# A Pre-Post Interventional Study on the Impact of Asynchronous Microlearning of Antimicrobial Stewardship Principles among Nursing Staff at a Large Academic Medical Center



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## BACKGROUND<sup>1</sup>

- A multidisciplinary approach to antimicrobial stewardship (AS) is necessary for success
- Nurses perform several daily functions integral for AS activities
- However, nurses are underrepresented in research and underutilized in implementation of AS interventions
- Lack of education and training is consistently cited as a barrier to full nurse participation in AS activities
- The objective of this study was to determine the effect of asynchronous microlearning on nursing staff knowledge, attitudes, and practices (KAP) regarding AS principles

# STUDY DESIGN

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One case-based, multiple-choice question per day





Delivered via text message or email



Instant feedback with explanation

- Topics such as:
  - Defining antimicrobial resistance & understanding nursing AS roles
  - Differentiating urinary tract infections from asymptomatic bacteriuria
  - Identifying sepsis and importance of early antibiotic administration
  - Ensuring appropriate indications prior to obtaining cultures
  - Identifying intravenous (IV) to oral (PO) conversions
  - Identifying opportunities for antibiotic de-escalation
- Taking accurate allergy histories
- Recognizing common antibiotic adverse events (AE)
- KAP survey pre- and post-course
- Survey results compared via Wilcoxon signed-rank test

#### RESULTS



86% reported they administer antibiotics to >50% of their patients with 50% of respondents reporting >75% of their patients receive antibiotics

Figure 1. Participant Primary Unit

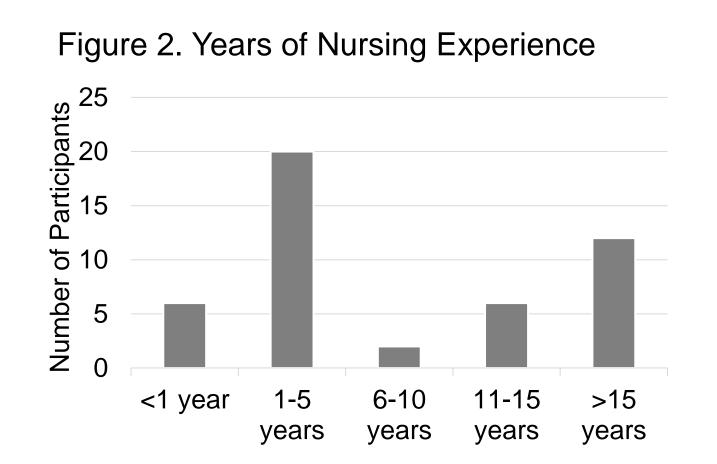
25

20

15

10

Medical- Critical Step-Down Other Surgical Care



Post P-Value

Table 1. KAP Survey Mean Scores Pre- and Post-Course

3.02		
3.02	4.32	<0.001
4.41	4.58	0.180
4.28	4.54	0.001
4.19	4.50	0.002
4.04	4.34	0.025
3.56	2.52	<0.001
3.97	4.02	0.523
3.08	4.08	<0.001
3.13	3.82	<0.001
3.89	4.30	<0.001
1.97	3.95	<0.001
	4.41 4.28 4.19 4.04 3.56 3.97 3.08 3.13 3.89	4.414.584.284.544.194.504.044.343.562.523.974.023.084.083.133.823.894.30

1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree; 4 = agree; 5 = strongly agree

# **RESULTS** (continued)

I am confident in my ability to:	Pre	Post	P-Value
Recognize difference between colonization and infection	3.13	3.76	<0.001
Identify unnecessary urine cultures and inappropriate treatment of UTIs	3.15	4.08	<0.001
Ensure cultures are obtained appropriately	4.30	4.60	0.003
Help inform decisions to start antibiotics promptly when signs of sepsis are identified	3.71	4.32	<0.001
Evaluate continued antibiotic use once additional data is available	3.39	4.06	<0.001
Review microbiology results to guide optimal selection of antibiotics	2.67	3.67	<0.001
Identify opportunities for IV to PO de-escalation	3.00	4.06	<0.001
Assess for potential adverse events associated with antibiotics	3.82	4.37	<0.001
Obtain and record accurate drug allergy histories	3.87	4.30	0.002

#### CONCLUSIONS

- Education on the role of nurses in AS provided in an asynchronous, brief educational format via a mobile platform resulted in statistically significant improvement in 90% (18/20) of topics
- After course completion, participants felt more confident in their ability to participate in key AS activities
- Nurses are integral members of a multidisciplinary AS team and should be empowered to help reduce unnecessary antibiotic use in their patients
- This study forms the basis for expanded AS educational efforts for all healthcare professionals

### REFERENCES

Redefining the antibiotic stewardship team: recommendations from the American Nurses Association/Centers for Disease Control and Prevention Workgroup on the role of registered nurses in hospital antibiotic stewardship practices. *JAC Antimicrob Resist.* 2019;1(2):dlz037.