

Objective

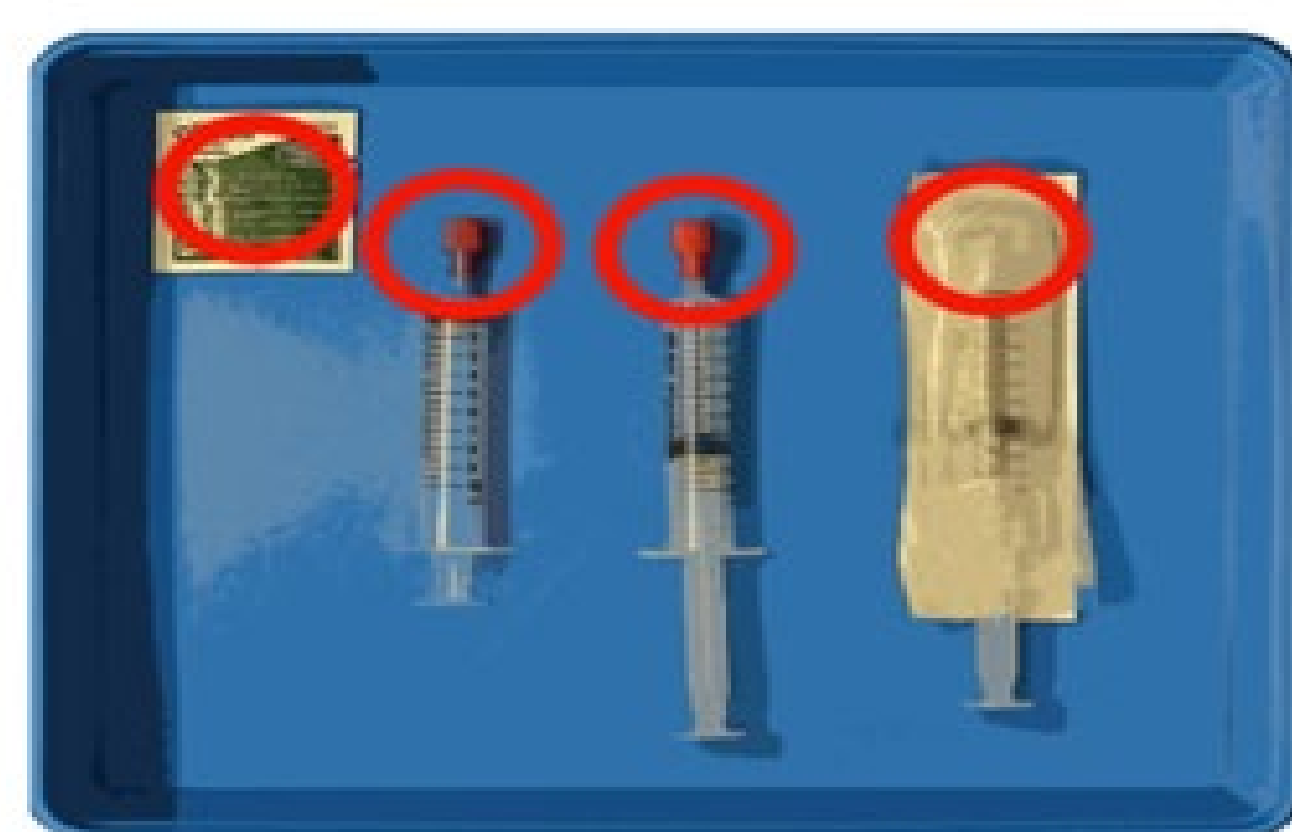
The introduction of the Aseptic Non Touch Technique (ANTT®) Framework and related editorial guidelines to the clinical editorial team and contract writers at EBSCO's Dynamic Health requires a targeted intervention for improved adherence to the guidelines in new or updated Dynamic Health skills.

