KENTUCKY INFECTION PREVENTION Training Center

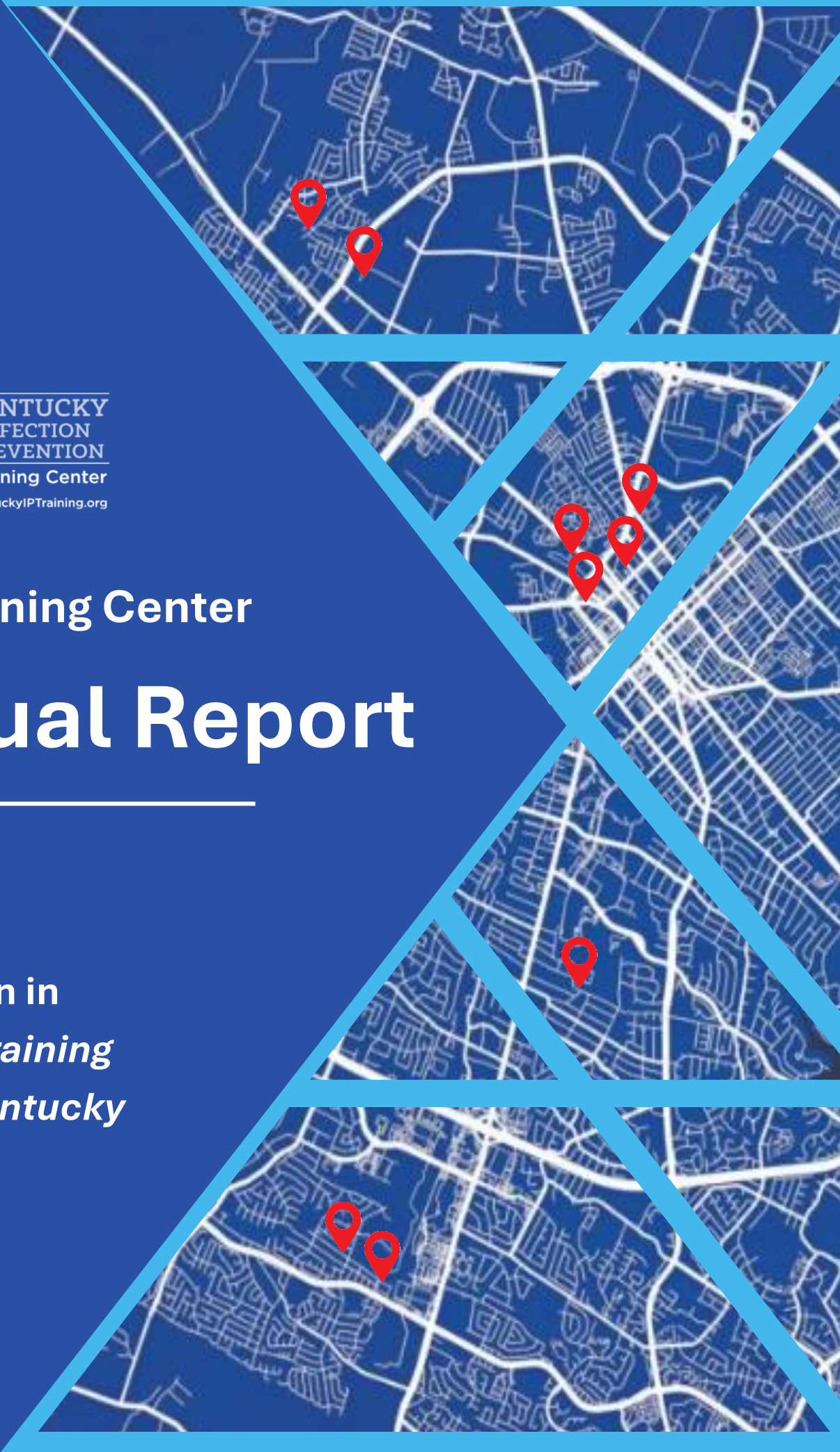
KentuckyIPTraining.org

KyIP Training Center

Annual Report

2025

Prevention in Motion: *Training Across Kentucky*



hello!

Director Forward

It is my honor to present the Kentucky Infection Prevention (KyIP) Training Center's Annual Report for the period of January 1, 2025, through December 31, 2025. This report reflects the dedication, innovation, and impact of KyIP's efforts to strengthen infection prevention and control education, training, and resource access across the Commonwealth of Kentucky.

Throughout 2025, KyIP remained focused on delivering the robust, evidence-based education that healthcare workers across the state have come to expect and rely upon. A key area of growth included expanding educational consultations with infection preventionists to support the development of timely, practice-based education addressing real-world infection prevention challenges. Providing free, high-quality training to healthcare professionals statewide continues to be a cornerstone of the KyIP program, and strong participation throughout the year demonstrates both the value and effectiveness of these offerings.

I am proud to share the accomplishments highlighted in this report and grateful to our partners, learners, and supporters who contribute to KyIP's success. I look forward to building on this progress as we continue to expand our impact and advance our mission in the years ahead.

Julia

Julia Frith, DNP, RN, CIC
Lead, KyIP Training Center

KyIP Team. Left: Kirsten Trudeau, APRN, FNP-C; Melissa Forton, DNP, APRN, FNP-C; Julia Frith, DNP, RN, CIC

2025 Boot Camp participant during simulation event

2025 Boot Camp participant during simulation event

Kentucky Infection Prevention Training Center (KyIP)

Program Impact Summary

About KyIP

A statewide federal flow-through funded program dedicated to strengthening infection prevention and control practices across healthcare and community settings in Kentucky. **With a team of just three experts**, they deliver accessible, no cost education and statewide prevention strategies through multiple training platforms, helping safeguard Kentucky.

Digital Outreach and Engagement

YouTube

2.3 million impressions

1,173	subscribers*
88,312	video views
6,166	hours watched

Across All Platforms

980	total followers
104,126	impressions
9,467	engagements
3,434	link clicks

Engagement vs Benchmark

Platform	KyIP	Benchmark
LinkedIn	8.7%	3.3% per Hootsuite
X (Twitter)	4.4%	2.3% per Hootsuite
Facebook	11.9%	1.9% per Hootsuite

Fewer than 10% of YouTube Channels ever reach 1,000 subscribers

4,331 Total Attendees

Educational Programs & Training Initiatives

Delivered hands-on, virtual, and statewide infection prevention training that brought experts from KDPH, the CDC, and more together for leaners across KY.

