SVOČ 2022/23

CORRECT SUBMISSION OF AN ABSTRACT AND A POSTER

MGR. KATEŘINA ČAPKOVÁ

KATERINA.CAPKOVA@UPOL.CZ

TEL.: 585 632 061

OFFICE: DEAN'S OFFICE

NR.: 3.076

ABSTRACT:

LENGHT: I PAGE

PAPER SIZE: A5

RIGHT MARGIN: 2 CM

LEFT MARGIN: 2 CM

TOP MARGIN: 2 CM

BOTTOM MARGIN: 2,7 CM

FONT: TIMES NEW ROMAN

FONT SIZE: 10

NAME OF ABSTRACT: BOLD, UPPER CASE LETTERS, ALIGNMENT IN BLOCK

AUTHOR AND TUTOR: SURNAME + INITIAL; BOLD

HIGHLIGHTING IMPORTANT CONCEPTS IN TEXTITALICS

ALIGNMENT OF TEXT: IN BLOCK

SPACE BETWEEN PARAGRAPHS: 4 B.

SPACING: SIMPLE

INDENTATION: NONE

DIVISION OF WORDS: MANUAL

LANGUAGE CZECH / ENGLISH

ABBREVIATIONS: NOT TO BE USED

SUPPORT OF GRANTS (OPTIONAL INFORMATION): IN ITALICS, AT THE END OF THE ABSTRACT

ABSTRACT AND POSTER MUST CONTAIN:

- INTRODUCTION
 - OBJECTIVES
- METHODOLOGY
 - RESULTS
 - CONCLUSION
- ACKNOWLEDGMENT (OPTIONAL)

EXAMPLE OF A CORRECT ABSTRACT

AJDSJHAFKJSDHF ASKDJFIOUE ASDKJFASLDJFK MNJIRPLK SJKLJSLDFKJ

Author: Xxxxx X.

Supervisor: MUDr. Xxxxxx X., Phd

Department of Clinical and Molecular Pathology LF UP Olomouc

Introduction: afoiasudfiosud. aisldkfiasopa asdfasidfasilidasf asdkifaciumasd fSasùdifkaisd. kasdpofie Dkisdfikiaskd. aspdfikwi asiiikas. Aekiksidfklaisdkl asdfiaisdi-

Objectives: asdkifklasidf asdifklasidf aslkdfjasidlfk askdiflkůasi asdkifklasidf asdifklasidf aslkdfjasidlfk askdiflkůasi asdkifklasidf asdifklasidf askdiflkůasi

Methodology: Asdkifklasidf asdifklasidf aslkdfiasidlfk askdiflkůasi asdkifklasidf aslkdfiasidlfk askdiflkůasi

Results: Pasdkifklasidf asdifklasidf aslkdfiasidlfk askdiflkůasi asdkifklasidf asdifklasidf aslkdfiasidlfk askdiflkůasi asdkifklasidf aslkdfiasidlfk askdiflkůasi asdkifklasidf aslkdfiasidlfk askdifklasidf aslkdfiasidlfk askdiflkůasi asdkifklasidf aslkdfiasidlfk askdiflkůasi

Conclusion: Asdkifklasidf asdifklasidf aslkdíjasidlík askdiflkůasi asdkifklasidf asdifklasidf aslkdíjasidlík askdiflkůasi asdkifklasidf asdifklasidf aslkdíjasidlík askdiflkůasi

Acknowledgement: Asdkifklasidf asdifklasidf aslkdfiasidlfk askdiflkůasi asdkifklasidf asdifklasidf aslkdfiasidlfk askdiflkůasi asdifklasidf aslkdfiasidlfk askdiflkůasi

POSTER:

- DIMENSIONS: 140 X 85 CM, LANDSCAPE ORIENTATION
 - TITLE IN FONT SIZE: 100
 - FONT SIZE FOR THE REST OF THE POSTER: 40
- AUTHOR'S AND SUPERVISOR'S NAME UNDER THE TITLE OF YOUR POSTER
 - INDIVIDUAL PARTS OF THE TEXT SHOULD BE ALIGNED TO A BLOCK
 - STATE ANY SOURCES OF LITERATURE
 - POSTER SHOULD BE SAVED IN PDF FORMAT
 - MAX SIZE OF THE POSTER: 10 MB

EXAMPLE OF A CORRECT POSTER



Faculty of Medicine and Dentistry

ESSENTIAL AND EMERGENCY SURGERY SHOULD BE A GLOBAL PUBLIC HEALTH PRIORITY

Author: Patel, Mihir Supervisor: Petráková, Alena, doc. MUDr. CSc

Introduction

Universal Health Coverage (UHC) is a clear priority of the WHO. A component of UHC is Essential and Emergency Surgery (EES) - defined as aspects of the surgical system that address the substantial needs of the population, are cost effective and can be easily implemented, 1.5 million deaths worldwide (representing ~7% of all avertable deaths - see figure 1) could be prevented each year with adequate EES protocol and resources - with a large proportion of these avertable deaths occurring in Low-Middle Income Countries (LMICs). Additionally, population growth and overcrowding in Upper Income Countries (UICs) poses a challenge in maintaining baseline health coverage for EES accessibility.



