

*Educational Session Sample Proposal – Clinical Services Mgmt Topic
ASHP Midyear Clinical Meeting*

😊 **DOs ...**

A practical topic - meaning there will be knowledge, skills, or information that can be applied **right away**.
Something that has an impact directly on improving patient care.

A topic is hot, cutting-edge, or offers a new perspective.

Be specific in your plans: provide details about your session, the need for this session, and what attendees can walk away with after attending.

Be innovative and creative with active learning strategies.

😞 **DON'Ts ...**

Be vague. A vague proposal will likely be rejected, even if the topic is “hot.”

Offer a topic that can be found in a textbook or doesn't contain something new or different.

Proposed Session Title: Antimicrobial Stewardship Programs: An Evolution in Progress

SUBMITTER INFORMATION

Name: Douglas Slain, Pharm.D., BCPS

Primary Position

Associate Professor, West Virginia University, Morgantown, WV

Educational Program Planning Experience:

I have served as the MPA for five previous ASHP Midyear symposia: 1. Prevention and Treatment of Pandemic and Seasonal Influenza: What's the latest? 2010 ASHP Midyear, Anaheim. 2. Preparing for faculty positions: Insights from the ivory tower. 2009 ASHP Midyear, Las Vegas. December 6, 2009. 3. Healthcare-Associated Infections: Implications for Prudent Empiric Antibiotic Therapy. 2008 ASHP Midyear. Orlando. 4. Drugs vs. Bugs: A Concise Review of Key Issues in Anti-Infective Therapeutics. 2006 ASHP Midyear. Anaheim. 5. Advances in Antifungal Therapy. 2003 ASHP Midyear. New Orleans. Program Planning outside of ASHP 1. Infectious Diseases Therapeutics: What you must know about antimicrobial therapy in the era of resistance. Cross Country Education Continuing Education Symposia. Chicago. July 28th-30th, 2009. 2. Infectious Diseases Residencies: A Preceptor Development Forum. Annual Meeting of the Society of Infectious Diseases Pharmacists (SIDP). Washington, D.C. October 24, 2008. 3. Treatment Of Fungal Pathogens In The Immunocompromised Patient. 16th Annual Conference of the National Home Infusion Association (NHIA). Savannah. Feb 26- Mar 1, 2007

Expertise/Qualifications in the topic area:

Doug Slain Clinical Experience: Part of my Clinical duties are to be the Infectious Diseases Clinical Specialist in our multidisciplinary Antibiotic Stewardship program. Invited to present highlights from our program at a regional dinner meeting: The WVU Experience. Stewardship Tactics for Antimicrobial Resistance Trends (START Program). Pittsburgh, PA. August 24, 2007. I have also been an investigator on a few studies that came from our

😊 This topic was listed as a Hot Topic – something that members have identified as CE they need. Check the Hot Topics list before you start.
Bonus points are given for creative, catchy session titles.

😊 Program Chair has expertise with the content & experience with education programs.

It's preferred that you have experience speaking at the NATIONAL level.

The Program chair is well-connected with experts in the field.

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stewardship program: Slain D, Sarwari AR, Petros KO, McKnight R, Sager R, Mullett CJ, Wilson A, Thomas JG, Moffett K, Palmer HC, Dedhia HV. Impact of a multimodal antimicrobial stewardship program on Pseudomonas aeruginosa susceptibility and antimicrobial use in the intensive care unit. Crit Care Res Pract (Under Peer Review) Presented previously:[abstract P-18]. 2008 National Foundation for Infectious Diseases (NFID)Annual Conference on Antimicrobial Resistance. June 23-35, 2008. Bethesda, MD. Sarwari AR, Petros KO, Sager RB, Mullett CJ, Thomas J, Miller-Canfield P, Dedhia HV, Wilson A, Slain D, Moffett K, Palmer HC. Efforts to Influence Antimicrobial Use and Resistance at a Tertiary Care Institution Using Collaborative Multifaceted Interventions [abstract S-10]. 2008 National Foundation for Infectious Diseases Annual Conference on Antimicrobial Resistance. June 23-35, 2008. Bethesda, MD. Guarascio A, Slain D, Sager R, Palmer HC. Utility of SafetySurveillor at identifying opportunities for de-escalation in patients receiving vancomycin [Abstract 7-242]. In Program and abstracts of the 45th Annual American Society of Health-System Pharmacists Midyear Clinical Meeting. December 5-9, 2010. Anaheim, CA.

