

22nd World Congress on
PEDIATRICS, NEONATOLOGY & PRIMARY CARE

November 12-13, 2018 Dubai, UAE



Special Session (Day 1)

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Ameya Ghanekar

Founder and Chief Learning Officer -Orange Zebra, UAE

Significance of perception management in healthcare industry globally

Perception is bigger than reality in today's world and healthcare industry is not an exception to it. The way patients perceive a doctors is crucial for the success of a doctor. A few behavioral techniques could be catalyst for the successful career and personal growth for healthcare industry professionals. The conversation about perception management will help healthcare professionals to effectively and successfully manage the perception about them leading to the unbelievable professional rewards.

Biography

Ameya Ghanekar is a TEDx speaker, award winning leadership facilitator, published author, learning strategist, strength coach, experienced body language guru and perception management specialists. He has 14 years of experience in corporate, consultancy and education domain specializing in healthcare, oil and gas, hospitality (Luxury), retail, banking, wellness, real estate, equine, manufacturing, entertainment and fitness industry. He has successfully coached and trained chief medical directors, doctors and healthcare professionals.

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Workshop (Day 1)

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Kanav Anand

Sir Ganga Ram Hospital, India

Workshop on peritoneal dialysis in children

Pediatricians relatively have a greater experience and comfort level with Peritoneal Dialysis (PD) as compared to other modalities of Renal Replacement Therapy (RRT). PD is a cost-effective and efficient therapy as it requires less technological expertise and resource allocation as compared to CRRT or Hemodialysis. PD provides gradual, continuous solute and water clearance through diffusion and ultrafiltration. PD does not require vascular access and access for peritoneal dialysis can be quickly and safely obtained, even in hemodynamically unstable patients, thus allowing for the rapid institution of therapy. Typical access includes Tenckhoff catheters which can be placed by pediatric surgeons in operation theatre or bedside by means of peel off technique percutaneously. Rigid PD catheters can also be used if cost is an issue and requirement of PD is just for a couple of days.

This workshop will focus on the following:

- 1) Indications of starting PD
- 2) Types of catheters used for PD
- 3) Procedure of insertion
- 4) PD monitoring
- 5) Troubleshooting

Biography

Kanav Anand is a Consultant Pediatric Nephrologist in the Division of Pediatric Nephrology and Renal Transplantation, Institute of Child Health, Sir Ganga Ram Hospital, New Delhi, India. He is an Executive Member of Indian Society of Pediatric Nephrology. He is also the National Convener for Nephrology in a Nutshell program run under the aegis of Indian Academy of Pediatrics. He has authored a number of chapters in books on pediatrics and pediatric nephrology. His interest is in interventional pediatric nephrology and bedwetting.

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Sydney Engelberg

Hebrew University, Israel

Raising resilient children

The American Psychological Association proclaims that, the ability to thrive despite these challenges (of childhood) arises from the skills of resilience". The good news is that resilience skills can be learned. Building resilience; the ability to adapt well to adversity, trauma, tragedy, threats or even significant sources of stress can help our children manage stress and feelings of anxiety and uncertainty. The most pressing need seems to be to teach children the soft skills necessary for developing resilience. This workshop aims to describe a comprehensive model for understanding soft skills and to provide an innovative model for soft skills development in children. The workshop provides a bridge between research, teaching and practice and provides a comprehensive overview of soft skills from their definition to their expression and application in the real world.

