
Journal of Antimicrobial Chemotherapy
doi:10.1093/jac/dkn460
Advance Access publication 6 November 2008

Antimicrobial prescribing education programmes
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Keywords: antibiotics, antibiotic prescribing, education programmes

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Sir,

It has recently been highlighted that effective antibiotic stewardship is needed in hospitals to assist with minimizing healthcare-associated infections and limiting antimicrobial resistance.1,2 Methods that Trusts can use to facilitate appropriate prescribing include providing antibiotic guidelines, auditing antibiotic usage and keeping prescribers updated via an effective education programme.

To evaluate the education programme provided at a medium-sized District General Hospital, I sent a questionnaire to 139 doctors of all grades from the medical and surgical departments. This investigated which methods doctors use to increase their knowledge on antibiotics and asked for their suggestions for improving the education programme. The study was approved by the hospital ethics committee. The response rate was 65.5% (91 returns). The results showed that a variety of methods are used, but the frequency varied (Figure 1). The most often used was the British National Formulary (BNF). The BNF has previously been shown to be a frequently used resource in a study looking at antibiotic prescribing.3 Antibiotic guidelines were also used, particularly the Intranet version, which is easily accessible throughout the hospital. Advice from microbiologists and pharmacists as well as seniors and peers was a frequent choice. This shows that doctors value education from their own clinical teams but also seek specialist opinion. Respondents suggested that antimicrobial teams (AMTs) could be introduced into the hospital. AMTs are multidisciplinary and usually

![Figure 1. Frequency of choice for each antibiotic education method.](image)
References


Funding

The University of Bristol.

Acknowledgements

This study has been submitted as part of an MSc dissertation to the University of Bristol.

Transparency declarations

None to declare.

Research letters

Bugs and drugs on the Web: changes in knowledge of users of a web-based education resource on antibiotic prescribing

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Keywords: antimicrobial, education, internet, prescribing

This study builds upon previous work undertaken at the Science Museum in London, where members of the public were invited to contribute to a questionnaire on a web site designed to investigate the impact of the web site on user knowledge and attitudes, those entering the site were invited via a pop-up box to complete an online questionnaire before examining the data on the site. They were asked to repeat the questionnaire on exit of the web site. Upon submitting this repeat questionnaire, they were given the option to view the correct answers (http://www.antibioticresistance.org.uk/ARFAQs.nsf/70752b9df7ccee7e8a825703b004f7f83?OpenForm&ParentUNID=88A3A3DA48E49B0D0025745E0032D091). The questionnaire comprised 10 true/false statements designed to test knowledge and 6 statements inviting agreement or disagreement using a Likert scale testing attitudes to different aspects of antimicrobial resistance.