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Improving Practice through Understanding: A Fresh Look at the Judicious Prescription of Antibiotics

The purpose of this presentation is to provide an understanding of “why” an evidence-based approach is imperative for primary and urgent care providers to utilize when deciding to prescribe antibiotics. Knowing when, how, and what antibiotic to prescribe is an important aspect in primary and urgent care. However, it has been demonstrated that practitioners lack consistency in prescribing practices, continue to ignore published evidence-based guidelines, and overuse broad-spectrum antibiotics. Inappropriate use of antibiotics is a leading cause of antimicrobial resistance throughout the world. Currently, antibiotic resistance is one of the most significant and challenging global problems facing health care providers. This problem affects patients both clinically and financially involving more expensive alternative pharmacological agents (which potentially can be toxic), prolonged hospitalization, and increased morbidity and mortality. Despite recognition that unnecessary and prolonged use of antibiotics is the greatest risk factor for developing resistant pathogens, these practices persist in clinical settings. For example, in many clinical cases of respiratory tract infections caused by a virus, an antibiotic has been chosen as a drug of choice. Currently, there are very few new antibiotics being developed which increases the

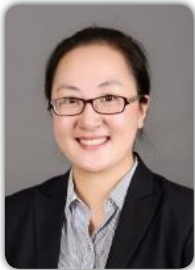
significance of conserving our current resources. Antibiotic resistant infections increase health care costs, require complex and prolonged managed care, and are more likely to result in hospitalization, disability, and even death. There are multiple factors that influence inappropriate antibiotic use. These include, but are not limited to, patient satisfaction, time constraints, lack of knowledge on appropriate antibiotic use, non-compliance with published evidence-based guidelines, and overly cautious practitioners. This presentation’s primary focus is to promote judicious use of antibiotics through better understanding and utilization of evidence-based guidelines, education, symptom relief, and complimentary therapies for treatment of patients.

Speaker Biography

Wendy Stoelting-Gettelfinger completed her JD in 1993 and PhD in 1999 from Indiana University. She has been a family nurse practitioner (FNP) for over a decade and serves as the graduate program director and associate professor for the Family Nurse Practitioner, Adult Gerontology Nurse Practitioner, Neonatal Nurse Practitioner, and Doctor of Nursing Practice programs for the School of Nursing at the University of Indianapolis. She remains an active practitioner and works in the areas of primary care and internal medicine.

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Wei Luan

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Novelties in Artificial Intelligence Recognition and Diagnosis Technology in Pressure injury


Artificial intelligence recognition and diagnosis technology of pressure injury is mainly used in clinical auxiliary diagnosis system. By using the image recognition technology of artificial intelligence, the algorithm with higher parallel performance is designed and the special language for parallel image processing is developed to scientifically and rapidly identified and diagnosed pressure injury. Accordingly, the clinical assistant diagnosis system can provide nurses with the most possible diagnosis of pressure sore nursing and recommend nursing measures. The application of artificial intelligence technology has achieved great success in the field of image diagnosis. Therefore, it is also very reliable and safe to be used in the field of pressure injury. Such artificial intelligence recognition and diagnosis technology can greatly improve the correct diagnosis rate of pressure ulcer and the

work efficiency of nurses. Especially in remote areas, there is a lack of wound stomatologists or licensed nurses, and family members of patients can also take photos and upload them to the system. Nurses can make remote diagnosis and guidance.

Speaker Biography

Wei Luan, Master of Nursing Science, is the director of Nursing Department and senior nursing scholar of the Southern Hospital of Renji Hospital Affiliated to Medical College of Shanghai Jiaotong University. She is a member of the editorial board of several Chinese periodicals and the professional committee of geriatric care of China Geriatric Health Association. Two improved pressure sore measuring tools invented by her have been patented for utility models.