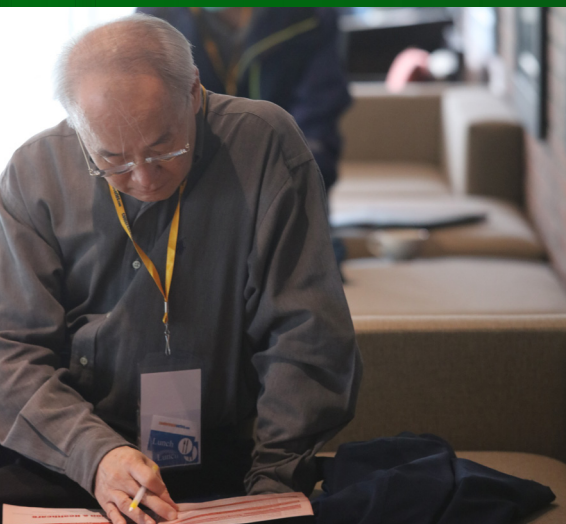
Biography

Sydney Engelberg is a Founding Director of the Program in Community Psychology at the University of New South Wales, Sydney, Australia, taught at Clarke University and Derby University, England and consulted to the World Bank, UNICEF, IBM, Microsoft and Intel. He is currently on the Faculty of the Schwartz Program in Nonprofit Management, School of Social Work and Social Welfare and the Nonprofit Management and Leadership program at the Rothberg International School, both at the Hebrew University and is a Visiting Professor at the Business School, University of Bologna, Italy. He has his own consulting practice with clients in the private, public and nonprofit sectors.

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Neonatal candidemia in India: An overview and update**Harish C Gugnani**

FRC. Path., Retd. Professor, University of Delhi, India

The incidence of candidemia has increased worldwide over the last more than five decades due to increasing population of immunocompromised hosts and advances in medical procedures. Nosocomial candidemia is a major cause of neonatal morbidity and mortality. The incidence of candidemia in Asia ranges from 0.026 to 4.2 per 1000 admissions. Its exact prevalence in India is not known due to paucity of systematic epidemiological. In PG Institute of Medical Education & Research, Chandigarh, 143 neonates were diagnosed to have acquired systemic candidiasis out of a total 4,530 admissions (3.2%). Though *C. albicans* is the most frequent etiological agent of candidemia in neonates in India, there has been increased prevalence of other *Candida* spp., notably *C. tropicalis*, followed in order of frequency by *C. glabrata*, *C. parapsilosis*, *C. krusei* and *C. guilliermondii*. In a couple of studies *C. tropicalis* was more frequent etiological agent of neonatal candidemia than *C. albicans*. Also *C. glabrata* predominated among non-*C. albicans* species in a few of the investigations. Further, *C. aureus* has recently emerged as an important cause of neonatal candidemia in India. Multiple risk factors for neonatal candidemia include low birth weights less than 1250 g, prolonged indwelling intravascular catheters and central venous catheters, intrapartum use of antibiotics (often prolonged), unclean vaginal examination, parenteral nutrition, ventilator support and prior *Candida* colonization and inherent resistance to fluconazole observed in *C. kruei* and *C. glabrata*. It conclusion it can be said that neonatal candidemia in a challenging problem in India. We should prevent it by identifying risk factors in hospital settings and minimizing their level, implementation of hand washing procedures and precise identification of causative *Candida* species and in vitro antifungal susceptibility tests for formulation of effective therapy.

Biography

Harish C Gugnani has completed his PhD in Medical Microbiology in 1970 from University of Delhi. He was the Fellow of the Royal College of Pathologists, London (FRC Path) in 1990. He currently serves as an honorary Consultant in diagnosis of fungal infections in Delhi hospitals. He has published 240 research articles in highly reputed journals including 30 on global burden of diseases of various kinds in Lancet and two each in American Journal of Tropical Medicine, JAMA Pediatrics and International Journal of Public Health, and one in New England Journal of Medicine. He has been serving as Member of Editorial Board and a Referee for several medical journals.