60,674 Total Views

Infectious Diseases Grand Rounds

Spread across **120, 30-minute sessions**, Grand Rounds expanded statewide access to infectious disease expertise through on-demand, expert-led content.

111,154 Total Visitors

Continuing Education Website

Hosted by Haymarket (myCME), KyIP provides free, accessible infection prevention education and continuing education opportunities anytime, anywhere.

65,917 Unique Visitors

58,461.9 Hours of CE earned

KyIP achieved **global impact**, and in 2025 was recognized by the CE platform as one of only a few sites to successfully reach an **international audience**.

Table of Contents

Our mission remains clear: to provide accessible in-person and on-demand education, training, and support for frontline healthcare workers, professionals in long-term and short-term acute care settings, and the broader community.

What is KyIP

KyIP is a program designed to equip healthcare professionals with the knowledge and skills necessary to prevent and control infections across diverse settings and populations. Our efforts focus on accessibility, where our team travels the commonwealth to provide interactive, engaging, and, perhaps the most significant, no cost education, particularly to regions where access may be a barrier.

Statement of Achievement

The Annual Report highlights KyIP's 2025 objectives and the achievements that followed. KyIP continues to meet goals and objectives.

Objectives for 2025

Expand Statewide Training Accessibility – Increase the reach of infection prevention education by offering additional mobile simulation trainings, virtual learning opportunities, and in-person workshops to underserved regions across Kentucky.

Enhance Continuing Education Offerings – Develop new on-demand learning modules with continuing education (CE) credits, incorporating emerging infection prevention topics based on public health trends and learner feedback.

Strengthen Healthcare Facility Partnerships – Deepen collaborations with healthcare organizations, long-term care facilities, and public health agencies to provide customized training, consultative support, and workforce development programs.

Advance Data-Driven Training Effectiveness – Conduct robust evaluations of training programs using qualitative and quantitative assessments to measure knowledge retention, confidence improvement, and real-world application of infection prevention practices.

Foster a Statewide Infection Prevention Network – Build a stronger community of infection prevention professionals through peer networking opportunities, mentorship programs, and expanded office hours to facilitate knowledge-sharing and best practices.

Program Activities

In 2025, KyIP continued to expand its impact. Through a combination of hands-on and virtual training, community partnerships, and strategic projects to enhance programming, KyIP successfully prepared healthcare workers for infection prevention and control challenges, and expanded opportunity and access to education and resources, a strategic goal for 2025.

The following section highlights key program activities, notable achievements, and the measurable outcomes that underscore KyIP's ongoing success.

Learn more about KyIP and program activities by visiting ***KentuckyIPtraining.com***

There you'll find information about latest events, continuing education opportunities, and so much more

1,200
Total number of Boot Camp participants since 2023

44
Total number of mobile simulations with 1,312 total attendees

202 Total program activities since 2023

100
Total number CE modules made since 2022

2025 Infection Prevention (IP) Boot Camp

IP Boot Camp is designed to provide frontline healthcare workers and infection preventionists with the foundational knowledge, skills, and resources needed to reduce and control infections within the healthcare environment.

Through a blend of simulation-based training, tabletop exercises, and expert-led virtual sessions, participants gain practical experience and meaningful insights that strengthen their infection prevention practices. This approach allows attendees to safely test new strategies in a supportive, low risk setting.

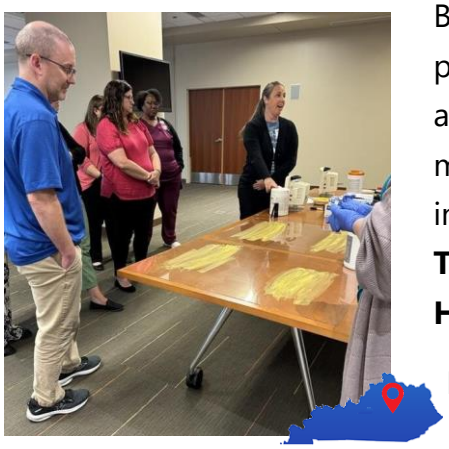
2025 Infection Prevention (IP) Boot Camp Continued

These learning experiences empower participants to effectively apply best practices, refine existing skills, and build new competencies.

Understanding the financial challenges often associated with continuing education, KyIP ensured that attendees earned free CE credits for both in-person and virtual offerings. Maintaining accessibility remains a core priority for KyIP. KyIP recognize this may be especially true for professionals in resource limited settings, where costs may otherwise limit opportunities.

Click Me: *Check out Boot Camp from past years and upcoming boot camps*

Kentucky Community and Technical College in Versailles, Kentucky



Dr. Julia Frith leads a session on cleaning and disinfecting at the 2025 Boot Camp in Versailles, KY

Continuing the success of the previous IP Boot Camps and using feedback from attendees, the 2025 program was designed to enhance its impact and accessibility. IP Boot Camp 2025 featured a multi-location, multi-modality approach, with both virtual training sessions and in-person training days held **at Kentucky Community and Technical College in Versailles, Kentucky** and at **Owensboro Health in Owensboro, Kentucky**.

Reaching these two Kentucky regions was essential to expanding access and advancing KyIP's mission. Extending in-person training beyond Jefferson County, where most of the state's infection prevention education is currently concentrated, enabled us to connect with healthcare professionals in areas that typically have limited opportunity for this type of hands-on training.

Owensboro Health, Owensboro Kentucky

Participants view their hands under black light at 2025 Boot Camp in Owensboro, KY

The Virtual Day

Consistent with past years, the virtual day, which is open to participants worldwide, offered supplemental content designed to

strengthen knowledge and build confidence in infection prevention practices. The event featured expert-led discussions, with presenters from the Kentucky Department for Public Health (KDPH), Baptist Health, Association for Professionals in Infection Control and Epidemiology (APIC), and other key partners in infection prevention and control practice administration. These interactive sessions covered essential topics critical to effective infection prevention and control.