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Aksana Waskosky

University of Indianapolis, USA

The Role of Advanced Practices Nursing in Patient Care

The role of advanced practice nurses (APNs) with post baccalaureate graduate education in providing high quality patient care is increasingly recognized around the world. In the context of an aging population, technological advances, and highly specialized patient care, it is vital for nurses to be prepared for an advanced role with greater scope of practice and complexity. In many countries, the role of advanced practice nursing is well established while in others it is still developing. While some countries have adopted the American model of APN, other countries have developed its own path in establishing the role of advanced practice nursing based on specific legislative and local requirements.

This presentation will allow an audience to take a brief glance at the author's personal journey into the role of a Neonatal Nurse Practitioner and learn about:

- APN background
- APN educational preparation and educational requirements for APN in different countries
- APN scope of practice

- APN specialties
- Comparison of the APN role in different countries
- Comparison of the care provided by APNs and physicians
- Future of APN.

Speaker Biography

Aksana Waskosky has practiced as a neonatal nurse since 2007. She completed her bachelor's degree at the University of Texas at Austin and received her Neonatal Nurse Practitioner and Master's in Science of Nursing from the University of South Alabama. In 2013, she graduated with a Doctor of Nursing Practice degree from the University of South Alabama and accepted a neonatal nurse practitioner position at University of Indiana where she still has been practicing as an NNP. She started teaching at the University of Indianapolis in 2016, and, currently, is a track coordinator of NNP program and a full-time graduate faculty at the University of Indianapolis, Indiana. Dr. Waskosky has been published in the "Neonatal Network" journal, and, along with her colleagues, wrote a chapter in a Neonatal Pathophysiology for Advanced Practice Nurses textbook. She is passionate about her little patients and her students. She also loves to ice-skate, cook, and travel.

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Jasmin Ecknauer

Spielgruppe Bewegigshüsli, Switzerland

Movement in Early Childhood

The Bewegigshüsli was founded in August 2018. It was born out of the vision to create a place where the child and its developmental need for movement are central. It offers enough space for children from 1.5 years to discover, experience and experiment.


The focus is on movement learning, which promotes one's own learning autonomy. The development of movement is supported, and important movement experiences can be made. This promotes health and well-being. From movement songs arise movement stories which create movement landscapes. Thus, the world is discovered with much fun, movement, imagination and rhythm. The movement-oriented health promotion activities should support development and provide learning experiences in motion. For more diversity and equal opportunities already in early childhood.

I recommend: Under 1 year of interactive games, free and age-appropriate environment. 1 to 4 years, several times a day, alone or with other children, moving, jumping, bouncing, turning, rocking, climbing, crawling, with support and guidance, indoors and out, at least 3 hours a day

Speaker Biography

Jasmin Ecknauer is from St. Gallen, founder of Spielgruppe Bewegigshüsli. The entry into my work I have made as a FABE in the disabled area. I bring the basic education year in motion and dance with. As a Muki and Kids-Fit leader in movement, dance and sports, I am also very active as a movement playgroup leader. At the moment I am attending the further education in Kindertanzpädagogik and am with the Bewegungsigshüsli at the somersault. The Bewegungsigshüsli is based on the orientation framework for early childhood education, care and education ECEC of UNESCO.

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Tia Bell

University of Indianapolis, USA

Perceptions of the ability of accelerated BSN students to care for a diverse patient population

The changing cultural dynamics of the population in the United States requires the provision of transcultural care. A mixed methods study design utilizing the Provider's Guide to Quality and Culture Quiz from Management Sciences for Health (2006) was completed to determine the level of confidence accelerated BSN students have in their ability to care for culturally diverse patients. Students participated in a didactic classroom experience focused on transcultural care and the impact on patient health outcomes. Of the 30 accelerated BSN students who participated in the classroom experience, 13 participated in the study. Results showed that the students' level of confidence ranged from 30-92 on a scale where one equals no confidence and 100 equals complete confidence. Quiz results demonstrated that 69% of post quiz scores improved or stayed the same after the lecture, while 30.7% scored lower on the post quiz. Themes that emerged include education for understanding of self and other cultures, and the provision of care in a respectful, culturally

aware manner. The accelerated BSN students have unique needs that must be considered when planning transcultural care education.