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Role of national pediatric society in reducing pediatric malnutrition in developing countries in context of Nepal**Krishna Prasad Bista**

President- Nepal Paediatric Society, Nepal

Malnutrition is a major public health problem in developing countries, responsible for approximately one-half of all childhood deaths globally. Documents review of the society and the national position papers and the various survey reports is done. The Nepal Paediatric Society (NEPAS) has played pivotal role in the development of community child health by extensive involvement in child health policies, strategies and interventions developed by Government of Nepal along with its partners like WHO, UNICEF. The nutritional status of children in Nepal has improved since 1996. More than half (57%) of children under five were stunted in 1996 compared to 36% in 2016. Consequently there is reduction on wasted and underweight children respectively from 15% and 42% in 1996 to 10% and 27% in 2016. To conclude NEPAS and its members are taking active participation in national child health programs and has an important role to play in advising policy makers on the development of effective responses to social problems that affect children's health.

Biography

Krishna Prasad Bista is the President of Nepal Pediatric Society (NEPAS) and a Member of APPA Technical Advisory Group, Nepal, Coordinator-Nutrition chapter, NEPAS and Consultant Pediatrician at Kanti Children's Hospital, Kathmandu. He has obtained Postgraduate Diploma in Child Health from Tribhuvan University, Nepal in 1997. He has worked as a Treasurer for NEPAS from 2008-2010 and worked as General Secretary for NEPAS from 2014-2016. Presently he is working as a President and National Coordinator for Paediatric Nutrition (NEPAS). He is presently working in The Kanti Children's Hospital as a Consultant Pediatrician in Nepal.

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Recent advances in understanding the pathophysiology and management of cystic fibrosis**Abeer Mohi El-Din Saleh**

International Medical Center Hospital, Egypt

Although cystic fibrosis is a monogenic, predominantly Caucasian, autosomal recessive disease, increasing numbers of patients with cystic fibrosis are being identified in other large populations. It was first recognized as a specific disease by Dorothy Andersen in 1938, with descriptions that fit the condition occurring at least as far back as 1595. The cystic fibrosis trans membrane conductance regulator gene was identified in 1989. It affects multiple organs, including the intestine, sweat glands, pancreas and the reproductive system, but cystic fibrosis lung disease causes most morbidity and leads to premature mortality. It's now predicted that children born with cystic fibrosis in the 2000s will survive into their 50s. The focus of this review is to summarize some of the recent advances that have taken place in our understanding of the recent advances in diagnosing and managing cystic fibrosis.

Biography

Abeer Mohi El-Din Saleh has completed Bachelor's degree from Ain Shams University Faculty of Medicine in 1995, Master's degree from the same university in 2001 and MRCPCH London, UK in 2013. She has previously worked in Yeovil District Hospital, UK. She is currently is working as a Pediatric Consultant in the International Medical Center Hospital and Nasser Institute, Cairo, Egypt.

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Neonatal/preverbal trauma and its implications on treatability in the psychologically traumatised child**Klaus Martin Beckmann**

Griffith University, Australia

Perinatal trauma comes on several spectra quality, intensity, duration, frequency and locations. Some newborns will be more traumatised than others. In selected infants, especially in the case of congenital physical health compromise, subsequent psychological trauma may endure for months, sometimes years and tragically sometimes a life long. Resilience to psychological scaring and PTSD will be discussed. This presentation outlines treatment options for toddler and infant. Whilst primary prevention is not possible to achieve after harm has been experienced, the focus is on therapies, secondary and tertiary prevention. Several psychological and psychosocial as well as systemic treatment options are presented in an attachment informed context. There will be a compound case presented and the presentation will be free of jargon and hands-on.

Biography

Klaus Martin Beckmann is currently an Associate Professor with the School of Medicine, Griffith University, Logan Hospital campus and he is employed as a Specialist Consultant Child and Adolescent Psychiatrist within the Child and Youth Mental Health Academic Clinical Unit, Metro South Hospital and Health Services for the Evolve Therapeutic Services (ETS) team.