28 States Represented

Over **90 KY Counties** Represented

4 International Countries Represented

Over **1,300** hours of continuing education claimed for Boot Camp

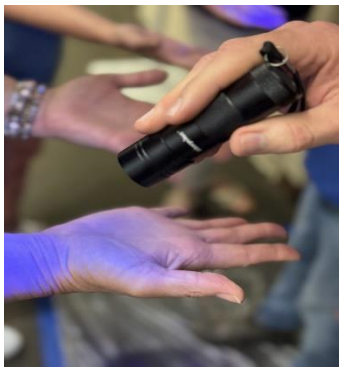
Over **370** Attendees trained at 2025 Boot Camp

Virtual Training Session

The virtual training day offered an engaging and accessible learning experience for healthcare providers across the state. The sessions were designed to strengthen knowledge and confidence in infection prevention through flexible, interactive content.

Expert-led discussions covered multi-drug resistance organisms (MDROs), including an overview of MDRO trends and reporting requirements though the health department. Another session focused on performance and quality improvement, emphasizing the ongoing need for risk identification and continuous improvement. A review of a successful environmental services training program underscored the critical role of staff education in reducing healthcare-acquired infections. Participants also explored how social determinants of health influence infection risk and compliance, along with strategies for effective, meaningful screening practices. The training included a tuberculosis overview that highlighted proper screening procedures and reporting responsibilities for healthcare providers. Additionally, attendees gained insight into supply shortages – why they occur, their impact on healthcare delivery, and potential actions facilities can take when faced with limited resources.

Although virtual, the interactive format allowed for real-time engagement though live debriefing sessions, case-based learning, and knowledge-sharing opportunities with presenters and KyIP staff. By providing a dynamic and accessible training platform, the virtual session enabled attendees with actionable strategies to strengthen infection prevention efforts in their healthcare settings.



Pictured left to right during 2025 IP Boot Camp: participants viewed their hands under black light; participants hashed it out with teammates during the tabletop exercise; participants used Turmeric to visualize dirt/germs leftover after cleaning

In-person Simulation Training Sessions

In-person simulation days supplemented the virtual day and provided an immersive, hands-on learning experience designed to reinforce infection prevention principles through interactive exercises and real-world scenarios.

Participants engaged in low-fidelity simulation exercises, where they navigated realistic patient care situations requiring rapid infection control decision-making. Low-fidelity exercises were chosen intentionally due to the ease and inexpensive nature for trainers to replicate at their facility.

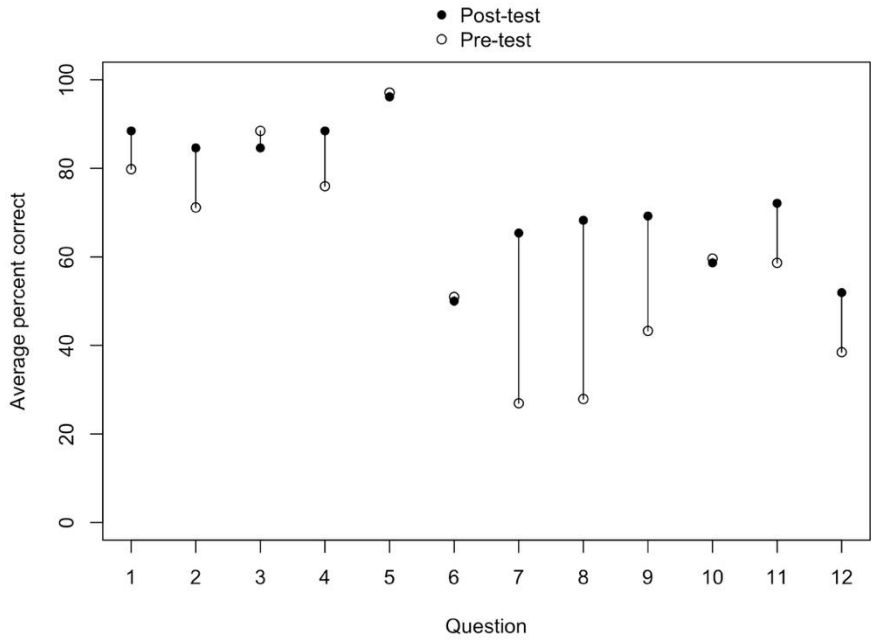
Tabletop exercises encouraged small-group collaboration, allowing participants to analyze complex infection prevention challenges and develop effective solutions. Personal protective equipment (PPE) competency training provided hands-on practice with proper donning and doffing techniques to minimize contamination risks. Environmental cleaning and disinfection drills offered practical application of best practices for maintaining infection-free healthcare environments, while hand hygiene simulations reinforced essential protocols through interactive stations.

2025 Boot Camp Impact

Boot Camp's primary function was to provide education and simulation-based learning opportunities for healthcare professionals across Kentucky. As in years past, attendees in long-term acute care settings were the largest audience. With nurses as the largest participant group, the training focused on infection prevention, patient safety, and evidence-based clinical practices. Data from 2025's analysis closely mirrors last year's findings, indicating consistent engagement across professions and specialties.

Pre and post test results, demonstrated in Figure 1, had a clear increase in knowledge and confidence across all participant groups. The majority of participants' scores improved, reflecting the effectiveness of the training. To review all Boot Camp findings, jump to Facts and Figures.

Figure 1: Pre and Post Knowledge Test



The most notable increase in scores was derived from the session focused on Tuberculosis. This was noted for the 2025 Boot Camp and will be used to inform content.

2025 Boot Camp by the Numbers

372 participants and a **79.34%** registrations to attendance rate in 2025

Over **1,300** healthcare workers across the commonwealth trained since 2022

48.5 hours of free continuing education offered since 2023

12.5 hours of free continuing education credits offered in 2025

Continuing Education

KyIP expanded its library of educational modules in 2025, further emphasizing the value of on-demand learning and continuing education (CE) credits for healthcare professionals.