FINANCIAL RELATIONSHIPS

In the past 24 months, have you had a financial relationship with any kind and in any amount with an SII-defined ineligible company?
No

NEEDS ASSESSMENT

Brief description and overall purpose of this educational session:
Antimicrobial Stewardship programs are still evolving in an effort to keep pace with antimicrobial resistance and high antimicrobial expenditures. Pharmacists are becoming increasingly involved in stewardship efforts because of the increased demand by hospitals to develop and maintain such programs. Participation in stewardship programs is not limited to infectious diseases-trained pharmacists. Other practitioners and administrators need to understand the workings of stewardship programs for their success. The purpose of this program will be to take a critical look at the development of antimicrobial stewardship programs and to provide the participants with advice on implementation and evaluation. The first session will review the background and history of the development of antimicrobial stewardship programs. In particular, evidence from key studies will be addressed. The second speaker will address implementation of stewardship programs in smaller hospitals.

Steward

Target Audience: Pharmacist

Describe the practice gap(s) that this session will address: An increasing number of hospitals are in the midst of developing antimicrobial stewardship programs. Many of them are hospitals with < 400 beds. These hospitals often lack experienced personnel to implement new stewardship programs. Many of these programs rely on non-infectious diseases-trained pharmacists. This program intends to help pharmacists understand what has worked at other institutions and how to measure and assess the outcomes associated with stewardship.

☺ Financial relationships related to content will need to be resolved but don't prohibit participation (in most situations).

☺ The description and overall purpose are well-developed, providing enough information to get a good picture of the session. It is specific in describing some background to the issue as well as what the session hopes to accomplish.

☺ Always consider your audience. What level practitioner is the attendee: new or experienced? Are the topic and content appropriate for pharmacists and/or technicians?

☺ Pay attention to word count in each section.

☺ ACPE and ACCME want education to address practice gaps and impact learners' competencies. Relevant practice gaps are described.

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Needs Assessment Documentation: Expert Opinion, National Guidelines, Government/Regulatory Requirement, ASHP Needs Assessment Survey

Name of expert, guideline, research, etc.: IDSA- SHEA Guidelines Clin Infect Dis 2007;44:159-77.

What the expert, guideline, or research says that supports the need: The role of the ID trained Pharmacist is clear. Non-ID pharmacists will need additional guidance.

☺ Attendees want sessions that are practical with a focus on what can be applied at their practice now.

SESSION DEVELOPMENT

Activity Type: Application-based: Designed primarily for participants to apply the information learned in the allotted timeframe.

☺ Use higher-level objectives: “differentiate” or “analyze” compared to “identify” or “list.” Use the latter objectives sparingly if the session is application-based.

Learning Objectives

1. List the key tenets and supporting evidence in published stewardship guidelines

Active Learning Strategy: Audience polling

Learning Assessment: Discussion poll results from expert opinion and guidelines

2. Describe three components of an antibiogram necessary to conform to Clinical and Laboratory Standards Institutes guidelines

Active Learning Strategy: Vignettes with questions

Learning Assessment: Solutions with evidence and expert opinion

3. Explain how to calculate one metric example: days of therapy of defined daily doses per 1000 patient-days.

Active Learning Strategy: Calculation example

Learning Assessment: Solutions with evidence and expert opinion

4. Differentiate between process- and outcome-oriented stewardship metrics.

Active Learning Strategy: Audience questions

Learning Assessment: Solutions with evidence and expert opinion

Length of Session: 2 Hours

☺ Survey results show attendees want shorter sessions, not long ones.

☺
The active learning is detailed and thorough and shows that the Program Chair has given thought to the activities for the session. The examples given are specific, not vague, and reflect the actual educational content that is planned.

Cases, scenarios, and practice examples are highly effective. Providing participants with feedback is essential.

Traditional Q&A and Panel Discussions do NOT qualify as active learning and reveal that the Program Chair does NOT have a grasp of effective adult learning strategies. [ASHP provides guidance on this in the proposal preparation documents.]

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Educational Level of Content: Advanced: General working knowledge of the specific content area suggested, information will be provided to expand current expertise.

☺ Attendees want a reasonable selection of advanced and intermediate level of content. ASHP is always looking for more proposals that have advanced-level content. When surveyed, attendees prefer the content to be appropriate or more advanced than basic.

Session Outline:

TOPIC	TIME ALLOTTED
Announcements	5 min
Antimicrobial Stewardship Programs: How good is the data?	35 min
Antibiotic stewardship in a "nontraditional" setting	30 min
Metrics of Antimicrobial Stewardship	40 min
Questions, Answers, & Discussion	10 min

☺ Short introduction with only essential background included.

Practice Interest Areas / Keywords: Clinical Service Management, Critical Care, Drug-Use Evaluation, General Clinical Practice, Infectious Diseases

Attendees are generally not new graduates. Don't - spend too much time on background or old data. Do - spend more time on the new information and strategies for implementing.

