Leveraging Online Curricula for Antimicrobial Stewardship: Training Providers to Optimize with Antibiotic Timeouts

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BACKGROUND

- Front-line clinicians struggle with incorporating ASP principles in daily practice.
- The Antibiotic Timeout: 2 days
  - Promoted by CDC, TJC, and others.
  - Review of empiric antimicrobials 48–72 hours after initiation.
  - While the concept may be simple, its implementation often proves difficult in practice.

Components of the Antibiotic Timeout (CDC)

1. Didactic material throughout the cases.
2. Review of empiric antimicrobials 48–72 hours after admission.
3. Providers assess the admitting clinician’s empiric antimicrobial choice based on the patient’s presentation, local antibiogram, and national guidelines.

CASE EXAMPLE

In each case, learners play the role of the rounding clinician 48–72 hours after admission. First, they assess the admitting clinician’s empiric antimicrobial choice based on the patient’s presentation, local antibiogram, and national guidelines.

RESULTS

- As of October 3, 2016: 1,245 enrollees
- Majority found the case-based content and didactic videos engaging.
- Post-testing scores improved by 36% to an average of 83% correct.
- 73% of learners stated they planned to alter their practice based on what they learned in the course.
- Only 36% applied for free CME.

FEEDBACK FROM LEARNERS

- Expressions of the course:
  - "Very presentable and easy to understand. Short videos; very neat and encouraged me to continue the course. Case-based extremely helpful."[3]
  - "Fun, simple and enjoyable! Will stick in the brain of our residents/pharmacists.
  - "Great, short and easy to follow. Future courses should seek the same as an example. Really engaging.

- Barriers to implementing what was learned:
  - "I work in XXXX, where there is no system and I just a person I can’t make a change because I am not a young doctor in a complex system that don’t care about evidence based practice."
  - "Lack of support by supervisors (treatment plan based on their previous experience not evidence)."

- CONCLUSIONS
  - This novel online course was well-received by learners.
  - This course could be used to train front-line prescribers and complement ASP efforts.
  - Free CME was not a powerful enticement.

- FUTURE DIRECTION
  - Require completing this course as part of on-boarding for trainees.
  - New course to be released Fall 2016: case-based, interactive, target audience: outpatient prescribers.
  - Release of Antimicrobial Stewardship: Optimization of Practices 2.0 (Expected Spring 2017)

REFERENCES


https://med.stanford.edu/cme/courses/online/optimizing-antimicrobial-therapy.html

morefreepresentations.com