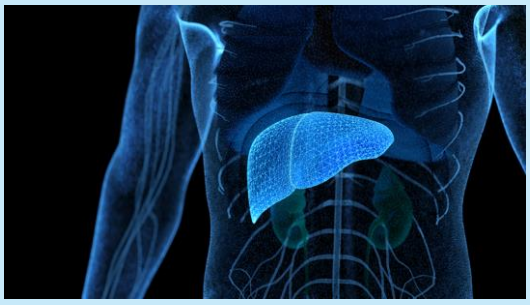
Through the continued partnership with Haymarket Medical education's myCME platform and the Kentucky Nurses Association (KNA), KyIP ensured global access to its educational content, reaching a diverse group of healthcare professionals.

KyIP developed infection prevention and control topics based upon 2024's Learning Needs Assessment, direct requests from learners, feedback from previous modules, and public health surveillance, ensuring that content addressed pertinent clinical challenges.

KyIP staff then developed 28 new CE modules just in 2025 to meet those requests. To assess the effectiveness of these modules, KyIP utilized a combination of qualitative and quantitative evaluation methods, including pre- and post-module assessments measuring knowledge acquisition, self-reported confidence and competence, and intent to implement best practices. The results demonstrated strong engagement and impact:

Want more Free CE?

Opportunistic Pathogens in the Healthcare Environment



The ABCs of Viral Hepatitis

98.9% ***Of participants reported that the information enhanced their clinical effectiveness***

98.7% ***Found the content up to date***

Considered the topics relevant to their practice **96.2%**

Planned to apply their learning in their clinical practice **95.2%**

MyCME Continuing Education Impact

By the end of 2025, 81 modules were available on the platform, including 28 added throughout the year. The platform reached 30,006 learners, a significant footprint in continuing education.

Geographic Impact

A total of 30,006 learners engaged with our 81 CE activities throughout 2025, with 5,574 (18.6%) participants from outside the United States. Among the 24,434 (81.4%) US based learners, participation was distributed across all states. Kentucky residents account for 318 learners, with strong representation observed in California, New York, and Texas.

Continuing Education Credits Earned

Haymarket learners claimed 27,207 CE credits in 2025. Of these, 4916.5 credits were claimed outside of the United States, while US learners accounted for 22,290.5 credits. Kentucky residents were awarded 297.25 continuing education credits.

Profession and Specialty Engagement

The goal of Haymarket activities is to reach frontline workers and update all healthcare professionals on best infection prevention practice. Nurses represented 48.4% of Kentucky learners compared to the 26.8% of nurses represented at the national level. Additionally, 17.6% of Kentucky learners specialized in Infectious Diseases, compared to only 4.4% nationally. Engagement amongst nurses and infectious disease specialists in Kentucky highlights the regional interest in public health among healthcare workers.

Other specialties with strong representation included Family Medicine, Surgery, Pediatrics, and Emergency Medicine, emphasizing the importance of infection prevention across various healthcare settings.

By the Numbers

30,006 Learners

81 CE Activities

27,207 Credits Claimed

48.4% are nurses

17.6% specialized in IP

Engagement with Educational Content

Kentucky learners engaged with certain topics at higher rates when compared to the national average. Most notably, "CAUTI: Catheter-Associated Urinary Tract Infections" was the most viewed module by Kentucky learners (6%) compared to 0.6% nationally. Additionally, "Hand Hygiene and Asepsis" had 3.5% of Kentucky learners versus 1% nationally. The increased engagement of Kentucky learners represents the broad interests of infection prevention and control at the regional level.

Watch the most viewed module by Kentucky learners

CAUTI: Catheter- Associated Urinary Tract Infections

KNA Continuing Education Impact

KyIP continued their partnership with the Kentucky Nurses Association (KNA) CE program, making a significant impact on nursing education across the state. In 2025, KyIP offered 10 free CE modules. A total of 1,611 learners participated and collectively earned 1,694 hours of CE credit.

Beyond Continuing Education

KyIP isn't just focused on providing highly accessible, free continuing education, they also provide an array of other services and opportunities to further engage the healthcare community.

Mobile Simulation Training Program Expansion

In 2025, KyIP significantly expanded its mobile simulation training program to broaden reach and deepen engagement across the Commonwealth. Building on the innovative model of portable, onsite simulations, the team introduced mobile rounding within healthcare facilities in addition to scheduled mobile simulation events. This approach enabled KyIP staff to connect with healthcare workers in real time, making infection prevention training more accessible and integrated into daily workflows.

The program continued to be highly regarded and widely requested, with healthcare facilities eager to host KyIP sessions. Throughout 2025, the team conducted 13 mobile simulation events, ranging from departmental rounding to full-day infection

prevention fairs, providing hands-on training to 289 participants. These sessions reached healthcare professionals in Louisville, Owensboro, Leitchfield, Greenville, and multiple counties across Kentucky.

Participant feedback remained overwhelmingly positive, with most reporting increased confidence and a strong likelihood of applying the skills gained in their practice. Referrals for mobile simulation training also reached an all-time high, underscoring the program's growing impact and value statewide.

Educational Consults

KyIP recognizes that education is not a one-size-fits-all approach and that facilities across the Commonwealth face unique challenges. To support these diverse needs, KyIP historically offered weekly office hours for individuals and teams seeking guidance and targeted education. However, as participation patterns shifted, the team identified that office hours were no longer fully meeting the needs of the KyIP audience.

19 Consults

152 Participants

Consult Outcomes:

- Tailored simulations
- Mobile simulation training
- Conference presentations

Want to chat with KyIP? Click the KyIP mobile unit and schedule time today. It's free!

In response, KyIP expanded Educational Consults, providing customized sessions scheduled at times most convenient for attendees. These consultations expanded far beyond the capabilities of traditional office hours, offering support ranging from one-on-one conceptual clarification to largescale, in-person presentations on both basic and complex infection prevention and control topics.

In 2025, KyIP completed 19 Educational Consults, engaging 152 participants. Many of these consultations fostered ongoing relationships and led to additional opportunities, including mobile simulation training, conference presentations, and the development of tailored simulations based on participant requests.