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Stephanie Wellington

Nurturing MDs, USA

5 steps to keep burnout at bay and restore energy and to live and lead for today's physicians

The conversation in the medical community has shifted to include physician's dissatisfaction, physician burnout and the increasing rates of suicide among doctors in all stages of their careers. While physicians are charged with the task of caring for patients and the teams that support them, who cares for the doctor. Add to that the financial stress of debt from student loans and family responsibilities and it is evident that life as a physician is not as coveted as it once was. With more women entering medical school, we are entering an age where the model of hierarchy and competition are more destructive than constructive. The competitive model breeds comparisons among physicians which contributes to a lack of self-confidence and the 'not good enough' syndrome. Women physicians, attempting to find their place in this system, leave behind the natural gifts she has to share with her patients and the medical community. Distress mounts as a woman physician tries to define herself in medicine while balancing other roles in her life.

During this talk, participants will:

1. Define Physician Burnout. You may be experiencing it and be unaware.
2. Discover how frustration and dissatisfaction are impacting practice parameters and care teams: acting out and bullying, retreating and doing only what's necessary, or serving in indifference or maybe even in fear- all keeping you from realizing your full potential so you go home drained, discouraged, and defeated.
3. Explore the concept of Physician Energy.
4. Learn the 5 Step Process to restore your Physician Energy.
5. Learn how to harness the power of Physician Energy to lead and live powerfully.

Biography

Stephanie Wellington has completed her Medical degree at The Ohio State University College of Medicine. She has also completed her Pediatric Residency and Neonatal Fellowship training at New York University School of Medicine. Her love of coaching has expanded and she hosts workshops and private coaching for physicians and medical professionals courageous enough to live into the highest vision for their life and career.

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**Farha Hijji***Clinical Resource Nurse, UAE***Use of Gibbs reflective cycle in promoting professional development of health care providers**

One of the major models of reflection is Gibbs reflective cycle. It involves six stages headed as description, feelings, evaluation, analysis, conclusion and action plan. The process of reflection allows a sense of order to be brought to the descriptions of the experiences and for them to be brought into conscious awareness. Therefore, it should be embedded into professional behaviour for providing high quality care to patients. The workshop will involve exploring the model, understanding the stages involved and practicing reflection using scenarios and actual experiences.

Biography

Farha Hijji has completed her double major Master's degree in Leadership in Health Professions Education from University of Sharjah and Royal College of Surgeons in Ireland. She is working as a Clinical Resource Nurse in Kuwait Hospital-Sharjah and licensed BLS Instructor from American Heart Association.

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Simone Battibugli

The Children's Medical Centre, UAE

Diagnostic assessment of cerebral palsy and other neurodevelopmental disorders after NICU: Do not wait-and-see

Worldwide, Cerebral Palsy (CP) is the most common motor disability in childhood. CP is the result of a non-progressive lesion or injury to developing brain and has multiple causes and clinical manifestations, which leads to a very challenging discussion on diagnosis and screening. CP registers indicate the average age at cerebral palsy diagnosis is 19 months of age, however in most clinical settings the age of CP diagnosis is on average two years or older. It is well-known that delays in diagnosis of cerebral palsy are associated with worse long-term motor function, parental dissatisfaction and higher rates of physical and mental health deterioration. Infants at high risk for neurodevelopmental disorders, including CP, can be identified early, in the first weeks of life, through systematic clinical evaluation combined with specific neuroimaging, neurophysiological tests and when needed genetic testing. The most promising early predictive tool for CP is the General Movement's Assessment (GMA), which assesses the quality of spontaneous movements of infants in the first 4 months of life. However, as not all children with abnormal findings at neurological examination or on neuroimaging will develop CP, several authors recommend combining GMA with MRI. This combined assessment has been showing high sensitivity and specificity starting from the first months of life (GMA, 98% and 91%; MRI performed at term 86-100% and 89-97%, respectively). As stated by the World Health Organization, identification of the infant at risk for CP and others neurodevelopmental disorders is a crucial starting point to establish a close relationship between parents and health care providers and to provide early intervention. The broad goal of early intervention is to minimize motor, cognitive, emotional impairments, therefore the remarkable potential of the brain development between preterm age and the age of 1-year post-term offer the best opportunity for early intervention. Hence, ideally early intervention should begin when infants are still in the Neonatal Intensive Care Unit (NICU), mainly by focusing on reduction/minimization of stress factors or soon after NICU discharge. Nevertheless, the main aim of early intervention after hospital discharge is no longer stress reduction but supporting the infant's development and functional outcomes. Certainly, the best practice will involve comprehensive multidisciplinary programs based on active interventions including physiotherapy, occupational therapy, psychology and neurodevelopmental management. Brain and muscle plasticity in response to target therapies has been demonstrated in children with CP of different age ranges, confirming that neuroplasticity is a lifelong continuous process that enables the brain to change and rewire itself in response to stimulation. However, clinical and experimental findings seem to indicate that, to be maximally effective, early intervention has to be early, intensive, active, individualized and family based. Therefore, the main goal of early motor training is to optimize the development of skilled motor function and avoid musculoskeletal deformities. Poor control of muscles and movement in children with CP can be associated with a wide range of functional challenges. Traditional efforts to manage these motor disabilities have been directed at improving tone and promoting adequate motor patterns. However, contemporary approaches are directed rather to target muscle weakness and poor selective motor control, which is showing very encouraging results. Given that cerebral palsy presents at early in infancy and persists throughout lifetime, effective management must be cost efficient, family friend and based in context of community integration.