Total Deaths per year

■ Avertable (other)

 Avertable (Essential Surgical)

■ Non-avertable

Figure 1 – Total Deaths per year (45 million) [1]. ~49% (non-avertable). Of all avertable deaths, ~7% is due to lack of EES

Materials and Methods

World Health Organisation (WHO) Guidelines and meeting summaries from the Global Initiative for Emergency and Essential Surgical Care (GIEESC) 2019 conference were analysed and supplemented by information from the wider literature surrounding public health and surgery.

<u>NSOAPs</u>



Figure 2 – components of 8 step NSOAP development procedure [2]

National Surgical, Obstetric and Anaesthesia Plan (NSOAP) framework aims to strengthen the 6 pillars of the surgical system - Infrastructure, Service Delivery, Surgical Workforce, Information Management, Financing and Governance. 8 Key stages are associated with the development process of an NSOAP (see Figure 2).

WHO Surgical Safety Checklist (SSC)

Figure 3 - showing the

impact of WHO SSC

implementation on

postoperative death

rate (expressed as % of

total post-op deaths)

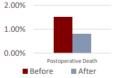


Figure 4 – showing the impact of WHO SSC 10% implementation on inpatient complications of 5% surgery (expressed as % 0% of total inpatient complications [3]

١	Commitment	NSOAP in Development	NSOAP
	Congo Angola Kenya Mozambique South Africa Lesotho Eswatini	Sierra Leone Cameroon Pakistan Uganda Zimbabwe Namibia Malawi Botswana Burundi	 Zambia Rwanda Madagascar Nigeria Senegal Ethiopia Tanzania
ı	Reported - 23	Reported – 10	Reported - 7

Table 1 – showing NSOAP Commitment, development and completion in different countries

Results

Since NSOAP framework development began in 2015, there have been 7 reported completed NSOAPs, 10 NSOAPs in development and 23 countries who have committed to development of an NSOAP (see Table 1). Several initiatives dedicated to the development of NSOAPs have been set up e.g Program in Global Surgery and Social Change (PGSSC). PGSSC provides resources aiding in NSOAP planning e.g Optimal resources for children's surgery, technical guides for NSOAP planning, NSOAP templates, Surgical indicators, Surgical assessment tools (SAT), Implementation strategies and NSOAP costing templates.

In one study, the impact of WHO Surgical Safety Checklist Guidelines were assessed on 8 countries including LMICs and UICs; Implementation was found to reduce postoperative death by ~47% (see Figure 3) and inpatient complications by ~35% (see Figure 4). SSC measures included several perioperative measures e.g objective airway assessment and instrument/sponge counts after procedures.

Discussion

NSOAP development increases collaboration between stakeholders, the MoH and policymakers – strengthening and increasing political commitment in the process; as opposed to isolated governmental efforts to address surgical burden. NSOAP development is still a relatively novel approach in reducing surgical burden. Thus, NSOAP development protocol needs to be refined to condense the process into manageable steps and to remove common obstacles.

Collaboration between LMICs with a complete NSOAP and LMICs in the developing stages are key to accelerating progress. Collaboration between frontline professionals in UICs and LMICs is essential in increasing key surgical skills and competencies — which ultimately can aid in reducing surgery-related avertable deaths.

Conclusions

Currently there exists limited data on the outcomes of NSOAPs. However, NSOAPs provide realistic and achievable timebound goals that are country-specific and in line with WHO UHC targets – a critical first step in improving patient outcomes. Strengthening Surgical, Obstetric and Anaesthesia (SOA) care via improved EES is paramount in reducing up to 1.5 million surgical avertable deaths. SOA care needs to be addressed both at the level of stakeholders and policymakers – NSOAPs are the vector by which we can achieve efficient collaboration on this scale. Further data collection on the impact of NSOAP will be essential in the following years in assessing the impact of NSOAP implementation.

References:

[1] https://pubmed.ncbi.nlm.nih.gov/19144931./ [Last Accessed 30th April 2022]
 [2] Globalization of NSOAP's - DOI:10.1186/s1299-2019-0531-5]. [Last Accessed 30th April 2022]
 [3] https://doi.org/10.1569/978-1-4648-0346-8.ch.1 [][[] Last Accessed 30th April 2022]

ABSTRACT AND POSTER WILL BE RECEIVED TOGETHER - IN ONE EMAIL -

IN THE WEEK OF 10.-16.4.2023

(YOU WILL NOT RECEIVE ANY CONFIRMATION)

TITLE OF THE DOCUMENTS:

SURNAME + INITIALS (E.G. SMITH J.)

2 STUDENTS – IN ALPHABETICAL ORDER (E.G. ANGEL K., ZOMBIE J.)

SENDER MUST BETHE STUDENT (NOT THE TUTOR)

FROM @UPOL.CZ MAIL

TOPIC OF SVOČ OF THE TUTOR WITHIN THE SAME DEPARTMENT MAY BE CHANGED TILL 28. 2. 2023

BY EMAIL WITH A SUFFICIENT EXPLANATION
 MAY BE CONSIDERED APPROVED AFTER
 CONFIRMATION

THANK YOU FOR YOUR ATTENTION

