

2023 Pre-Workshop Survey for Inaugural Small Animal Antimicrobial Stewardship Workshop for U.S. and Caribbean Veterinary Schools

Thank you for completing this survey and for attending the Inaugural Small Animal Antimicrobial Stewardship Workshop for U.S. and Caribbean Veterinary Schools. This survey includes general information about your hospital and should take approximately 10-20 minutes to complete. There is an optional question to provide a short description of your antimicrobial stewardship activities to share with other attendees of this workshop to support future collaboration (300 words or less). The survey should be completed by an attendee of the workshop, with input from others at your institution that have a working knowledge of your veterinary teaching hospital and awareness of any antibiotic stewardship and infection prevention initiatives in place. All questions should be answered with respect to your veterinary teaching hospital (small and large animal) or small animal teaching hospital, as outlined by the question. **Please have only one person from your hospital complete the survey, and please try and complete it in one sitting.**

Questions should be directed to the University of Minnesota (UMN) team at cavsnet@umn.edu.

Please keep the following definitions in mind when completing the survey:

- Small animal: refers to only dogs and cats.
- Antimicrobial resistance: the ability of microorganisms (including bacteria) to resist the effects of antimicrobials (including antibiotics).
- Antimicrobial stewardship: the process of improving how we use antimicrobial drugs (including antibiotic drugs) while effectively treating infections.
- Antimicrobial use: any time an antimicrobial (including antibiotics) is used in veterinary medicine, regardless of the prescriber's intention (e.g., infection treatment or prevention, stimulation of GI motility, disease control in a group of animals).

Background Information

1. What is the name of the veterinary teaching hospital for which you are completing this survey?
 - a. __drop down of U.S. and Caribbean VTHs____
2. In what U.S. state is [vth_name]'s veterinary teaching hospital located?
 - a. __drop down of 50 states, plus Washington DC____
3. What is your first name?
 - a. _____
4. What is your last name?
 - a. _____

5. What is your email address?
 - a. _____

 6. What is your position at [vth_name]'s veterinary teaching hospital? (*select all that apply*)
 - a. Dean
 - b. Epidemiologist
 - c. Hospital Director
 - d. Infection Preventionist
 - e. Microbiologist
 - f. Pharmacist
 - g. Pharmacologist
 - h. Practice Manager
 - i. Office Administrator or Receptionist
 - j. Trainee, including House Officers and Students
 - i. Trainee Type
 1. Intern
 2. Resident
 3. Graduate (non-DVM) Student
 4. Veterinary (DVM) Student
 5. Other: _____
 - k. Veterinarian
 - i. Veterinary Specialty
 1. Specialist
 - a. Veterinary Sub-Specialty
 - i. Dermatologist
 - ii. Emergency and Critical Care
 - iii. Internist
 - iv. Surgeon
 - v. Other: _____
 2. Primary Care
 3. Other: _____
 - l. Veterinary Assistant
 - m. Veterinary Technician
 - n. Other: _____
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7. Does [vth_name] use a distributive model *as the main approach* to facilitate DVM student clinical rotations (i.e., utilizes third-party clinical sites as opposed to a traditional on-campus teaching hospital during years 3 and/or 4 of the curriculum)?
 - a. Yes
 - b. No

Antimicrobial Resistance, Antimicrobial Stewardship, and Infection Prevention (part 1)

8. Does [vth_name]'s veterinary teaching hospital have an antimicrobial stewardship committee?
 - a. Yes

- i. Is membership on the antimicrobial stewardship committee assigned or voluntary?
 1. All assigned
 2. Some assigned (e.g., Chair) and some voluntary
 - a. Approximately, what percentage of the antimicrobial stewardship committee is assigned? (*whole number only between 0–100*)
 - i. _____
 3. All voluntary
 - ii. What roles are represented on the antimicrobial stewardship committee? (*select all that apply*)
 1. Veterinarian(s) – small animal
 2. Veterinarian(s) – large animal
 3. Veterinary Technician(s)
 4. Veterinary Assistant(s)
 5. Veterinary Student(s)
 6. Infection Preventionist(s)
 7. Microbiology Technician(s)
 8. Veterinary Microbiologist(s)
 9. Pharmacologist(s)
 10. Practice Manager(s)
 11. Hospital Director(s)
 12. Pharmacist(s)
 13. Veterinary Public Health Faculty/Staff
 14. Office Administrator(s) or Receptionist(s)
 15. Other: _____
 - iii. How frequently does the antimicrobial stewardship committee meet (virtual or in-person)?
 1. Weekly
 2. Monthly
 3. Quarterly
 4. Other: _____
 - iv. What is the average attendance of an antimicrobial stewardship committee meeting?
 1. 2–3
 2. 4–6
 3. 7–9
 4. 10–12
 5. 13–15
 6. 16 or more
 - v. Of those attending antimicrobial stewardship committee meetings, how many are faculty/clinical instructors?
 1. All
 2. Most
 3. Some
 4. None
- b. No