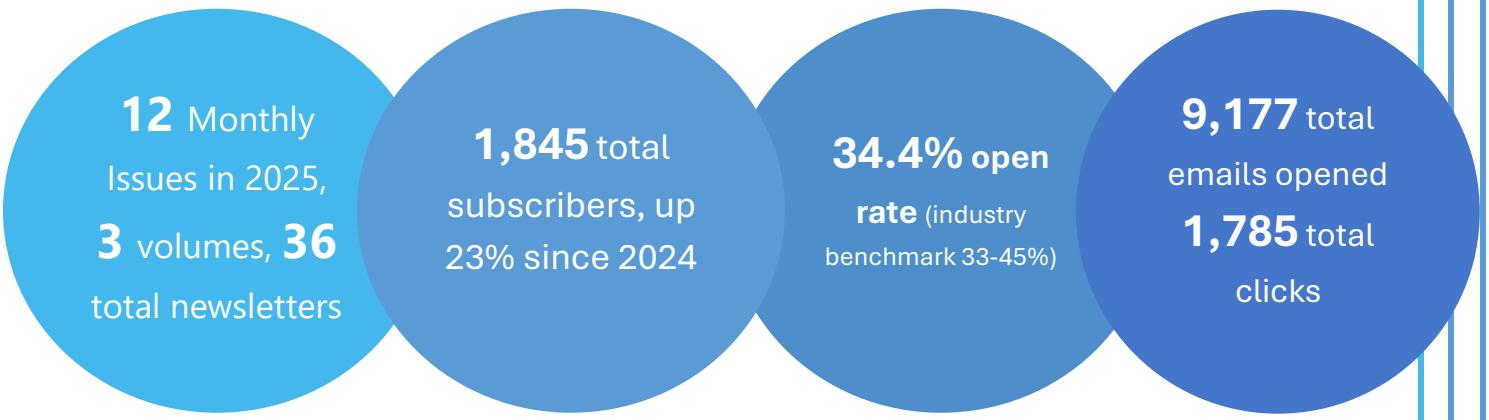
Educational Consults have proven to be a highly effective and adaptable model, extending the reach and impact of KyIP educational materials across the Commonwealth and providing meaningful support well beyond basic conversation.

Newsletters

KyIP's monthly newsletter continues to be a central communication tool, providing timely infection prevention updates, training opportunities, and practical resources to healthcare professionals across the Commonwealth and beyond.

In 2025, KyIP published 12 monthly issues and 7 special event virtual letters, delivering consistent and targeted outreach throughout the year. Subscriber growth remained strong, increasing to over 300 new subscribers: from 1,500 to 1,845, reflecting expanding statewide engagement and interest in KyIP educational materials.

Each newsletter follows a structured, user-friendly format designed to support quick learning and highlight key opportunities. Regular features include a featured article, poll question, upcoming events, Did You Knows, Grand Rounds schedule, CE of the Month, and direct links to KyIP's social media platforms.



Website Optimization

In 2024, the KyIP website underwent a major upgrade to improve overall user experience. Building on that success, the team identified a key opportunity for further improvement: continuing education resources were scattered across multiple pages and platforms, making it difficult for users to easily locate all available options.

In 2025, KyIP addressed this challenge by developing a centralized Continuing Education page that brings all CE opportunities together in one accessible location, regardless of format, hosting platform, or content type. This streamlined hub provides a user friendly,

single point of entry for training and educational materials, improving navigation and reducing the time required for users to find relevant CE offerings.

Additionally, the centralized page now serves as a consistent hyperlink that can be shared across webinars, newsletters, presentations, and social media, making it easier to direct learners back to a single location for ongoing educational opportunities.

As of March 2026, KyIP has had over **48,000** visitors to the website

Virtual Education IP Series

KyIP has achieved notable success through its live Grand Rounds offerings and the development of asynchronous learning content for continuing education. Building on this momentum, KyIP launched the Infection Prevention Educational Series, which is an initiative that combines live, topic focused events with the opportunity for participants to earn continuing education credits. The strong engagement seen in virtual IP Boot Camp sessions reinforced the need for a structured series of this kind.

In 2025, KyIP hosted three Infection Prevention Educational Series events, comprising five individual sessions and drawing a combined attendance of 402 participants. Topics included Measles, Wastewater Surveillance, and HIV. Each session featured subject matter experts, including distinguished partners from the Kentucky Department for Public Health, who provided valuable insights and practical guidance rooted in their respective areas of expertise.

Grand Rounds

In collaboration with the Norton Infectious Diseases Institute, KyIP continues to offer free, virtual Grand Rounds presentations covering a broad range of topics, including infection prevention and control, microbiology, antimicrobial stewardship, and professional development in healthcare. Beginning in 2025, KyIP transitioned to a monthly Grand Rounds schedule to allow for more robust sessions featuring subject matter experts and deeper exploration of emerging issues in the field. Each session consists of a 30-minute presentation followed by 15 minutes for audience questions, creating an accessible forum for ongoing professional learning.

To further expand reach and accessibility, all Grand Rounds recordings are uploaded to YouTube as enduring materials. These recordings have drawn over 60,000 views,

including not only a national audience but also a growing global community of learners who rely on KyIP's content as a trusted educational resource.

Strengthening Infection Prevention in EMS and Fire Services

In 2025, KyIP identified a critical need within the Emergency Medical Services and Fire community. Conversations with agencies across the Commonwealth revealed a clear gap between foundational infection prevention and control education (IPC) and the complex, real world scenarios these professionals encounter in the field. Unlike acute or long-term care settings, prehospital environments present unpredictable and highly variable conditions, requiring tailored IPC strategies that reflect the realities of frontline response.

To address this need, KyIP launched an initiative to better understand the unique challenges faced by EMS and Fire personnel and to develop a hybrid training model that blends didactic instruction with hands on simulation. The training emphasizes risk recognition and practical application, with content covering hand hygiene, personal protective equipment, safe injection practices, skin antisepsis, scrub the hub technique, and low-level disinfection.

To support broad dissemination and adoption, KyIP began building strong relationships with EMS and Fire agencies statewide. These partnerships lay the groundwork for ongoing collaboration and ensure that infection prevention resources are accessible, relevant, and responsive to the needs of Kentucky's first responders.

