



# Handshake Stewardship: What Works — and Why

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# Disclosures

- None



# Content Outline

“Handshake Stewardship” works! – But why?

We implemented it at BCCH in 2016:

- Positive feedback
- High acceptance rates
- Antibiotic use remains responsible

We thought Handshake stewardship played a role

So we set out to explore

# The Problem

- Antimicrobial prescribing isn't just clinical — it's cultural<sup>1</sup>
- Social norms > guidelines<sup>2</sup>
- Hierarchy influences decisions<sup>3</sup>
- “Playing it safe” often overrides evidence<sup>2</sup>

1. Charani, 2013
2. Hallsworth, 2016
3. Gould, 2017

# Two Models of Stewardship

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Restriction: pre-authorization, compliance, policing vs.

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Handshake: in-person discussion, real-time feedback, relationships

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i.e. Control vs Behaviour Change

## What Is Handshake Stewardship?



Daily in-person review



All antimicrobials, all teams



No pre-authorization



Real-time feedback



Built on trust + relationships

## Restrictive Strategies

- Greater effect size in 1 month<sup>1</sup>
- Superiority demonstrated in single-centred studies
- Wide-reaching<sup>3</sup>
- Viewed as policing<sup>2</sup>
- **Limits** prescriber autonomy
- Conveys distrust<sup>4</sup>

VS

## “Handshake” Strategies

- Equivalent effective size at 12 or 24 months<sup>1</sup>
- Superiority demonstrated in large-scale studies<sup>2</sup>
- Primarily reaches only those attending rounds<sup>3</sup>
- Viewed as a service<sup>2</sup>
- **Enhance** prescriber understanding
- Promotes trust and partnership<sup>4</sup>