Speaker Biography

Tia Bell completed her DNP at Indiana State University in 2018. She has held a variety of positions in nursing and patient care during her nursing career including clinical education, informatics education, project management, and academia. Dr. Bell's current area of research includes the level of confidence accelerated BSN students have in their ability to care for culturally diverse patient populations. Bell has presented at statewide education conferences for Indiana University Health and the Indiana Center for Nursing. She has presented a poster nationally at the Quality Matters Conference and internationally through Sigma Theta Tau International. Dr. Bell is the Online Program Director at the University of Indianapolis School of Nursing and has two passions: educating nursing students using teaching methods that will engage the students and encourage learning and improving patient health outcomes through promoting concepts of culturally competent care.

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Hiriscau E I

University of Medicine and Pharmacy "Iuliu Hatieganu", Romania

Psychiatric Hospitals of the University Basel, Switzerland

The global assessment of the frail syndrome in the geriatric unit: The Nursing Perspective

Aging is a complex process that globally affects the functionality of the whole body. Frail syndrome (frailty) is a special biological condition characterized by rapid weakening and exhaustion of the body. The frailty syndrome, often associated with getting older, may lead to partial or total loss of functional autonomy. With aging, this condition occurs naturally, but the elderly patients are most exposed to the risk of becoming frail. Along with frail condition new diseases or significant complications could occur in a short period of time. Therefore, the frailty assessment is a necessary condition that should take into consideration all affected dimensions. The impairment of the functional status in hospitalized geriatric patients is a first sign of frailty. In order to prevent long-term functional and cognitive decline a global evaluation and monitoring during hospitalization are necessary, as well as designing and implementing targeted therapeutic interventions after discharging. The assessment of functional status is part of the comprehensive evaluation of the geriatric patient and is considered an useful indicator for the progressively worse condition of the health. For the

pre-frail and frail geriatric patients, it is important to anticipate the occurrence of deficits in order to limit their action on the autonomy's degree of the individual after hospitalization. The assessment of the functional status can be assumed by the nurses, as one of the autonomous interventions that define the profile of the nurse in the geriatric ward.

Speaker Biography

Hiriscau E I is an assistant professor, Nursing department at the University of Medicine and Pharmacy "Iuliu Hatieganu", Cluj-Napoca, Romania. She also works as clinical psychologist in ICU. She has expertise in psychological evaluations, competences in clinical ethics and research ethics (she was granted a three year postdoctoral research in Basel, Switzerland) and she is actively involved in nursing research projects (Frail.ro, ATIdelirium.ro). She conducted the process of translation and cultural adaptation of the CAM-ICU Manual training in Romanian language under the supervision of Prof. Dr. Wesley Ely and his team from Vanderbilt University, USA. She also developed and implemented the CAM-ICU Comprehensive Assessment Sheet for monitoring the ICU patients identified with delirium.

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Rose Ekama Ilesanmi

RAK Medical and Health Sciences, UAE

Facilitators, Barriers and Knowledge of Self-Management Practices to Prevent Pressure Injury among Spinal -Cord Injury Patients in Rehabilitation Phase in South West- Nigeria

Introduction: Evidence indicate that over 80% of patients with spinal cord injury (SCI) will develop pressure injuries (PI) at one point in a lifetime. Consequently, clinical recommendations for PI prevention includes structured education at appropriate levels to persons with SCI and their care givers. In Nigeria, PI is a common secondary medical complication associated with SCI and accounts for 1/4th of the total cost. Several studies a have targeted knowledge and practice of care providers. We found a dearth of studies on self-management strategies of patients with SCI in rehabilitative phase of the disease.

Aim of Study: To evaluate the facilitators, barriers and knowledge of self-management practices to prevent PI among community dwellers with SCI.

Methodology: A Survey of sixty (61) purposively selected patients with SCI. Patients were met at neurological and physiotherapy clinics in two selected tertiary hospitals in south west Nigeria. Data were collected using a validated structured questionnaire (Correlation Coefficient 0.73) to examine knowledge of risk factors and the self –management practices (repositioning and skin care practices). SPSS version 22 was used for data analysis and hypotheses were tested at 5% level of significance.