Feedback from Learners and Events

To support the execution of KyIP's mission and vision, participant feedback is continuously gathered during every training event and through post-session surveys, follow-up consultations, and digital engagement. Participants consistently report high satisfaction with KyIP's educational offerings, frequently noting increased confidence in applying infection prevention practices and a strong interest in continued learning opportunities.

"Can't wait to attend another!"

"Great presentation with a lot of useful information."

"Would love to attend future trainings. This was by far better than some training we pay for!"

Demand for KyIP services has grown steadily, with healthcare facilities actively requesting mobile simulation training, educational consultations, and customized

programming. This sustained engagement and repeat participation further demonstrate KyIP's impact.

Comparative Impact Analysis

This year has been marked by increased attendance at virtual training events, expanded program reach, and the incorporation of emergency services into KyIP's educational portfolio. This section presents a comparative analysis of key performance metrics, illustrating the program's continued evolution and growing effectiveness over time.

Program Reach and Engagement

During the first contract period, KyIP focused on establishing a strong foundation by increasing awareness and building partnerships with healthcare facilities across the state. The second contract period marked a phase of substantial growth, with a significant increase in participation and a growing number of facilities actively seeking KyIP training. The contract period has emphasized sustaining this momentum by maintaining engagement and continuing to deliver relevant, high-quality infection prevention education to the healthcare community.

Training Expansion and Curriculum Development

In the first contract, KyIP focused on foundational infection prevention training, offering core educational modules and live sessions. The second contract period introduced a broader range of advanced topics, including water management, foodborne illness prevention, and antimicrobial stewardship. Additionally, KyIP expanded its training formats, incorporating mobile simulation, in-depth educational series, and educational consults to provide more tailored and accessible learning opportunities.

Digital Growth and Online Learning

The transition between contract periods has also seen substantial growth in KyIP's digital presence. The introduction of on-demand continuing education modules and the expansion of digital outreach efforts have significantly increased engagement. Social media impressions, newsletter subscribers, and website traffic have all seen notable growth, demonstrating KyIP's ability to connect with healthcare professionals through multiple channels.

Participant Outcomes and Program Impact

Evaluation data from both contract periods indicate that KyIP training has had a measurable impact on participants' knowledge, confidence, and infection prevention practices. In the second contract period, survey results show an increase in reported intent to implement learned strategies, reinforcing the program's effectiveness in driving meaningful changes in healthcare setting.

Looking Ahead

Looking ahead, KyIP remains committed to advancing infection prevention education through innovation, accessibility, and collaboration. In 2026, the center will continue to focus on expanding mobile simulation training, enhancing virtual learning opportunities, and developing new continuing education content tailored to emerging infection prevention challenges.

Objectives for 2026

Strengthen Statewide Access to Infection Prevention Training– Broaden access to infection prevention education by increasing the number of mobile simulation trainings offered to emergency services providers statewide.

Expand and Modernize Continuing Education Opportunities- Develop new on-demand learning modules, incorporating emerging infection prevention topics informed by public health trends and learner feedback.

Leverage Evaluation Data to Demonstrate Impact and Advance Practice– Leverage data from educational evaluations to assess program outcomes and disseminate findings through publications highlighting KyIP's work and impact.

Facts and Figures

Table 1. Top 10 countries with the most Haymarket activity in 2025

Overall N (%)	30006 (100)
Country	
United States	**24434 (81.4)**
Qatar	1015 (3.4)
Malaysia	1007 (3.4)
Iraq	582 (1.9)
India	513 (1.7)
United Arab Emirates	349 (1.2)
Jamaica	284 (0.9)
Canada	185 (0.6)
Egypt	179 (0.6)
Puerto Rico	111 (0.4)

Table 2. Haymarket learners from the United States stratified by State

Overall N (%)	24434 (100)
State	
California	2659 (10.9)
New York	2083 (8.5)
Texas	1423 (5.8)
Florida	1217 (5.0)
Pennsylvania	1023 (4.2)
Georgia	990 (4.1)
North Carolina	958 (3.9)
Ohio	938 (3.8)
Illinois	782 (3.2)
Michigan	765 (3.1)
New Jersey	753 (3.1)
Maryland	744 (3.0)
Virginia	612 (2.5)
Tennessee	548 (2.2)
Arizona	522 (2.1)
South Carolina	521 (2.1)
Washington	491 (2.0)

Hawaii	450 (1.8)
Indiana	449 (1.8)
Colorado	360 (1.5)
Massachusetts	350 (1.4)
Arkansas	347 (1.4)
Missouri	341 (1.4)
Minnesota	327 (1.3)
Kentucky	**317 (1.3)**
Wisconsin	318 (1.3)
Louisiana	303 (1.2)
Not Reported	300 (1.2)
Nevada	299 (1.2)
Oklahoma	275 (1.1)
Kansas	252 (1.0)
Connecticut	248 (1.0)
Iowa	225 (0.9)
Alabama	221 (0.9)
Mississippi	189 (0.8)
Oregon	176 (0.7)
Nebraska	174 (0.7)
Idaho	170 (0.7)
West Virginia	160 (0.7)
Utah	149 (0.6)
Maine	129 (0.5)
New Mexico	126 (0.5)
Puerto Rico	123 (0.5)
New Hampshire	126 (0.5)
DC	100 (0.4)
Delaware	96 (0.4)
South Dakota	59 (0.2)
Montana	55 (0.2)
Rhode Island	51 (0.2)

Table 3. Numbers of learners by video stratified by viewers from Kentucky and the United States.

Categories are mutually exclusive.