- i. Has there been interest in establishing an antimicrobial stewardship committee?
 - 1. Yes
 - 2. No
 - 3. Unsure
 - c. Unsure
 - i. Has there been interest in establishing an antimicrobial stewardship committee?
 - 1. Yes
 - 2. No
 - 3. Unsure
- 9. What are or have been the major barriers to establishing or maintaining an antimicrobial stewardship committee at [vth_name]'s veterinary teaching hospital? *(select all that apply)*
 - a. Lack of formal commitment or interest from hospital *leadership*
 - b. Lack of formal commitment or interest from hospital *staff*
 - c. Lack of staff time dedicated to antimicrobial stewardship activities
 - d. Lack of dedicated resources (e.g., money) to antimicrobial stewardship activities
 - e. Lack of awareness of the importance of an antimicrobial stewardship committee
 - f. Lack of training regarding antimicrobial stewardship practices and initiatives
 - g. Uncertainty of how to initiate establishment of an antimicrobial stewardship committee
 - h. Other: _____
 - i. None
- 10. Does [vth_name]'s veterinary teaching hospital have an infection control program? The goals of an infection control program include prevention of healthcare-associated infections and transmission of pathogens between patients.
 - a. Yes
 - i. Is this the same committee as your antimicrobial stewardship committee?
 - 1. Yes
 - a. Do you have separate meetings for infection control and antimicrobial stewardship focuses/topics?
 - i. Yes
 - 1. How frequently does the infection control program meet (virtual or in-person)?
 - a. Weekly
 - b. Monthly
 - c. Quarterly
 - d. Other: _____
 - ii. No
 - 2. No
 - a. Is membership on the infection control program assigned or voluntary?
 - i. All assigned
 - ii. Some assigned (e.g., Chair) and some voluntary
 - 1. Approximately, what percentage of the infection control program is assigned? *(whole number only between 0–100)*

- a. _____
 - iii. All voluntary
 - b. What roles are represented on the infection control program?
(select all that apply)
 - i. Veterinarian(s) – small animal
 - ii. Veterinarian(s) – large animal
 - iii. Veterinary Technician(s)
 - iv. Veterinary Assistant(s)
 - v. Veterinary Student(s)
 - vi. Infection Preventionist(s)
 - vii. Microbiology Technicians(s)
 - viii. Veterinary Microbiologist(s)
 - ix. Pharmacologist(s)
 - x. Practice Manager(s)
 - xi. Hospital Director(s)
 - xii. Pharmacist(s)
 - xiii. Veterinary Public Health Faculty/Staff
 - xiv. Office Administrator(s) or Receptionist(s)
 - xv. Other: _____
 - c. How frequently does the infection control program meet
(virtual or in-person)?
 - i. Weekly
 - ii. Monthly
 - iii. Quarterly
 - iv. Other: _____
 - d. What is the average attendance of an infection control program
meeting?
 - i. 2–3
 - ii. 4–6
 - iii. 7–9
 - iv. 10–12
 - v. 13–15
 - vi. 16 or more
 - e. Of those attending infection control program meetings, how
many are faculty/clinical instructors?
 - i. All
 - ii. Most
 - iii. Some
 - iv. None
- b. No
 - i. Has there been interest in establishing an infection control program?
 - 1. Yes
 - 2. No
 - 3. Unsure
- c. Unsure
 - i. Has there been interest in establishing an infection control program?
 - 1. Yes
 - 2. No

3. Unsure

11. What are or have been the major barriers to establishing or maintaining an infection control program at [vth_name]'s veterinary teaching hospital? (*select all that apply*)

- a. Lack of faculty or staff with infection prevention expertise
- b. Lack of formal commitment or interest from hospital leadership
- c. Lack of formal commitment or interest from hospital staff
- d. Lack of staff time dedicated to infection prevention activities
- e. Lack of dedicated resources (e.g., money) to infection prevention activities
- f. Lack of awareness of the importance of infection prevention
- g. Uncertainty of how to run an infection control program
- h. Other: _____
- i. None

12. Are there opportunities for members of the antimicrobial stewardship committee or [vth_name]'s veterinary teaching hospital personnel to engage with other health disciplines working on antimicrobial resistance and antimicrobial stewardship (e.g., physician, pharmacist, other One Health stewardship groups)?