Results: Respondents' mean age was 40years and were more males (67.2%) than females (32.8%). There were 53(87.0%) paraplegics and 8(13.0%) quadriplegics. Of this 21(34.4%) have had pressure injury following discharge from hospital and

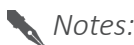
11(18.0%) still had PI at time of study. Findings also showed that 35(57.4%) possess good knowledge of risk factors for PI and 31(50.8%) had poor knowledge of the self-management strategies (repositioning and skin care) to prevent PIs.

Conclusion: There is need for a targeted individualized education and support to SCI patients prior to discharge to enhance patients' self-efficacy. The family caregivers should also be involved in this empowerment to ensure continual support of the patients at home. Periodic evaluation at outpatients to strengthen patients' self-management abilities is recommended.

Speaker Biography

Rose Ekama Ilesanmi is a Clinical Nurse Specialist in Medical Surgical Nursing (Adult Health) and a certified Interdisciplinary wound-care Nurse. As a University lecturer, She teaches Adult Health Nursing at bachelor's level and Advanced Health Assessment to graduate level students. As a researcher, her research activities to date has focused on maintaining safety of hospitalized patients, care and prevention of chronic wounds, health and professional education, pressure injury prevention through knowledge translation researches. She has also worked on risk factors for Non-Communicable Diseases (NCDs) particularly cancer prevention. She has successfully pioneered behavioral change studies in pressure injury prevention among nurses and collaborated with other researchers. Both individually and collaboratively, her research activities have produced several peer-reviewed publications. She is well positioned to contribute positively to relevant projects as a Nurse Leader, Clinician and Health Educator.

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Ssentongo Isaac

University of Makerere University, Africa

Breast feeding patterns in Uganda as a case study of African States

Mandatorily breast feeding the recommended form of Pediatric feeding and nutrition with almost no exception except in eventualities quite unbearable as hereunder highlighted. To date the would-be breast-feeding pattern of at least two years has been critically and inevitably skewed courtesy of serious arising issues prevalent in most African societies such as;

HIV/AIDS -SCOURGE: Its highly prevalence implies numerable cases of positively living breast feeding mothers. Accordingly, these ones have always seen directed to feed their babies on only breast milk an issue that seems to be bothering most as they do believe the best idea would be to totally resort to other feeding methods since the moms' bodies are already infected.

SOCIO-ECONOMIC ISSUES: With an average local in most of African societies living on income of less than a dollar per day, most mothers can hardly afford to have enough time to breast feed and others totally have no time at all to do so as they're normally breast winners in their life respective households.

OTHER SERIOUS ISSUES SUCH AS WARS, DEMISE (ANTENATAL PASSING ON OF MOMS OR SERIOUS INFECTIOUS DISEASES):


In some cases, given the poor standards of care at birth,

moms have passed on while giving birth and in some limited cases would-be breast-feeding moms have been diagnosed with serious infectious diseases and as such have been totally denied the chance to breast feed their babies. All in all, given the prevalent health care standards, socio-economic status and also local knowledge levels in most societies in Uganda as a case study of most African societies it's clear that a considerable percentage of infants aren't breast fed effectively and thus explains the high prevalence of infant disorders and diseases related to malnutrition.

Speaker Biography

Ssentongo Isaac (Social Worker/Civil Society) holds a Degree in Social Work and Social Administration Makerere University, Certificate in Social Service/Health Management Information System Mulago Hospital Complex, Certificate in Business Administration International Training Business School Nakawa (TBN), Certificate in Introduction to Christian Apologetics, Cults & False Teachings African Center for Apologetics Research (ACFAR) and multiple accreditations in the fields of socio-economic, education and developmental works over a long spell of active relative works out of which he has compiled numerous research work reports in collaboration with both NGO(s) and Government. He is the Founder and the Executive Director of: Lets Join Our Love Care Ministry Uganda P.O BOX 34433 Kampala Uganda, Director of: Gender Equality Uganda, Executive Director of: Ebenezer Stationery & Food Stores P.O BOX 34433 Kampala. Pastor/Director of Christian Love Church International.

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