	KY	United States
N	318	24116
Title (%)		
Bronchiolitis	18 (5.7)	1451 (6.0)
Comprehensive Surgical Site Infection Prevention	10 (3.1)	1372 (5.7)
Opportunist Pathogens in The Healthcare Environment	13 (4.1)	1105 (4.6)
Passport To Prevention: A Provider's Approach to Travel Health Part 1	5 (1.6)	1040 (4.3)
Passport To Prevention: A Provider's Approach to Travel Health Part 2	8 (2.5)	996 (4.1)
Sexually Transmitted Infections: Essential Knowledge for Healthcare Workers , Module 1	11 (3.5)	937 (3.9)
Methicillin-Resistant Staphylococcus Aureus (MRSA) Skin and Soft Tissue Infections (SSTIS)	12 (3.8)	870 (3.6)
Bridging The Gap on Adult Vaccination: From Knowledge to Action	9 (2.8)	856 (3.5)
Breastfeeding: Benefits Risks And Best Practices	5 (1.6)	796 (3.3)
The ABCs Of Viral Hepatitis	14 (4.4)	720 (3.0)
Sexually Transmitted Infections: Essential Knowledge for Healthcare Providers, Mod 2, Part 1	12 (3.8)	763 (3.2)
Infection Prevention in Pregnancy: Safeguarding Baby and Mother	3 (0.9)	719 (3.0)
HIV Transmission Pathogenesis And Diagnosis - Module 1	4 (1.3)	654 (2.7)
Vaccines Beyond Childhood	8 (2.5)	679 (2.8)
The Acutely Limping Child: Evaluation and Treatment	4 (1.3)	632 (2.6)
Addressing Social Determinants of Health to Reduce Infection Risks	5 (1.6)	609 (2.5)
General Principles of HIV Treatment , Module 3	7 (2.2)	560 (2.3)
Infection Prevention Strategies in Wound Care	8 (2.5)	604 (2.5)
Aspects Of Wound Care and Infection Prevention	7 (2.2)	511 (2.1)
Introduction To HIV Pre-Exposure Prophylaxis - Module 2	6 (1.9)	511 (2.1)
Sexually Transmitted Infections: Essential Knowledge for Healthcare Providers, Mod 2, Part 2	8 (2.5)	514 (2.1)

Skin Antisepsis in The Prevention of Surgical Site Infections	4 (1.3)	428 (1.8)
Every Breath You Take: Prevention and Control of Respiratory Viruses	7 (2.2)	373 (1.5)
Infection Prevention in Dialysis Settings	3 (0.9)	311 (1.3)
Overview Of Clostridium Difficile	8 (2.5)	300 (1.2)
Key Immune System Insights Important for Vaccination	6 (1.9)	247 (1.0)
Tuberculosis (Tb): Disease Risk Assessment And Prevention	9 (2.8)	201 (0.8)
Hand Hygiene and Asepsis	11 (3.5)	231 (1.0)
Advanced Statistics for Infection Preventionists: Diagnostic Accuracy	3 (0.9)	149 (0.6)
MRSA Antibiotic Drug Review	1 (0.3)	197 (0.8)
CAP In the Immunocompromised Host: Epidemiology and Outcomes	3 (0.9)	169 (0.7)
Principles Of Antimicrobials	0 (0.0)	175 (0.7)
Foodborne Illnesses: Recognizing And Mitigating Risks	3 (0.9)	174 (0.7)
Immune System Dysfunctions	1 (0.3)	151 (0.6)
Stewardship And Nursing: Where Do We Fit In?	5 (1.6)	152 (0.6)
Cleaning And Disinfecting Medical Equipment	3 (0.9)	135 (0.6)
Antimicrobial Prophylaxis for Prevention of Surgical Site Infection (SSI): Pre-Operative Abx	0 (0.0)	174 (0.7)
CAUTI: Catheter- Associated Urinary Tract Infections	19 (6.0)	150 (0.6)
Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies	3 (0.9)	164 (0.7)
Antimicrobial Stewardship Programs: Are We Forgetting Something?	0 (0.0)	148 (0.6)
Infection Prevention Practices in Home Healthcare	1 (0.3)	126 (0.5)
Understanding Infectious Diseases	3 (0.9)	136 (0.6)
Understanding And Managing Shiga Toxin-Producing E Coli Infections	2 (0.6)	140 (0.6)
Safe Injection Practices	1 (0.3)	128 (0.5)
Tetracycline Drug Class Review	0 (0.0)	124 (0.5)
Urinary Tract Antibiotic Drug Review	3 (0.9)	135 (0.6)
Measures Of Association for Infection Control Professionals	0 (0.0)	74 (0.3)
Oral Health and Vulnerable Populations	0 (0.0)	101 (0.4)
The Intersection of Homelessness Healthcare And Infectious Disease	0 (0.0)	144 (0.6)

Enhancing Infection Control: Mastering Standard Precautions	2 (0.6)	78 (0.3)
Neisseria Meningitides: The Bacterium Behind Meningococcal Disease	2 (0.6)	109 (0.5)
Personal Protective Equipment	2 (0.6)	108 (0.4)
Macrolide Drug Class Review	0 (0.0)	104 (0.4)
Optimizing Ventilation to Prevent Infections in Healthcare	1 (0.3)	81 (0.3)
Outbreak Identification	1 (0.3)	65 (0.3)
CLABSI Part II: Preventing Infection at Insertion	3 (0.9)	90 (0.4)
Use Of Simulation to Promote Best Practice for Obtaining Blood Cultures	5 (1.6)	88 (0.4)
What's Bugging You? Understanding And Preventing Insect-Borne Illnesses	1 (0.3)	102 (0.4)
Hospital Associated Pneumonia: A Focus on Prevention	3 (0.9)	63 (0.3)
Antifungal Drug Class Review	1 (0.3)	79 (0.3)
Central Line-Associated Bloodstream Infections	2 (0.6)	73 (0.3)
From Past to Present: A Journey Through Historical and Current Epidemic Outbreaks	1 (0.3)	102 (0.4)
How Many People Are Getting Sick: Incidence and Prevalence?	1 (0.3)	65 (0.3)
Becoming A Certified Infection Preventionist	0 (0.0)	46 (0.2)
Cephalosporin Carbapenem And Monobactam Class Review	1 (0.3)	72 (0.3)
Decoding Research: From Study Types to Analysis	1 (0.3)	71 (0.3)
Fluoroquinolone Drug Class Review	0 (0.0)	74 (0.3)
Challenges In Recognizing Clinical Signs of Infectious Diseases in Skin of Color	1 (0.3)	71 (0.3)
Candida Auris: A Growing Threat	3 (0.9)	63 (0.3)
Environmental Cleaning and Disinfection	3 (0.9)	65 (0.3)
Building An Effective Infection Prevention Program in Assisted Living	1 (0.3)	56 (0.2)
Utilizing Simulation Techniques for Chlorhexidine Gluconate Bathing	2 (0.6)	58 (0.2)
Water Management Plan to Reduce Legionella and Other Waterborne Pathogens , Part 2	1 (0.3)	39 (0.2)
Preventing Waterborne Infections in Healthcare: Water Management Plans , Part 1	2 (0.6)	56 (0.2)
Building A Safer Future: Integrating Infection Prevention Measures in Construction Practices	0 (0.0)	42 (0.2)