1. Cochrane 2022
2. Simmonds et al. 2014
3. MacBrayne et al. 2020
4. Handon et al. 2022

# Does It Work?

~**25% reduction** in antimicrobial use

**10-33%** reduction in broad-spectrum use (across specialties!)<sup>1,2,3</sup>

**10-26%** increase in narrow-spectrum use (across specialties)<sup>1,3,4</sup>

Reduced costs<sup>5</sup>

No harm to outcomes<sup>6</sup>

Sustained over years<sup>7</sup>

1. Kosharek, 2025
2. Eyre, 2025
3. Charani, 2026
4. Hurst, 2016

5. Magyuire, 2019
6. Hunnam, 2021
7. Smythe, 2022

# Unexpected Benefits

Improved diagnostic  
accuracy

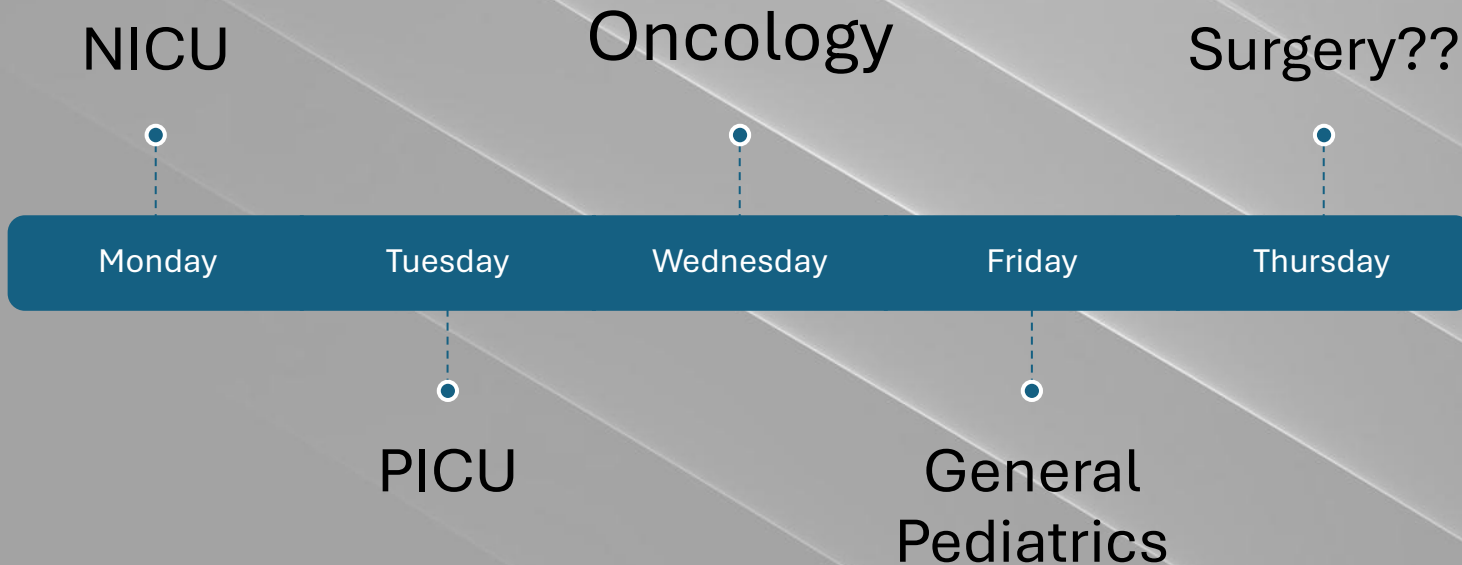
Increased ID referrals

Increased number of  
“Lucky catches”

# BCCH Experience



Introduced in 2016, involving JUST General Pediatrics...  
Now...



# A Typical Handshake Moment

- 8y M from Sudan, admitted for severe SSTI
- MRSA cultured from drained abscess
- Patient doing well -> plan to switch from cefazolin to TMP/SMX
- Medical student of Sudanese background brave enough to mention that she thought there was a problem
- Turns out: G6PD deficiency
- Clindamycin used instead
  
- **Psychological safety made this possible**



**What makes these Rounds so “good”?**  
**- Education? – Culture? –**  
**Relationships?**

**Are they “good” for the “right  
reasons”?**

**How do we keep them “good” and how  
can we make them better?**



# Our Study

- Goal: understand the 'what' & the 'why'
- Secondary goal: Do they improve knowledge?
- Surveys + interviews
- Focus on perceptions and behaviour

# What We Tried (and Dropped)

- Tried to measure knowledge BUT...

Added stress

Changed behaviour

Poor data quality

So...