Two Types of ANTT

ANTT is fundamentally based on the practice aim of asepsis for all invasive clinical procedures. It replaces terminology such as clean technique, aseptic technique, and sterile technique. Healthcare organizations that have adopted the ANTT Framework report not only improved compliance with the core components of aseptic technique, but also a reduction in healthcare associated infections (Mutalib et al., 2015; Pike et al., 2009; Rowley and Clare, 2009; White, 2010). Images from ASAP.org

Standard ANTT

Surgical ANTT



Literature

Critical appraisal of 29 journal articles using the Johns Hopkins Nursing Evidence-Based Practice Rating Scale (JHNEBP) provided evidence for this proposal. Findings support **learner preference** (Baptista & Oliveira, 2019; Devers, 2018; Hegerius et al., 2020; Subhash & Cudney, 2018; Triana, et al., 2021; van Gaalen et al., 2021; Zarshenas et al., 2022), **increased knowledge acquisition and retention** through higher test scores. (Gough, et al., 2021, Ichiuji, et al., 2022, Mohammed, et al., 2018, O'Neill, et al., 2018, Qian, et al., 2019)., and **improved outcomes or behavior changes** (Carter & Yousef-Morgan 2022; DeGagne et al., 2019; Orwoll et al., 2018; Rickardsson et al., 2021; Shihabuddin et al., 2021; Wang et al., 2020).

Methodology

This quasi-experimental study design used a 15-item web-based pretest and posttest conducted in October of 2022 as well as a 17-item post-intervention survey conducted in December 2022. Thirty-six participants (convenience sample) completed the microlearning intervention and survey. Manual surveillance of pre intervention adherence to ANTT Framework editorial guidelines was also measured.

Microlesson

Understanding and Applying the ANTT Framework

START COURSE



In this lesson, you will learn the key terms associated with the ANTT framework. You will also learn the differences between Standard ANTT and Surgical ANTT. Finally, you will learn how to create content compliant with the ANTT editorial guidelines and apply ANTT concepts to clinical situations.

Learning Outcomes:

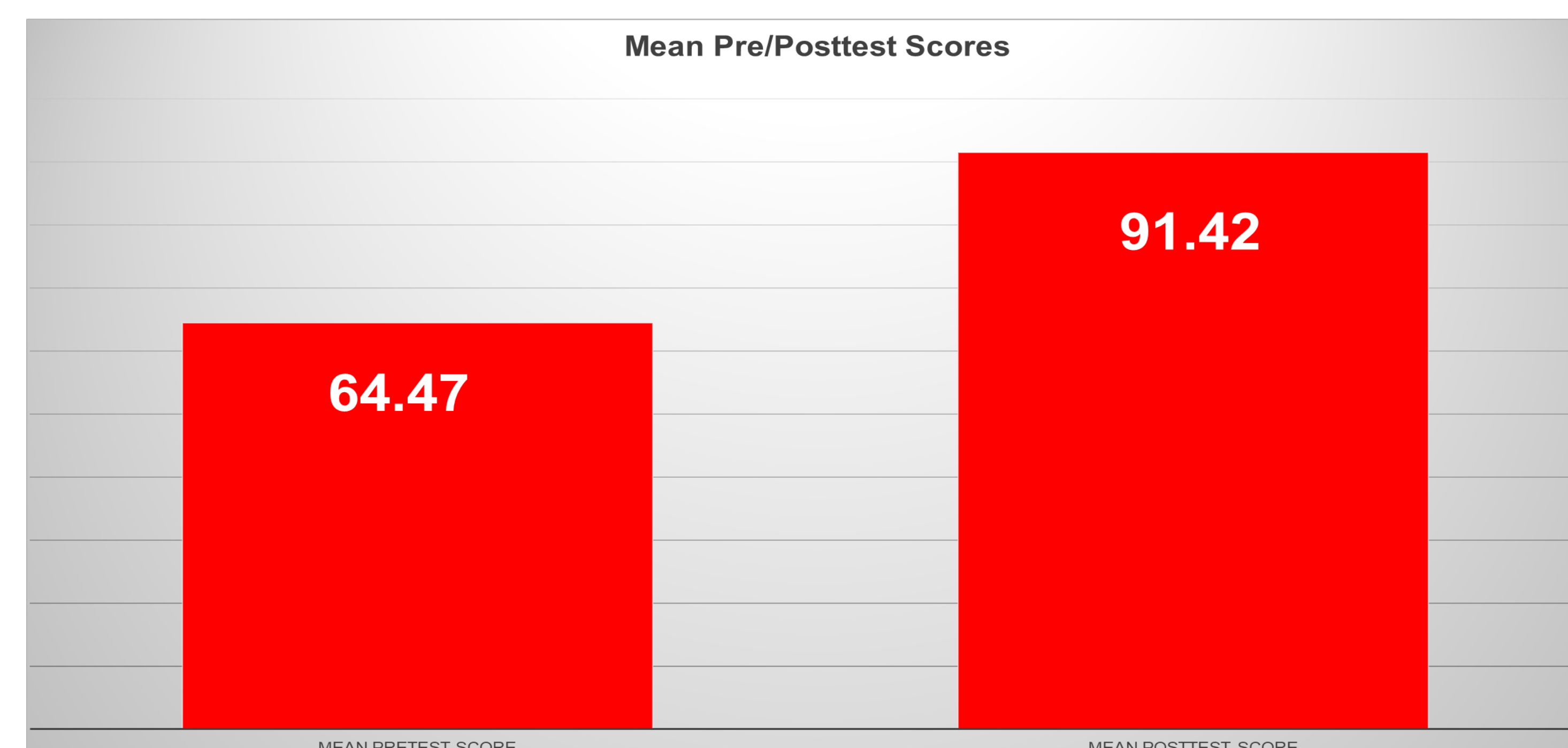
- Define key terms associated with the ANTT Framework
- Distinguish between Standard and Surgical ANTT

