

# QUESTIONNAIRE BASED STUDY ON HEALTH CARE PROFESSIONALS TOWARDS WHO AWaRe CLASSIFICATION IN A TERTIARY CARE SETTING

This survey is being conducted by Gunjita Negi, an MBBS third year student (Batch -2018) under the guidance of Dr. Prasan Kumar Panda , Associate Professor, Department of General Medicine for intramural AIIMS Studentship project.

The purpose of this study is to document knowledge and attitude of health care professionals towards WHO AWaRe classification of antibacterials.

The participation in this study is voluntary.

The report will not have any identification markers or names of participants who have participated in this survey. By completing this survey, you are consenting to participate in this survey.

It will take 5-15 minutes to fill the following questionnaire.

Your questionnaire will only be included in our study if the final "SUBMIT" at the end of the questionnaire has been clicked and if the questionnaire is complete.

Your responses can be used to guide the development of educational tools. This will have direct benefits to our hospital in making a better antimicrobial policy. There will be indirect benefit to the future medical community as a whole as this study can help in improving antimicrobial prescription and hence patient health.

\* Indicates required question

1. Email address \*

---

2. What is your staff position in the hospital? \*

*Mark only one oval per row.*

	Professor	Additional Professor	Associate Professor	Assistant Professor	Senior Resident	Junior Resident
<b>Row 1</b>	<input type="radio"/>					

3. Years of experience post MBBS

---

4. What is your area of specialty in the hospital ? \*

---

#### AWaRe Classification

The following sets of questions seek to assess the knowledge and attitude you have about the AWaRe classification by WHO .Please answer every question.

5. Do you know about Access, Watch and Reserve (AWaRe ) antimicrobial classification by WHO ? \*

*Mark only one oval.*

- Yes I am aware of it
- I have little idea about it
- Heard of it , but not the details
- No idea

6. According to you, the antimicrobial you prescribed belongs to which class of WHO AWaRe classification ? \*

*Mark only one oval.*

- Access group
- Watch group
- Reserve group
- other

7. The maximum number of antibiotics fall under which category of AWaRe ? \*

*Mark only one oval.*

- ACCESS group
- WATCH group
- RESERVE group
- other

8. What about the antimicrobial policy of our institution is not true? \*

*Mark only one oval.*

- Syndromic Approach for Empirical Therapy of Common Infections is given
- Includes AWaRe classification
- Integrated stewardship model (AID) is included
- It mandates completion of Open WHO ASP programme

9. How did you come to know about Access, Watch and Reserve (AWaRe ) antimicrobial classification by WHO ? \*

*Mark only one oval.*

- The antimicrobial policy of our institution
- The WHO website
- The internet
- Other sources
- No idea about it

10. Mark the correct option regarding the utility of Access, Watch and Reserve (AWaRe ) antimicrobial classification by WHO ?

*Mark only one oval per row.*

	True	False	No idea
<b>No utility in actual practice</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Easy for ground use as it is a hierarchical classification based on nature of antibiotics</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Prevents antimicrobial resistance as the guidelines are based on potential of developing resistance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A better aid in monitoring and surveillance as it can be used at all levels</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Is more cost effective</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you agree with the statement- “Emergence of antimicrobial resistance is inevitable” \*

*Mark only one oval.*

- True
- False
- No idea

12. What do you think will happen if we fail to tackle antimicrobial resistance ? \*

*Check all that apply.*

- It will result in Inability to treat serious and common infectious diseases
- Lengthier stays in hospitals and more intensive care will be required
- The success of major surgery and cancer chemotherapy would be compromised
- The cost of treatment would be increased
- Maternal mortality and infant mortality would be increased
- No idea

13. WHO targets 60% of antibiotic consumption to be from Access group by year 2023 , what option does not favour the statement ? \*

*Mark only one oval.*

- Access group antibiotics have a favorable safety profile with a low propensity to further aggravate AMR
- All Access antibiotics are part of the EML core list
- Access group comprises of antibiotics that represent first or second-line for empirical treatment for common diseases
- Access group has most affordable antibiotics

14. False statement regarding WHO guidelines for AWaRe classification is \*

*Mark only one oval.*

- Watch group should be used in cases where the Access group fails
- It is possible that a WATCH antibiotic is first choice, followed by an ACCESS
- Antibiotics in Watch group should be prioritized as key targets of stewardship programs and monitoring
- Antibiotics in WATCH group should be treated as "last resort" options
- No idea

15. What is common about the following antibiotics -Aztreonam, Fosfomycin (IV), linezolid, Tigecycline, Daptomycin and Polymixins \*

*Mark only one oval.*

- These antibiotics should be treated as 'last-resort' options
- These require monitoring and utilization reporting, to preserve their effectiveness
- These should be used when ACCESS group fails
- These offer the best therapeutic value, while minimizing the potential for resistance hence should be reserved
- No idea

16. There are certain antibiotics from watch group that come in access group as well .What \*  
is not true about these ?

*Mark only one oval.*

- Some antibiotics also act as first or second choice treatments for a few specific indications
- These can be used for prophylactic uses in food producing animals and agriculture
- These antibiotics have higher toxicity concerns or resistance potential
- Examples of such antibiotics are - Azithromycin,Ceftriaxone ,Ciprofloxacin,Piperacillin and Vancomycin

17. Your views on whether to use this classification in our hospital: \*

Mark only one oval per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<b>Following AWaRe is a necessity in our hospital</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>AWaRe reduces the patient burden by reducing the health care cost.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>AWaRe reduces the adverse effects of inappropriate antimicrobial prescription.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>AWaRe threatens clinicians' autonomy.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>It can cause delay in treatment and negatively impact patient care</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. What are your views about the utilityAWaRe on daily basis ? \*

---

---

---

---

---

19. I give my voluntary consent to participate in this research. Purpose of the research is to study of prescribing patterns of antibiotics using WHO AWaRe classification .I allow the investigator to ask me about my prescription selected for the study and antimicrobials .I will give all information to the best of my knowledge. There are no known risks and benefits that would result from my participation in the research. \*

---

---

This content is neither created nor endorsed by Google.

Google Forms