- We abandoned it



# Perception Questionnaire Respondents

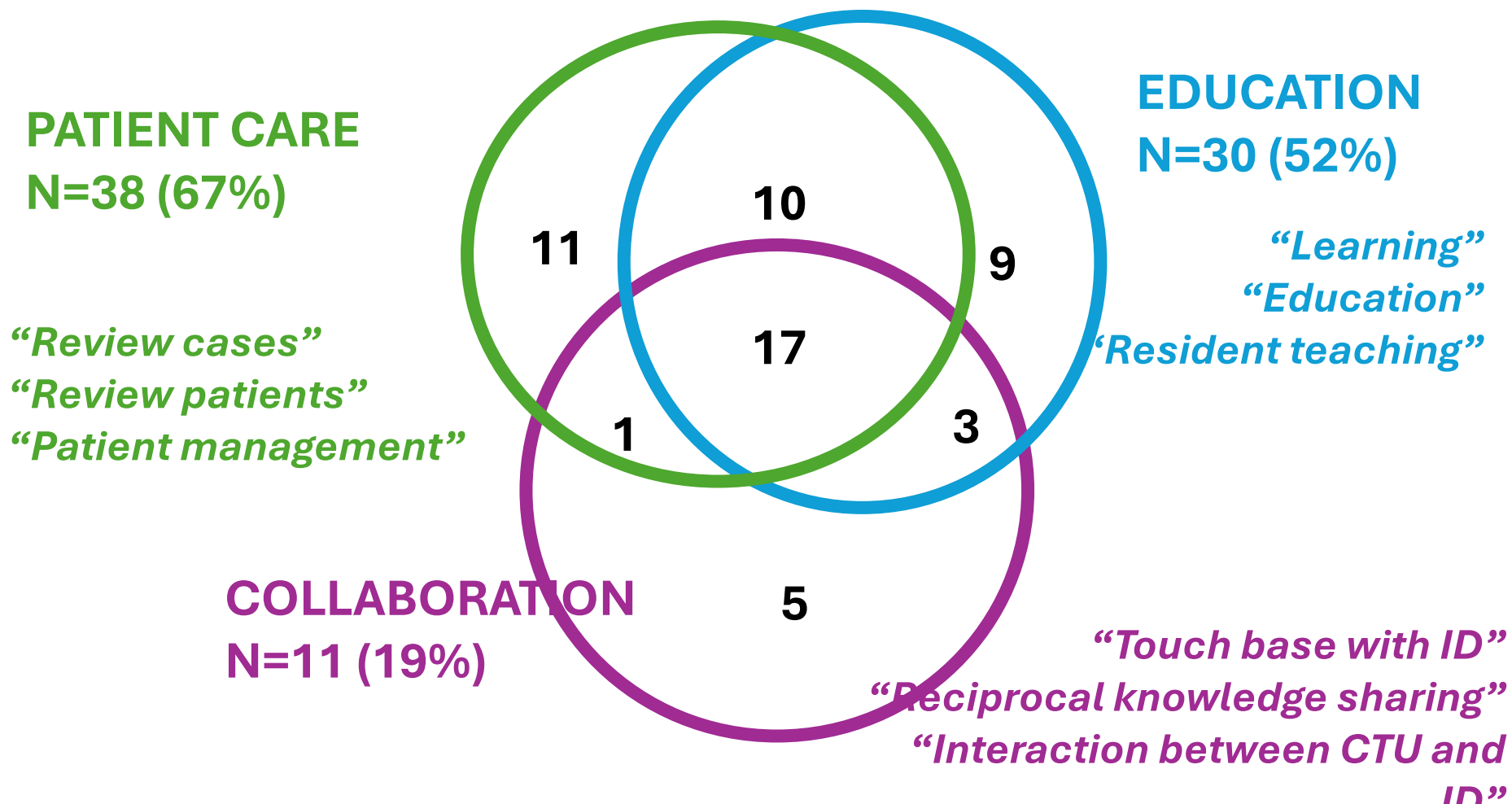
N = 57

	<b>N = 57</b>
CTU Staff	4
Medical Residents	30
Medical Students	16
PharmD Student	1
Pharmacy Resident	1
Pharmacy Student	1
Pharmacists	2
ID Fellow	1
ID Staff	1