Results

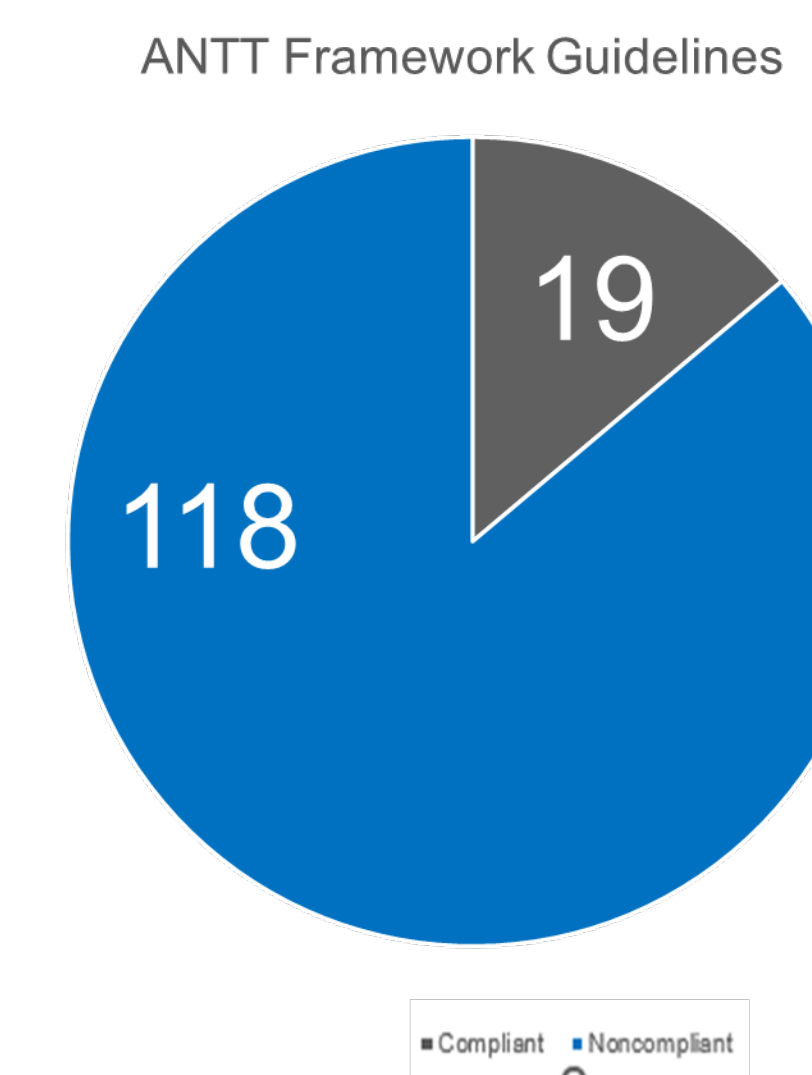
Pre-implementation adherence to the editorial guidelines measured at 15.4%, suggesting an opportunity for improvement. The proportion of writers and editors who adhered to the ANTT editorial guidelines postintervention (55.6%) was significantly higher than preintervention (15.4%) $z = -5.3204, p < .00001$. This result is significant at $p < .05$. This increase in the proportion of editors and writers adhering to the framework guidelines suggests that the microlearning intervention improved outcomes relative to the application of knowledge.

