recommendations; (iii) at the dissemination stage, we carry out the analyses, report results on the website and to study authors and journal editors, as well as deposit prespecified files at a public repository (OSF).

Results We completed a census to characterize the types of studies published in 2018 by the nine-journal cohort in exercise sciences. From a total of 3,205 individual references, we respectively classified 277 (99%; min-max range, 5 to 92) and 248 (8%; min-max range, 6 to 72) articles as RCTs and SRMAs. Currently, our three-stage process is ongoing and, from the two first months of surveillance, 38 RCTs and 27 SRMAs were eligible for analysis. We consolidated a comprehensive assessment using items from CONSORT 2010 and TIDieR checklist to appraise RCTs and from PRISMA, AMSTAR-2, and ROBIS to appraise SRMAs. In addition to full study reports with our assessment for all items, we proposed aggregated results using seven components (aggregating from 4 to 11 assessed items) that relate to: transparency, completeness, methodological rigor, participants, interventions/ exposures, outcome, and critical appraisal.

Conclusions Inspired by the Mertonian principles and Doug Altman’s wisdom, the SEES Initiative is a living, scalable, open project to promote adequate reporting, feedback stakeholders toward increased research uptake, and disrupt/denounce inadequate practices whenever necessary.

SURVEY OF PERCEPTION, ATTITUDES AND PRACTICES OF ANTIMICROBIAL STEWARDSHIP AMONG HEALTH WORKERS IN A NIGERIAN UNIVERSITY TEACHING HOSPITAL

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Objectives Globally there is heightened interest in implementing hospital-wide antimicrobial stewardship program in order to contain the challenges of antimicrobial resistance. The practice of antimicrobial stewardship program in the Nnamdi Azikiwe University Teaching Hospital, Nnewi Nigeria has not been adequately researched. The objectives of this study were:

1. To assess the perception, attitudes and practices of antimicrobial stewardship program among health care workers in the Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria.
2. To determine the factors that influences the attitude and practices of antimicrobial stewardship program among the research participants in the study centre.

Method The study setting for this research work was the Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria; one of the tertiary healthcare institutions for specialized healthcare and training of healthcare professionals in Nigeria. The design for this study was a cross sectional survey among healthcare workers in the teaching hospital using structured self-administered questionnaire. Data collected were analysed using STATA software student trial version 13 after ethical approval from the institutional ethical review board. Demographic characteristics of the respondents were computed and tests for statistical significance were done using regression analysis and chi-square tests at 95% confidence interval (p value = 0.05)

Results Of the 190 questionnaires distributed 162 were returned, (85.3% response). Among the respondents were 44 (27.2%) males and 118 (72.8%) females; with age range 21 – 63 years: mean age; 35.2 (± 8.2) years; and median age of 34 years. The median length of service of the respondents in the teaching hospital was 5 years. There is low level of awareness of antimicrobial stewardship among the respondents. Only 6 (3.75%) of the respondents considered their knowledge and skills of antimicrobial stewardship program as excellent while 54 (33.5%) of them did not think that antimicrobial resistance is a serious healthcare problem. Bivariate logistic regression analysis for the predictors of antimicrobial stewardship practices were not statistically significant for respondents’ knowledge of antimicrobial stewardship program matched against their age categories (p, 0.14; OR: 1.89); gender (p, 0.76; OR: 1.12); and length of service within the hospital (p, 0.17; OR: 1.64), at 95% confidence interval.

Conclusions The respondents in this study showed overall poor knowledge and poor attitude towards the practice of antimicrobial stewardship program. There is need to create awareness through regular training and retraining of healthcare personnel and the development of functional antimicrobial stewardship program within our teaching hospitals to fit global trends and best practices. Further intervention study is required towards behavior change to improve antimicrobial stewardship practices among the healthcare personnel in the teaching hospital.
Conclusions The research highlights 12 observed patterns used in pharmaceutical trade naming. Implementation of these methods will help the students, pharmacists and health care providers to become more aware of the message that the drug trade name delivers.

55 HOW MUCH DO GENERAL PRACTITIONERS KNOW ABOUT THE ABSOLUTE VALUE AND POSSIBLE HARMS OF TREATMENTS FOR COMMON LONG-TERM CONDITIONS? A QUESTIONNAIRE SURVEY


Objectives In Britain, GPs are responsible for prescribing multiple long-term treatments to their patients. To support shared clinical decision making, understanding of the absolute benefits and harms of individual treatments is needed. International evidence shows that doctors’ knowledge of absolute treatment effects is poor, but this has not been researched among British GPs.

Aim To assess and describe the level and range of the quantitative understanding of the benefits and harms of treatments for common long-term conditions among British GPs.

Method An online survey distributed to GPs in Britain over two months in 2018. Participants were asked to estimate the percentage absolute risk reduction or risk increase conferred by 13 interventions across 10 long term conditions on 17 important outcomes. Responses were collated and presented graphically for each clinical question and analyses performed to estimate the proportion of correct responses.

Results 443 respondents, broadly representative of the British GP population, were included in the analysis. The majority of respondents demonstrated poor knowledge of the absolute benefits and harms of treatments with inaccuracies common and wide ranging. Per question, only 3.2 - 28.4% of responses were correct allowing for +/- 1% margin in ARR estimates and 10.4 - 55.6% allowing a +/- 3% margin. 65% of GPs self-reported low to very low confidence in their knowledge.

Conclusions GPs’ knowledge of the absolute benefits and harms of treatments is poor, with inaccuracies of a magnitude likely to significantly affect clinical decision making and impede meaningful conversations with patients regarding treatment choices.

This represents a barrier to the practice of EBM as it is intended. The causes are complex and lie within the system of evidence dissemination, implementation and performance management of practitioners. These will be discussed along with potential solutions.