

Joint Event

PUBLIC HEALTH, WOMEN'S HEALTH, NURSING AND HOSPITAL MANAGEMENT

December 03-04, 2018 | Lisbon, Portugal



Conference Series LLC Ltd

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**KEYNOTE FORUM
DAY 1**

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***Mycobacterium avium paratuberculosis* persistence in drinking and untreated water of Porto area in Portugal – A public health issue?**

Mycobacterium avium subsp. *paratuberculosis* (MAP) has been implicated in the development of inflammatory bowel disease (IBD) and colorectal cancer. Portugal has a high prevalence of IBD and Porto is one of the Portuguese districts with higher IBD prevalence.

Our goal was to assess MAP contamination in drinking and domestic untreated water sources in Porto geographical area, since water may be an important contaminating source of MAP for humans.

One liter of public drinking water and/or a domestic untreated water source were collected at different locations in Porto area in early Autumn. Biofilms were also collected by swabbing tap inner surfaces with a sterile cotton swab. A second collection of domestic untreated water was performed after winter rains, in early February. Water samples were filtered and DNA was extracted from both water filters and biofilm suspensions using specific commercial kits. MAP contamination was evaluated through a IS900-based nested PCR assay.

Drinking water samples showed higher MAP contamination than domestic water collected in Autumn. In February, MAP detection significantly increased in domestic water. MAP DNA was detected at a higher frequency in tap biofilms than in the corresponding water collected.

Drinking and domestic water may be important sources of MAP contamination in Porto area. The increased MAP detection observed after winter rains in domestic water may reflect soil leaching. Since MAP can resist to water treatment procedures and persist in biofilms, increased microbial surveillance and development of new water treatment methods are most needed to avoid human exposure to this resilient pathobiont.

Biography

Amelia Sarmiento has completed her PhD at the age of 31 years from Universidade do Porto and postdoctoral studies at Instituto de Biologia Molecular e Celular (IBMC-UP), also from Universidade do Porto. She is an Associate Professor at Faculdade de Ciências da Saúde, Universidade Fernando Pessoa at Porto and is a Researcher at both FP-ENAS/CEBIMED (Universidade Fernando Pessoa) and at IBMC/I3S. She has published 12 papers in reputed journals and was a Guest Associated Editor at Frontiers Immunology/Mucosal Immunology Section, hosting a Research Topic entitled "Understanding Crohn's disease: immunity, genes and microbes".

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**Amelia Sarmiento**

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Co-Authors

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Woman's health management after the age of 50

Aging is a natural process which you cannot escape, the fact that probably you are getting older, for many women the years between after 50 brings a number of changes, successes achievements and challenges with memories.

Some aspects in life after 50 of women can be controlled and some are out of our hands, along with health issues the risk of many chronic health issues increase with age, but there are several things which we can do to help lower your health risks. It is important to take care of physical, mental & emotional health.

My presentation will be to improve women's health after the age of 50 by avoiding hormones replacement therapy that is estrogens and progesterone. After this age I feel that women are not answerable to any one, as by this age women have fulfilled all duties towards their family and should enjoy and make full use of their life..

Biography

Usha Dane has the below mentioned to her credit: MBBS from BJ Medical College Pune India , FRHS (Fellow of Rural Health Service) MD Naturopathy Medicine. PGPD (Post Graduate Program in Diabetes) From John Hopkins School of Medicine Baltimore. She is Authorized Medical Attendant for Central Government Employees Government of India Panel Doctor for Employees State Insurance Scheme Government of Maharashtra India. Panel Doctor for Life Insurance Corporation of India.

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**KEYNOTE FORUM
DAY 2**

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Combatting compassion fatigue: The care professional's resilience program

Articulated as the cost of caring for clients that have experienced trauma (Figley, 1995), the phenomenon of compassion fatigue (CF) also known as secondary traumatic stress (STS), is presented from a study of empirical research relating to CF among care professionals. The research uncovered, the symptoms, prevalence, risk factors and best practice interventions identified to alleviate individual experiences and symptoms of CF. Populations explored include; nursing, counselling, social work, hospice care, residential care, mental health and military health care professionals. The research informed the development of an evidence based program, combatting compassion fatigue; the care professional's resilience program. The program incorporates a combination of best practice interventions to educate, develop self-care, and develop emotional intelligence and problem solving capability to foster resilience, reduce the risk and alleviate experiences of CF. An independent pilot study of the program facilitated using the Eagala Model, occurred with a purposeful sample of 10 community care professionals (CCPs) working in residential care facilities in northern new south wales who self-nominated to participate in the program. Pre and post assessment occurred using the professional quality of life (ProQOL) scale (Stamm, 2010), as a screening tool and the Genos emotional intelligence self-test (Genos, 2015) to understand emotional intelligence factors. An analysis of the variance between the pre and post tests revealed ProQOL scores for compassion fatigue and burnout decreased whilst compassion satisfaction scores increased. The Genos emotional intelligence analysis found a statistically significant improvement in overall emotional intelligence ($p > 0.05$) and statistically significant improvements ($p > 0.05$) in the emotional intelligence factors of emotion self-management, emotional expression, emotion self-control and emotion awareness of others. Understanding the increasing demands, high staff turnover and limited capacity to release care professionals from their workplace, further research has commenced to undertake a clinical trial of the Combatting Compassion Fatigue. Care professionals resilience program facilitated in a blended learning mode using workshops, online learning and support resources to optimize access and engagement in the program for nursing healthcare professionals in highly demanding, high stress and high stakes environments.

Biography

Michelle Black is a Consultant, Educator and EAP Practitioner. She is an Advocate for leveraging the evidence to solve industry problems. She developed Australia's first evidence based program to combat compassion fatigue among community care professionals and has more than 20 years' of experience in leading organizational development and change in the commercial, government and not for profit sectors. She is a Registered Counsellor and a Fellow of the Australian Institute of Training and Development. She has a Master of Counselling and a graduate certificate in Corporate Management. As an Advocate for people thriving in the workplace, she has presented research on Compassion Fatigue at a number of national and international conferences and published peer reviewed articles in the Counselling Australia Journal and the Australian New Zealand 17th International Mental Health Conference papers. She is a PhD student at the University of Queensland and continues to advance the research on Compassion Fatigue.

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