- a. Yes
 - ii. Please provide additional details about how the antimicrobial stewardship committee or [vth_name]'s veterinary teaching hospital personnel work across the One Health antimicrobial stewardship spectrum. (*maximum word count 100 words*)
 - 1. _____
- b. No
- c. Unsure

13. Do any faculty or staff members have designated FTE for antimicrobial stewardship and/or infection control activities?

- a. Yes; both antimicrobial stewardship and infection control activities
 - i. Please provide additional information about whether faculty or staff have effort and how much.
 - 1. _____
- b. Yes; antimicrobial stewardship activities only
 - i. Please provide additional information about whether faculty or staff have effort and how much.
 - 1. _____
- c. Yes; infection control activities only
 - i. Please provide additional information about whether faculty or staff have effort and how much.
 - 1. _____
- d. No

AVMA Core Principle Activities

14. Which of the following AVMA Core Principle 1 (Commit to Antimicrobial Stewardship) activities, if any, are currently formalized or anticipated to be initiated in the future at [vth_name]'s veterinary teaching hospital?

AS = antimicrobial stewardship; AU = antimicrobial use

Core Principle 1: Commit to Antimicrobial Stewardship	Current Activities
Form an AS committee	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Identify AS Champion(s)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Define AS responsibilities for AS Champion(s) and other staff	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Publicly announce commitment to AS to clients, staff, veterinarians, and other partners	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Actively promote responsible AU to clients and public	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Define (and redefine) hospital AS priorities	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Draft AS policies and implementation plans	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Establish institutional support (e.g., financial, time)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity

15. Which of the following AVMA Core Principle 2 (Advocate for a System of Care to Prevent Common Diseases) activities, if any, are currently formalized or anticipated to be initiated in the future at [vth_name]'s veterinary teaching hospital?

AS = antimicrobial stewardship

Core Principle 2: Advocate for a System of Care to Prevent Common Diseases	Current Activities
Educate clients on the importance of preventative care	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Design and implement, and then monitor, regularly review, and update detailed written infection prevention and control plans	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Develop prevention protocols for high-priority conditions	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Identify barriers to adopting infection prevention strategies (e.g., hand washing)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Make infection prevention and control resources and supplies readily available	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity

16. Which of the following AVMA Core Principle 3 (Select and Use Antimicrobial Drugs Judiciously) activities, if any, are currently formalized or anticipated to be initiated in the future at [vth_name]'s veterinary teaching hospital?

AS = antimicrobial stewardship; AU = antimicrobial use

Core Principle 3: Select and Use Antimicrobial Drugs Judiciously	Current Activities
Provide clinical guidance for responsible AU, including utilization of consensus-driven guidelines	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity

Develop facility-specific prescribing protocols based on published guidelines	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Have available AU consultations with specialist (e.g., microbiologist, pharmacist, other)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Develop protocols for use of clinical diagnostics (e.g., recommendation of only promoting urine cultures after urinalysis for patients with clinical signs)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Review available hospital antimicrobials, and identify opportunities for formulary-level AS action (e.g., prescribing tiers, formulary restriction)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Pre-authorization requirement for certain antibiotics	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Implement workflow interventions to reduce unnecessary AU prescribing (e.g., AU time out, prescribing algorithms, decision support for drug selection in medical records)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Promote use of alternative case management and therapeutic options to reduce the need for systemic antibiotics when appropriate	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Record the indication(s) for antimicrobials in patient medical records and client communications	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Assess compliance with AS actions/programmatic initiatives	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Critically assess the need for prophylactic AU, as well as selection and duration	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years)

	<ol style="list-style-type: none"> 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
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17. Which of the following AVMA Core Principle 4 (Evaluate Antimicrobial Drug Use Practices) activities, if any, are currently formalized or anticipated to be initiated in the future at [vth_name]'s veterinary teaching hospital?
AS = antimicrobial stewardship; AU = antimicrobial use; AMR = antimicrobial resistance

Core Principle 4: Evaluate Antimicrobial Drug Use Practices	Current Activities
Track overall AU	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Report overall AU (e.g., to hospital leadership, staff)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Track AU prescribing for priority conditions (e.g., lower urinary tract infections, community acquired respiratory tract disease)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Report AU prescribing for priority conditions (e.g., to hospital leadership, staff)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Review appropriateness of prescribing for priority conditions (e.g., with individual clinicians, at AS committee meetings)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Document AMR trends	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Engage with veterinary diagnostic laboratories to provide facility or regional antibiograms	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity

Assess how often samples are submitted for culture and susceptibility testing	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
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18. Which of the following AVMA Core Principle 5 (Educate and Build Expertise) activities, if any, are currently formalized or anticipated to be initiated in the future at [vth_name]'s veterinary teaching hospital?

