Social Media Project

Project Key Aspects

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Specific Aims

• Broaden awareness of our Antimicrobial Stewardship Program
• Increase the use of stewardship-sponsored pathways and order sets
• Quantify Internal Medicine house staff engagement in antimicrobial stewardship-related social media activities
• Measure change in antibiotic-specific knowledge and its application to patient care derived from Facebook and Twitter messaging.
Methods

- Target group: Internal Medicine Residents
  - Consent to survey or survey + intervention
- Pre and post-intervention surveys
  - Demographics, confidence in using antibiotics, most useful sources of guidance in antibiotic choices, basic antibiotic knowledge, level of current social media usage
- 6 month intervention period
  - Daily posts/tweets via Twitter and Facebook,
    - Basic medical trivia focused on antimicrobial use and infectious diseases
    - Standard posts that guide antimicrobial use and encouraged use of pathways and order sets focused on community-acquired pneumonia
  - Engagement encouraged using daily rewards
    - $5 coffee cards chosen randomly from correct answers by daily respondents
    - All respondents were entered into a monthly drawing once for each day for a larger prize ($100 amazon gift card)
55 residents participated representing 50% of the residency program. 41% (n=23) had ≥1 interaction with our ASP via social media and 18% (n=10) had >5 interactions.
Results

- Confidence in antibiotic choice and duration in outpatient (p=.05 and p<.01) and inpatient (p=.05 and p<.01) areas significantly improved after the intervention period.
- Significant increases in the number of residents knowing how to access the website (p=.01), pathways (p<.01), drug dosage reference (p<.01), and antibiotic use criteria (p<.01) were seen as a result of the intervention.
- More residents indicated that they used the community acquired pneumonia pathway “always” after the intervention (p<.01), there was no significant change in the proportion of respondents that used the community acquired pneumonia order set (5.4% vs. 13.5%, p=0.259)
- Knowledge-based test scores significantly improved [12 (8-13) vs. 13 (11-15), p=0.048] as a result of the intervention.
Conclusions

• Social media is a valuable tool to reach resident trainees and reinforce the use of pathways and tools the ASP would like to support as part of clinical care

• Analysis is ongoing to measure if clinical care was impacted comparing residents who participated in the intervention to those that did not in the treatment of community acquired pneumonia