Biography

Simone Battibugli is a Pediatric Orthopedic Surgeon, currently working as Pediatric Orthopedic Surgeon at The Children's Medical Centre in Dubai. She has 10 years clinical and research experience as Faculty of Federal University of Sao Paulo. She has completed her Pediatric Orthopedic Fellowship training at Children's Hospital, Chicago, USA and also as a Fellow at Shriners Hospital for Children, Lexington, USA. Her main interest is in evidence based medicine, systematic literature review, management and clinical research on neuromuscular disorders, as cerebral palsy, spina bifida and arthrogryposis multiplex congenital and congenital foot and lower limb deformities and other congenital and acquired musculoskeletal pathologies in children.

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Healthcare professionals' unlicensed drug prescribing practice in children and neonates**Sadia Shakeel**

Dow University of Health Sciences, Pakistan

Despite the pharmaceutical products prescribed for Food and Drug Administration–approved indications, unlicensed drug uses may have deficiency of rigorous scientific scrutiny. Regardless of concerns about patient care and health care expenditure, little is known about the frequency of unlicensed drug use or the degree of scientific evidence supporting this practice. The current study was conducted to observe the practice of unlicensed drug prescribing practices in children and neonates in clinical settings of Karachi, Pakistan. A cross sectional study was conducted during Jan-May, 2018 in different health care setups. Health care practitioners were assessed for prescribing practice of unlicensed drug prescribing in children by requesting them to fill and submit the survey form. Multivariate analyses were used to identify drug-specific characteristics predictive of increased unlicensed drug use. The current study revealed that health care practitioners often used the practice of unlicensed drug prescribing in children. Majority of them considered that off label prescribing is safe if used with strong scientific research. Unlicensed drug use is common in patient care, and most occurs without scientific support. Efforts should be made to scrutinize under evaluated off-label prescribing that compromises patient safety or represents improvident medication use.

Biography

Sadia Shakeel obtained her M.Pharm (Pharmaceutics) in 2009 from University of Karachi, Pakistan and awarded doctorate degree in Pharmacy practice in 2017 from Jinnah University for women, Pakistan. She is a Clinical Research Certified Professional from Dow University of Health Sciences. She is currently rendering her services as a Faculty member in Dow College of Pharmacy, Dow University of Health Sciences, one of the oldest public research university located in urban metropolitan area of Karachi, Pakistan. She is a prolific researcher and author. She has authored over 70 peer-reviewed publications in international journals and several research abstracts / research posters to her credit.

