#BeASteward: Transforming Infectious Diseases Fellows Into Antimicrobial Stewards Using the IDSA Antimicrobial Stewardship Curriculum



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BACKGROUND

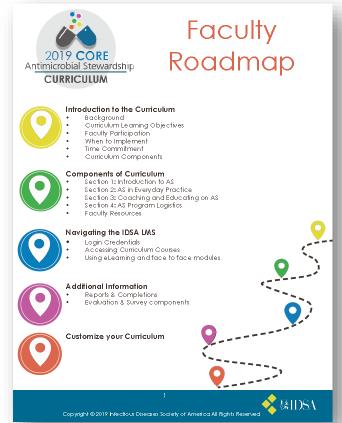
- The need for ID physicians specifically trained in Antimicrobial Stewardship (AS) has dramatically increased¹ and the Joint Commission on Accreditation of Hospitals has approved a new AS standard that requires hospitals, critical access hospitals, and nursing centers to have a multidisciplinary AS team comprising an ID physician, infection preventionist(s), pharmacist(s), and practitioners²
- In order to ensure the future ID workforce is effectively prepared to practice, participate in and lead AS efforts in health care institutions, IDSA has supported the development of the Core and Advanced AS Curricula for ID fellows³.
- The Core AS Curriculum⁴ is currently available and the Advanced AS Curriculum pilot began July, 2020.

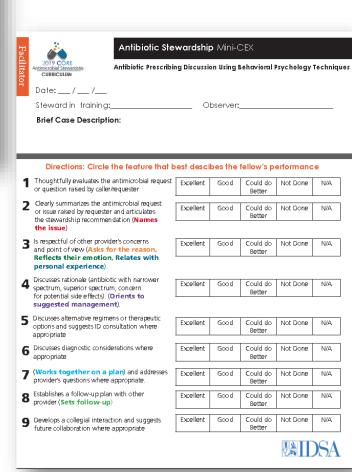
METHODS

- IDSA formed the AS Curriculum Workgroup, comprised of leaders in AS and medical education from institutions across the country, to lead the AS Curricula development process.
- The workgroup conducted two surveys of ID Fellowship Program Directors, one in 2016 for the core curriculum and a second in 2018 for the advanced curriculum, to assess existing AS educational resources and determine needs for additional AS educational and evaluation resources. The workgroup used the evaluation data to inform the content, delivery methods, and assessment tools for the curricula.
- The Core AS Curriculum is designed to provide fellows foundational knowledge and skills in AS. The Advanced AS Curriculum is designed to provide fellows the knowledge and skills to become leaders in AS.
- The Core AS Curriculum was piloted by 56 ID Fellowship Programs in 2018 and then made broadly available in 2019 via IDSA Academy, the society's learning management system. Pilot data will be used to improve future iterations of the curriculum. The Advanced AS Curriculum pilot began in July, 2020 and will be broadly available in 2021.

RESULTS

- The curricular packages contain a variety of training resources including eLearning modules, lectures slides, case-based questions, videos, reading materials, pocket cards, group-based learning, role play exercises and simulations.
- The modules can be taught by faculty to fellows or conducted as a self-directed learning experience.
- Curricular elements can be used in any order and adapted to existing fellowship training program curricula. Faculty guides and curriculum planners are included.







First-year ID fellows who participated in the Core AS
 Curriculum pilot reported that their fellowship program was
 significantly more effective in teaching multiple key
 stewardship content areas (Table 1).

Table 1. Rating of fellowship training effectiveness in key antimicrobial stewardship content areas by first-year ID fellows before and after curriculum implementation.

	very/Extremel		
Effectiveness of curriculum in teaching fellows to:	Pre- curriculum (N = 105)	Post- curriculum (N = 78)	P value
 Educate other healthcare professionals on the importance of stewardship in individual patient care 	50%	72%	0.002
Educate other healthcare professionals on the importance of stewardship for the community	34%	54%	0.008
Model stewardship in the inpatient setting	68%	81%	0.047
Model stewardship in the outpatient setting	44%	60%	0.034
 Determine when an infectious diseases consultation would be more appropriate than a stewardship intervention 	67%	74%	NS
 Use effective communication techniques to change antimicrobial prescribing practices of other healthcare professionals 	52%	63%	NS
 Identify the elements of an effective hospital-based antimicrobial stewardship program 	56%	67%	NS
 Identify the inter-professional collaborations necessary for an effective hospital-based antimicrobial stewardship program 	61%	76%	0.036
Describe the day-to-day activities of a leader of an antimicrobial stewardship program	41%	58%	0.025

RESULTS

 Program directors who participated in the Core AS Curriculum pilot reported that their fellowship program was significantly more effective in teaching all evaluated key stewardship content areas (Table 2).

Table 2. Rating of fellowship training effectiveness in key antimicrobial stewardship content areas by program directors before and after curriculum implementation.

	Very/Extremely effective, %				
	Pre-	Post-			
Effectiveness of curriculum in teaching fellows to:	curriculum	curriculum	P value		
	(N = 52)	(N = 33)			
Educate other healthcare professionals on the importance of	240/	73%	<0.001		
stewardship in individual patient care	31%	13%	<0.001		
Educate other healthcare professionals on the importance of	400/	040/	0.004		
stewardship for the community	10%	61%	<0.001		
Model stewardship in the inpatient setting	40%	82%	<0.001		
Model stewardship in the outpatient setting	12%	48%	< 0.001		
Determine when an infectious diseases consultation would be	200/	000/	0.007		
more appropriate than a stewardship intervention	38%	69%	0.007		
Use effective communication techniques to change antimicrobial	040/	700/	-0.004		
prescribing practices of other healthcare professionals	21%	73%	<0.001		
Identify the elements of an effective hospital-based antimicrobial	450/	700/	-0.004		
stewardship program	15%	79%	<0.001		
Identify the inter-professional collaborations necessary for an	220/	0.00/	-0.004		
effective hospital-based antimicrobial stewardship program	23%	82%	<0.001		
Describe the day-to-day activities of a leader of an antimicrobial					
stewardship program	21%	76%	<0.001		

CONCLUSIONS

- The Core AS Curriculum provides educational and assessment tools for ID fellowship programs.
- Evaluation data from programs who piloted the Core AS Curriculum indicate that this blended learning experience is an effective method for teaching Antimicrobial Stewardship
- The Advanced AS Curriculum will be similarly evaluated.
- Additional information about the IDSA Antimicrobial Stewardship Curriculum can be found by visiting the IDSA website or scanning the QR code on the right upper corner of this poster.

REFERENCES

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