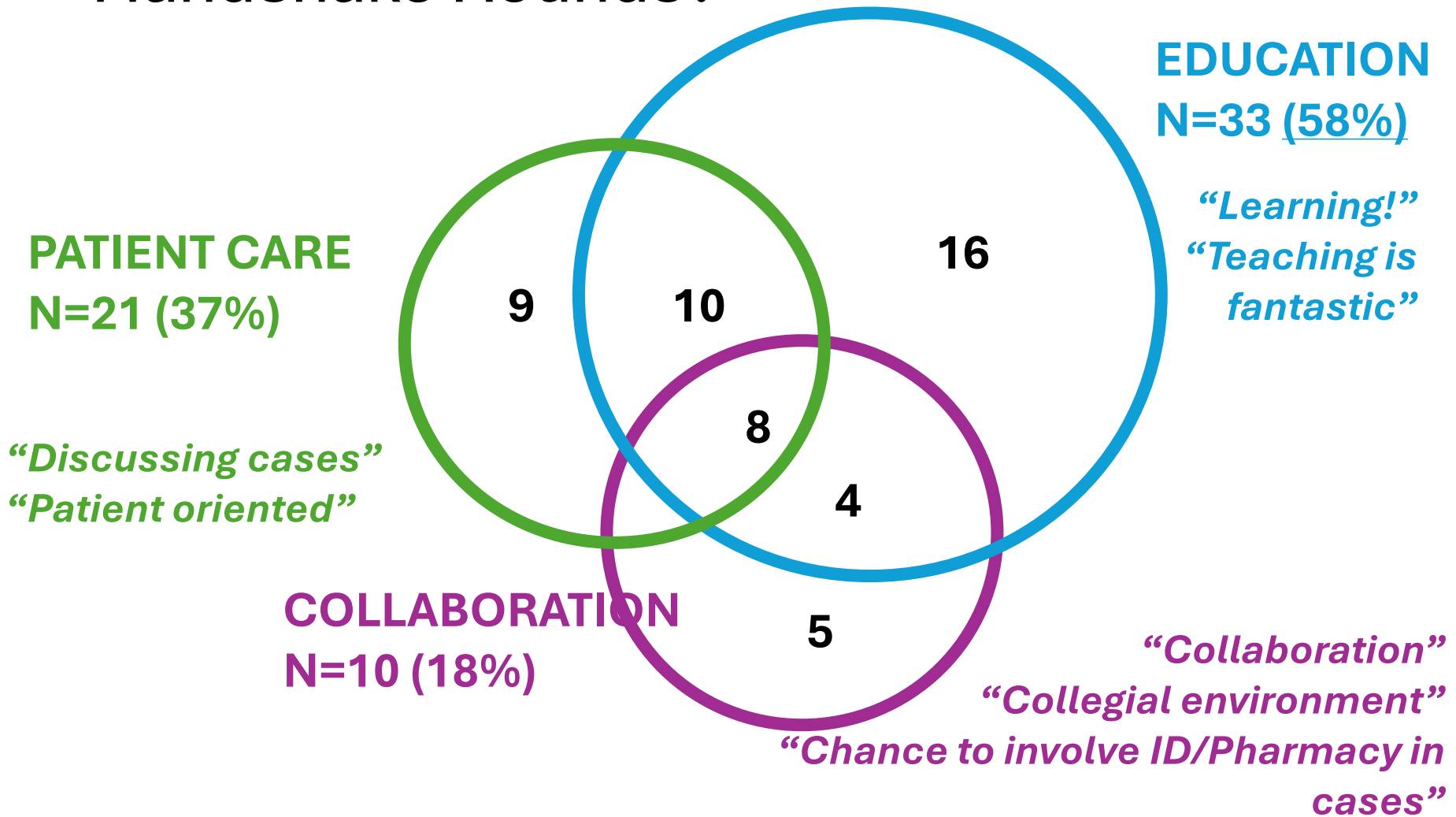
# Perception Questionnaire

	“Yes” Responders
Do you <b><u>enjoy</u></b> attending Handshake rounds?	<b>98.0%</b>
Do you feel Handshake rounds has <b><u>increased your awareness of opportunities for antimicrobial stewardship</u></b> in your own practice?	<b>98.1%</b>
Do you <b><u>feel your prescribing habits have been impacted</u></b> by Handshake rounds?	<b><u>88.0%</u></b>
Are you <b><u>more comfortable consulting the ID service?</u></b>	<b>88%</b>

# What did you feel the main purpose of Antimicrobial Stewardship Handshake Rounds was?



# What did you find most useful about Handshake Rounds?



# Comments

“We LOVE the teaching. And we LOVE the low-stakes environment!”

“Makes learning about antibiotics fun”

“So helpful. So relevant”

“Makes collaborating with the AMS team feel easy”

# 1-on-1 Semi-Structured Interviews



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8 completed

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100% felt rounds beneficial to learning

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87.5% felt rounds improved collegiality

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100% felt the rounds were “fun and informative”

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2 participant felt rounds could be “intimidating” with such a large group

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2 felt the rounds were too “time-consuming”

# Tensions / Limitations



Time-intensive (audit of all patients, rounds every week)



Can feel intimidating (large groups of physicians)



Scalability challenges (hospitals may not have capacity)

# Why It Works — Education



Real-time, case-based teaching



Immediately relevant



Reinforces best practices

# Why It Works — Relationships



Builds trust



Creates  
psychological safety



Flattens hierarchy

# Why It Works

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# Culture



Normalizes antimicrobial discussion



Makes AMS approachable



Shifts prescribing norms

Moving from...



# Final Takeaway

- Handshake Stewardship doesn't work because it controls prescribing
- It works because it changes:
  - How clinicians think
  - How they learn
  - How they interact

**Culture change — one friendly conversation at a time**

# Questions?