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The baby under 500 grams**Richard Mupanemunda**

University Hospitals Birmingham, UK

The last 25 years have witnessed continued improvement in the survival of extremely low birth weight infants particularly in the industrialized nations of the world. This has been accompanied by a shift in attitudes to the provision of intensive care to infants regarded as being at the margins of viability. Intensive care is increasingly offered to such infants with significant intra- and inter-country variations in outcomes. Infants of birth weight <500 g encapsulate the moral and ethical dilemmas of perinatal clinicians who struggle to balance the natural parental emotional desire for every effort to be made to save their premature infants with the clinicians' uncertainty about the infant's prospects for survival and/or disability. It is difficult for perinatal staff to predict the medical prognosis for extremely preterm infants which means some viable infants might die if not offered aggressive treatment. Detailed outcome data for this group of infants is still limited but reported survival rates vary from 11% to 68% though concerns remain regarding long term morbidity. Common morbidities included bronchopulmonary dysplasia BPD, Retinopathy of Prematurity (ROP), Intraventricular Haemorrhage (IVH), Necrotizing Enterocolitis (NEC) and cerebral palsy. Survival rates increase with increasing birth weight and gestational age, is more likely for small for gestational age than appropriate for gestational age infants, is greater for female infants and singletons. Despite the increased mortality and morbidity, up to a third of survivors have been reported free from handicap at age of two years. Current evidence suggests that a proactive and positive approach to intervention in maternal and newborn care including obstetric interventions, antenatal steroids, tocolysis and caesarian delivery with a neonatologist present at birth, for 'a trial of life' including intubation and surfactant administration may increase survival without increasing neurological impairment. Providing perinatal teams with up-to-date outcome data on this group of infants may help further shift attitudes towards a more active and optimistic approach which may encourage higher expectations of a favorable outcome among obstetricians and neonatologists. The Japanese experience clearly supports this view as attested by the amendment of their viability limit from 24 to 22 completed weeks of gestation.

Biography

Richard Mupanemunda has completed his Medical studies graduation from University of Southampton. He teaches Pediatrics and Neonatal Medicine at University Hospitals Birmingham NHS Foundation Trust. His interests include the use of inhaled nitric oxide in the treatment of hypoxic respiratory failure in newborns, airway management and the ethics of healthcare provision.

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Women empowerment in health care sectors**Valeriana Mariani**

President *Donna Impresa, Italy

Mission of the "Donna Impresa" (Business Woman) Association is to bring together business women of diverse occupations and to provide opportunities for them to help themselves and others grow personally and professionally through leadership. We strive to change the culture of business from the inside out - by investing in women. Our mission is to help women advance in the workplace, both for themselves and the greater good. The "Donna Impresa magazine" deals essentially with female leadership, promoting women in their path of social emancipation and focusing attention on the virtuous cases of women who have reached important positions in the professional field. I am fortunate to be a woman who was given the opportunity to achieve her dream. I want women everywhere to have that same opportunity and am pleased to work with the Association "Donna Impresa" development to increase opportunities for women entrepreneurs but also professionals and managers. As the President, for the past ten years, I have been challenging women to grow personally and professionally in achieving their goals as women in business. My vision is for women to find their voice, honor each other's dignity and support each other in becoming their best selves. Founded at 2008, the Associations of Women Business Owners is the only dues-based organization representing the interests of all women entrepreneurs across all industries. The Association propels women entrepreneurs into economic, social and political spheres of power worldwide by.

Biography

Valeriana Mariani has completed his PhD in Sociology at the age of 24 years from Carlo Bo. In 2000 he was President of "Confartigianato Donne Impresa". In 2008 founder the Associations "Donna Impresa" and "International Women" (International Association of Women Entrepreneurs and Business Leaders - Employment, Social Affairs and Equal Opportunities) and is the Editor and Director of "Donna Impresa Magazine". He is also the President of the "International Women's International Enterprise Award".

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