AS = antimicrobial stewardship; AU = antimicrobial use; AMR = antimicrobial resistance

Core Principle 5: Educate and Build Expertise	Current Activities
Communicate with pet owners about AMR and other potential harms of AU (e.g., client handouts, waiting room posters)	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Provide information to clients about proper medication disposal	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Provide all-staff training on hospital AS practice and policy	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity
Make continuing education related to AS available to hospital personnel	<ol style="list-style-type: none"> 1. Currently doing 2. Short-term goal (e.g., next 1–2 years) 3. Mid-term goal (e.g., 3–5 years) 4. Long-term goal (e.g., >5 years) 5. We do not plan to do this activity

Antimicrobial Resistance, Antimicrobial Stewardship, and Infection Prevention (part 2)

19. Does [vth_name] have any training specific to antimicrobial stewardship? (*select all that apply*)

- a. Lecture(s) *specific to antimicrobial stewardship* included in the veterinary student curriculum for all *students*
- b. Course(s) *specific to antimicrobial stewardship* included in the veterinary student curriculum for all *students*
- c. Antimicrobial stewardship concepts are purposefully integrated into core pre-clinical course(s) in the veterinary student curriculum for all *students*
- d. Antimicrobial stewardship continuing education/training opportunities for *clinical faculty*

- e. Antimicrobial stewardship continuing education/training opportunities for *veterinary technicians and support staff*
 - f. Antimicrobial stewardship continuing education/training opportunities for *interns and residents*
 - g. Other: _____
 - h. None
20. What administrative actions have hospital leadership taken at [vth_name]'s small animal teaching hospital? (*select all that apply*)
- a. Dedicated funds for antimicrobial stewardship initiatives
 - b. Dedicated salary for antimicrobial stewardship staff
 - c. Dedicated funds for infection prevention activities
 - d. Dedicated salary for infection prevention staff
 - e. Formal communication from hospital administration to faculty and staff about their commitment to antimicrobial stewardship
 - f. Other: _____
 - g. None
21. Are any of the following client communication tools used hospital-wide in [vth_name]'s small animal teaching hospital? (*select all that apply*)
- a. Client fact sheets about antimicrobials and/or antimicrobial resistance
 - b. Client information on antibiotic alternatives (e.g., diet change or upper respiratory relief recommendations)
 - c. Disease prevention protocols for common clinical conditions (e.g., Lyme disease prevention)
 - d. Non-antibiotic prescription pad
 - e. Visible hospital commitment (e.g., poster, pamphlet) to responsible antimicrobial use
 - f. Other: _____
 - g. None
22. What kinds of support would help in the implementation and/or improvement of antimicrobial stewardship activities at [vth_name]'s small animal teaching hospital? (*select all that apply*)
- a. Client education materials on proper antimicrobial use
 - b. Materials to guide engagement with hospital leadership
 - c. Prescribing guidelines specific to common small animal syndromes
 - d. Sample antimicrobial stewardship plan or policy for small animal hospitals
 - e. Clinical treatment consultation for difficult cases
 - f. Collaboration with other veterinary teaching hospitals to share and implement best practices
 - g. Dedicated funds for antimicrobial stewardship programs
 - h. Dedicated salary for antimicrobial stewardship effort
 - i. Electronic health records software/technology support
 - j. Formal commitment from hospital leadership
 - k. Inclusion of hospital antimicrobial stewardship responsibilities in staff job descriptions
 - l. Continuing education opportunities for antimicrobial stewardship in small animal medicine
 - m. Listserv to provide education emails and event updates

- n. State or federal regulations requiring hospital-based antimicrobial stewardship programs
- o. State or national antimicrobial stewardship conference for clinicians specific to small animal medicine
- p. Other: _____
- q. None

23. Optional: Please provide a short description of your antimicrobial stewardship activities to share with other attendees of this workshop to support future collaboration (300 words or less).

- a. _____

Thank you for taking the time to complete this pre-workshop survey and for your attendance at the upcoming Inaugural Small Animal Antimicrobial Stewardship Workshop for U.S. and Caribbean Veterinary Schools. Details about the workshop are available online at <https://arsi.umn.edu/ASworkshop2023>.