PROPOSED SPEAKERS

Will you be a speaker? yes

Proposed Speaker: Douglas Slain, Pharm.D., BCPS

Primary Position

Associate Professor, West Virginia University, Morgantown, WV

Qualifications: Doug Slain Clinical Experience: Part of my Clinical duties is to be the Infectious Diseases Clinical Specialist in our multidisciplinary Antibiotic Stewardship program. Invited to present highlights from our program at a regional dinner meeting: The WVU Experience. Stewardship Tactics for Antimicrobial Resistance Trends (START Program). Pittsburgh, PA. August 24, 2007. I have also been an investigator on a few studies that came from our stewardship program: Slain D, Sarwari AR, Petros KO, McKnight R, Sager R, Mullett CJ, Wilson A, Thomas JG, Moffett K, Palmer HC, Dedhia HV. Impact of a multimodal antimicrobial stewardship program on Pseudomonas aeruginosa susceptibility and antimicrobial use in the intensive care unit. Crit Care Res Pract (Under Peer Review) Presented previously:[abstract P-18]. 2008 National Foundation for Infectious Diseases (NFID)Annual Conference on Antimicrobial Resistance. June 23-35, 2008. Bethesda, MD. Sarwari AR, Petros KO, Sager RB, Mullett CJ, Thomas J, Miller-Canfield P, Dedhia HV, Wilson A, Slain D, Moffett K, Palmer HC. Efforts to Influence Antimicrobial Use and Resistance at a Tertiary Care Institution Using Collaborative Multifaceted Interventions [abstract S-10]. 2008 National Foundation for Infectious Diseases Annual Conference on Antimicrobial Resistance. June 23-35, 2008. Bethesda, MD. Guarascio A, Slain D, Sager R, Palmer HC. Utility of SafetySurveillor at identifying opportunities for de-escalation in patients receiving vancomycin [Abstract 7-242]. In Program and abstracts of the 45th Annual American Society of Health-System Pharmacists Midyear Clinical Meeting. December 5-9, 2010. Anaheim, CA.

☺ Geographic diversity among speakers is required. A session with speakers from one institution is almost always outright rejected.

Presenters that come from different geographical areas lend credibility to the session.

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Proposed Speaker: Keith Teelucksingh, Pharm.D.

Primary Position

Infectious Diseases Clinical Pharmacist, Kaiser Permanente- Oakland Medical Center, Oakland, CA

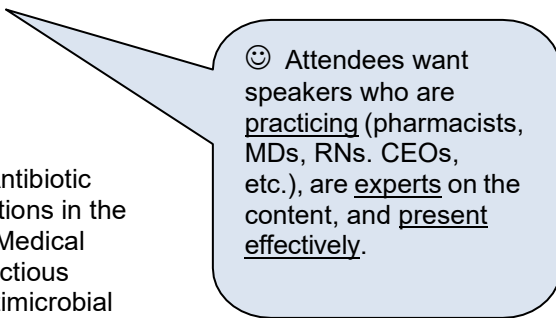
Qualifications: A former resident of Dr. MacDougall. Although a young practitioner, his daily work is on antibiotic stewardship. He has also developed scholarly work on antibiotic stewardship.

Proposed Speaker: Conan MacDougall, Pharm.D., M.A.S., BCPS

Primary Position

Associate Professor, UCSF, San Francisco, CA

Qualifications: See CV. He is one of the best-known experts on Antibiotic Stewardship. He has an extensive list of publications and presentations in the field. CLINICAL Infectious Diseases Pharmacist Specialist, UCSF Medical Center: I provide clinical consultation to the adult and pediatric Infectious Diseases services at UCSF Medical Center, as well as perform antimicrobial stewardship activities. This includes providing pager coverage on evenings and weekends. These responsibilities are shared on a rotating basis with other faculty in the Department of Clinical Pharmacy and pharmacists from UCSF Medical Center. Patel D, MacDougall C. How to make antimicrobial stewardship work: practical considerations for hospitals of all sizes. Hospital Pharmacy 2010;45(Supp1):S1-S9. Drew R, White R, MacDougall C, Hermsen ED, Owens Jr RC. Reflections on the IDSA/SHEA antimicrobial stewardship guidelines by the Society of Infectious Diseases Pharmacists. Pharmacotherapy 2009;29:593-607. Pakyz A, MacDougall C, Oinonen M, Polk RE. Adult antibacterial use in U.S. academic health centers: 2002 to 2005. Archives of Internal Medicine 2008;168:2254-2260. MacDougall C, Polk RE. Antibacterial prescribing in 130 U.S. hospitals: variability of use and risk-adjustment modeling for inter-hospital benchmarking. Infection Control and Hospital Epidemiology 2008;29:203-211. MacDougall C, Polk RE. Antibiotic stewardship programs. Clinical Microbiology Reviews 2005;18:638-656. MacDougall C, Powell JP, Johnson CK, Edmond MB, Polk RE. Hospital and community fluoroquinolone use and resistance in Staphylococcus aureus and Escherichia coli in 17 U.S. hospitals. Clinical Infectious Diseases 2005;41:435-440. More available.



☺ Attendees want speakers who are practicing (pharmacists, MDs, RNs, CEOs, etc.), are experts on the content, and present effectively.