby is immediate delivery. In turn, termination of pregnancy against the background of acute hepatitis or even exacerbation of chronic hepatitis leads to a significant deterioration in the prognosis for both the mother and the fetus.

What will audience learn from your presentation?

- The knowledge gained can be used in the daily practice of medical personnel in the management of pregnant women with liver pathology that threatens the life of the woman and her child.
- Familiarization with the presented scientific material will allow medical personnel to clearly conduct diagnostic diagnostics between life-threatening liver diseases in pregnant women. Correct diagnosis will prevent the increase in perinatal and maternal morbidity and mortality in women with gestosis and viral hepatitis.

Biography:

Doctor Roman MITSODA studied at the Medical Faculty of Uzhhorod National University. Candidate of Medical Sciences Dissertation on the topic "Comparative characteristics of surgical methods of delivery (cesarean section, vacuum extraction of the fetus, obstetric forceps operations) and their impact on the health of the mother and child". Doctor of Medical Sciences Dissertation on the topic: "Pathogenetic features, prognosis, prevention and treatment of obstetric complications in women who have suffered or are suffering from viral hepatitis". Prepared 3 candidates of medical sciences and one doctor of sciences. Author and co-author of 112 scientific and educational-methodological works, including 12 inventions, 74 works in professional publications, 7 publications in publications included in scientific-metric databases (Scopus), and 8 monographs and textbooks.



Raising Awareness of Leachables in Hospital Environments: An Urgent Public Health Concern

Dr. William Bello

Safe Comp E&L, A Safe Compounding Initiative, Switzerland

Hospital pharmacies play a vital role in healthcare systems worldwide, compounding drug products (DPs) to meet demand, address specific clinical needs, and ensure continuity of treatment—particularly in cases of market shortages or withdrawals, unavailable active pharmaceutical ingredients (APIs), or individualized therapies such as weight-based dosing for infants. Compounding occurs in two main forms: nominal preparations, short-term formulations tailored to individual prescriptions, and batch compounding, larger-scale preparations stored for extended periods to streamline intravenous services and ensure timely access to commonly needed formulations. A critical yet overlooked challenge lies in batch compounding: the widespread off-label use of plastic primary packaging. Driven by limited awareness, cost pressures, and regulatory gaps, packaging designed and validated for acute, short-term use is frequently repurposed for long-term storage. Safety data generated by medical device manufacturers apply strictly to intended use and cannot be extrapolated to extended applications. This practice creates conditions under which potentially harmful leachable compounds are completely unmonitored and may migrate into drug formulations, with direct implications for patient safety. The risks are global and disproportionately affect vulnerable populations. Neonates, infants requiring frequent parenteral or ophthalmic administration, and oncology patients undergoing long-term therapy face heightened exposure to unassessed leachables.

Furthermore, batch compounding can sometimes be of semi-complex to complex galenical formulations, which may exacerbate extraction of plastic-related substances, amplifying the risk. Urgent action is needed. Raising awareness among healthcare professionals, regulators, and industry leaders, conducting analytical and toxicological evaluations of batch compounding, and enforcing evidence-based regulation of plastic packaging are essential steps. Addressing this overlooked issue is critical to safeguarding vulnerable patients and protecting public health worldwide.

What will audience learn from your presentation?

- Improve patient safety: Raise awareness of risks from leachables in plastic packaging used off-label in batch compounding.
- Support better pharmacy decisions: Help pharmacists evaluate packaging materials, storage, and compounding practices.
- Strengthen institutional policies: Inform improved guidelines and quality assurance for packaging used in extended storage.
- Advance research and teaching: Provide a basis for further work in pharmaceutical packaging, toxicology, and regulatory science.

Biography:

William Bello, is an analytical pharmacist specializing in Hospital Pharmacy Extractables and Leachables (E&L). He earned his doctorate at Lausanne University Hospital (Switzerland), where he developed DELTA, a database and screening system for monitoring leachables in compounded drug products. He is the co-founder and technical consultant of Safe Comp E&L, a non-profit initiative supporting safe compounding practices in hospital pharmacies worldwide. William has published over six papers, is preparing two books on hospital safety, and has been invited to speak at more than a dozen international conferences across seven countries, advocating globally for safer, science-based compounding practices.



A Breath of Fresh Air: A Case Report on Respiratory Failure in UK Ambulance Service

Harrison Galgut

Central Medical Services, UK

Background:

The World Health Organization (WHO) rates Chronic Obstructive Pulmonary Disease (COPD) as one of the biggest killers in the world. Patients who have elongated episodes of respiratory failure with Intensive Care Unit visits have poor outcomes. The WHO considers pollution a major risk factor for COPD. Exacerbations, ranging from minor exacerbations to respiratory failure, are a common presentation to the ambulance service.

Case:

A patient in their early 60s was suffering respiratory failure because of an exacerbation of COPD. They tried their Ventolin inhaler to no effect and managed their respiratory failure using their home CPAP while awake for the first time to help them have adequate ventilation.

Discussion:

During COVID-19, most NHS Ambulance Trusts gave their ventilators to the Nightingale Hospitals. JRCALC advises that assisted ventilation should be performed while transporting a patient with respiratory failure to the hospital. However, performing assisted ventilations in a moving vehicle is challenging and potentially ineffective. Allowing emergency ambulance staff to access NIV to manage these patients could improve patient care.

Biography:

Harrison Galgut is a UK frontline paramedic with experience across emergency ambulance services, primary care, and community response. He holds a BSc (Hons) in Paramedic Science from the University of Cumbria and has contributed to pre-hospital care research, including published work on respiratory failure management and non-invasive ventilation in ambulance settings. Harrison has been recognized for his clinical care, education, and patient advocacy, including involvement in award-winning lifesaving emergency responses. His interests include respiratory care, clinical education, and improving patient outcomes in emergency medicine. When not working, Harrison enjoys playing golf and recording music.

Conclusion:

NIV could be a good addition to standard emergency ambulances to prevent ICU stays in patients with respiratory failure. However, before any major changes in ambulance load lists, more research is needed into the effectiveness of pre-hospital NIV compared to assisted ventilations with a BVM in acute respiratory failure.

What will audience learn from your presentation?

- CPAP is effective in managing respiratory failure during vehicle travel.
- Pre-hospital care for respiratory failure can be difficult. Traditional bag-valve-mask (BVM) ventilation inside a moving ambulance may be challenging and less effective, especially for conscious patients.
- Changes to load lists and training to include NIV and CPAP could simplify and improve the management of patients with respiratory failure.
- The case study demonstrates how a patient's own home NIV device helped stabilize them during a 35-minute ambulance journey, improving oxygen levels and reducing distress compared to high-flow oxygen alone. Creative solutions are sometimes better than standard practice.

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Speakers	Pg.No

Speakers	Pg.No

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