Five weeks post-microlearning intervention, there was a highly significant difference in the pretest scores ($M=64.47, SD=17.67$) and posttest scores ($M=91.42, SD=8.21$) conditions; $t(35)=9.00, p < 0.0001$. These results suggest that the microlearning intervention increased knowledge acquisition for the ANTT editorial guidelines.

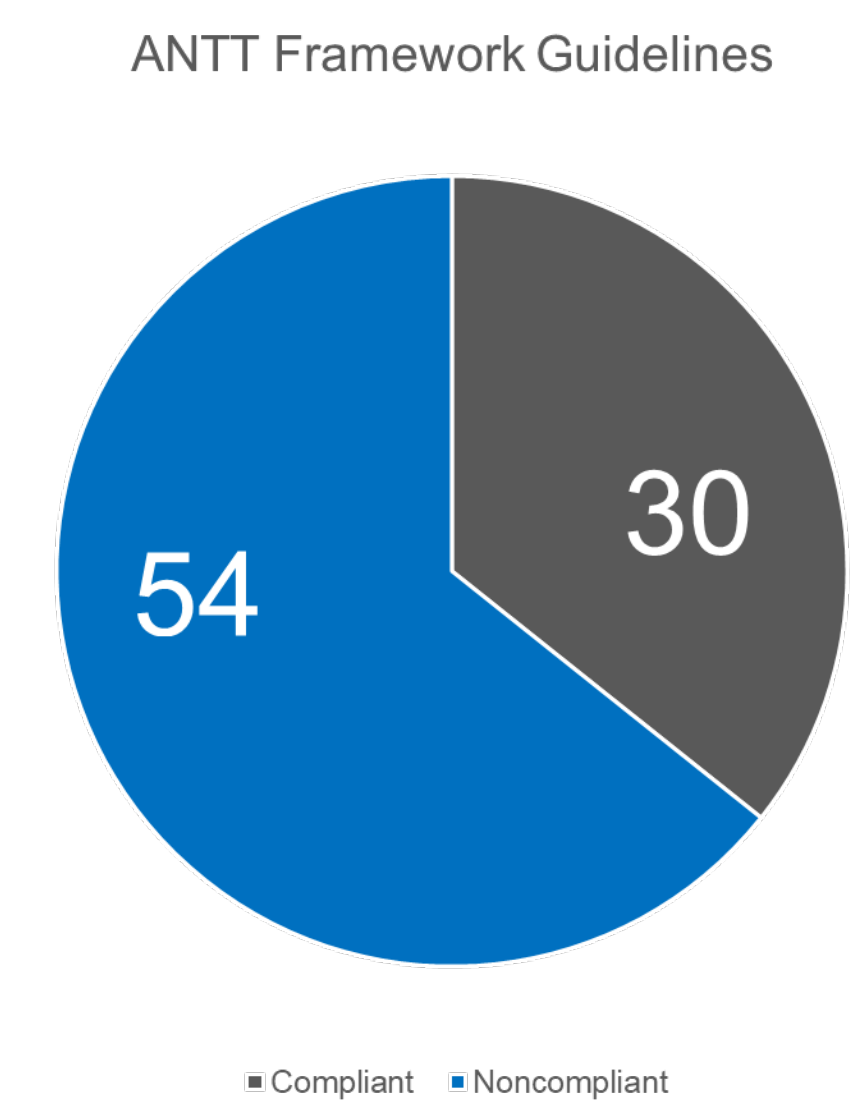
Participants reported that the microlearning format was effective, easy to navigate and understand, convenient, and enjoyable, suggesting increased user satisfaction and preference for microlearning.



ANTT Guideline Compliance Rate Preintervention



ANTT Guideline Compliance Rate Post Intervention



Conclusion

A microlearning intervention can enhance knowledge acquisition and improve outcomes. Project participants report positive experiences that prepare them to apply editorial guidelines. Multiple opportunities exist to innovate around this form of education. Future work should examine the balance between microlearning course preparation time, cost, and effort versus sustained learning outcomes and learner preference. In addition, this microlearning intervention provides a springboard for further innovation for staff education.

References

Available for download



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