Becoming A Professional Infection Preventionist	0 (0.0)	35 (0.1)
Standard Infection Ratios and Standard Utilization Ratios	2 (0.6)	33 (0.1)
An Introduction to Geospatial Epidemiology	0 (0.0)	39 (0.2)
Large Language Models and Me: A Tutorial with ChatGPT	0 (0.0)	37 (0.2)
An Introduction to Statistical Process Control	0 (0.0)	16 (0.1)

Table 4. Kentucky learners stratified by county of residency.

A total of 318 learners from Kentucky had data available for analysis.

	Overall
n	**318**
County (%)	
Jefferson County	73 (23.0)
Fayette County	44 (13.8)
Simpson County	26 (8.2)
Perry County	17 (5.3)
Taylor County	17 (5.3)
Daviess County	15 (4.7)
Floyd County	13 (4.1)
Barren County	9 (2.8)
Lincoln County	9 (2.8)
Pike County	7 (2.2)
Madison County	6 (1.9)
Muhlenberg County	6 (1.9)
Jessamine County	5 (1.6)
Scott County	5 (1.6)
Boone County	4 (1.3)
Boyle County	4 (1.3)
Laurel County	4 (1.3)
Leslie County	4 (1.3)
Greenup County	3 (0.9)
Hardin County	3 (0.9)
Kenton County	3 (0.9)
Letcher County	3 (0.9)
Campbell County	2 (0.6)

Fulton County	2 (0.6)
Grant County	2 (0.6)
Henry County	2 (0.6)
Hopkins County	2 (0.6)
Jackson County	2 (0.6)
Marion County	2 (0.6)
Menifee County	2 (0.6)
Montgomery County	2 (0.6)
Christian County	1 (0.3)
Clark County	1 (0.3)
Estill County	1 (0.3)
Graves County	1 (0.3)
Grayson County	1 (0.3)
Harlan County	1 (0.3)
Henderson County	1 (0.3)
Larue County	1 (0.3)
Martin County	1 (0.3)
McCracken County	1 (0.3)
Mercer County	1 (0.3)
Nelson County	1 (0.3)
Ohio County	1 (0.3)
Oldham County	1 (0.3)
Owen County	1 (0.3)
Powell County	1 (0.3)
Rockcastle County	1 (0.3)
Rowan County	1 (0.3)
Warren County	1 (0.3)
Whitley County	1 (0.3)

Table 5: Numbers of learners by profession and specialty stratified by viewers from Kentucky and the United States

Categories are mutually exclusive

	KY	United States
N	**318**	**24116**
Profession (%)		
Nurse	154 (48.4)	6463 (26.8)
Physician Assistant	56 (17.6)	5831 (24.2)
Physician	17 (5.3)	4356 (18.1)
Nurse Practitioner	36 (11.3)	2771 (11.5)
2Other Healthcare Professional	29 (9.1)	1743 (7.2)
Pharmacist	25 (7.9)	1956 (8.1)
Student	1 (0.3)	875 (3.6)
Resident	0 (0.0)	31 (0.1)
Dentist	0 (0.0)	36 (0.1)
Dietician / Nutritionist	0 (0.0)	17 (0.1)
Psychologist	0 (0.0)	1 (0.0)
Technician	0 (0.0)	13 (0.1)
Consumer/Patient	0 (0.0)	8 (0.0)
Optometrist	0 (0.0)	6 (0.0)
Physical Therapist	0 (0.0)	9 (0.0)
Specialty (%)		
Other	88 (27.7)	4104 (17.0)
Family Medicine / General Practice	43 (13.5)	3694 (15.3)
Surgery	10 (3.1)	1886 (7.8)
Pediatrics	23 (7.2)	1636 (6.8)
Emergency Medicine	19 (6.0)	1314 (5.4)
Obstetrics / Gynecology	10 (3.1)	1383 (5.7)
Infectious Disease	56 (17.6)	1061 (4.4)
Pharmacy	7 (2.2)	894 (3.7)
Internal Medicine	1 (0.3)	981 (4.1)
Orthopedics	6 (1.9)	943 (3.9)
Critical Care Medicine	5 (1.6)	439 (1.8)
Psychiatry	0 (0.0)	542 (2.2)
Public Health / Preventive Medicine	6 (1.9)	325 (1.3)

Cardiology	0 (0.0)	398 (1.7)
Dermatology	1 (0.3)	325 (1.3)
Pulmonology	11 (3.5)	327 (1.4)
Long-Term Care	9 (2.8)	341 (1.4)
Anesthesiology	2 (0.6)	234 (1.0)
Urology	0 (0.0)	362 (1.5)
Hospitalist	1 (0.3)	252 (1.0)
Geriatric Medicine	0 (0.0)	267 (1.1)
Oncology	1 (0.3)	320 (1.3)
Pain Medicine	8 (2.5)	250 (1.0)
Radiology / Nuclear Medicine	0 (0.0)	173 (0.7)
Gastroenterology / Proctology	2 (0.6)	211 (0.9)
Hematology / Oncology	0 (0.0)	188 (0.8)
Physical Medicine / Rehabilitation	0 (0.0)	167 (0.7)
Nephrology	0 (0.0)	140 (0.6)
Neurology	6 (1.9)	166 (0.7)
Otolaryngology	0 (0.0)	177 (0.7)
Pathology	0 (0.0)	102 (0.4)
Dental	0 (0.0)	19 (0.1)
Diabetes	2 (0.6)	61 (0.3)
Allergy / Immunology	1 (0.3)	68 (0.3)
Ophthalmology	0 (0.0)	67 (0.3)
Infusion Therapy	0 (0.0)	74 (0.3)
Rheumatology	0 (0.0)	39 (0.2)
Endocrinology	0 (0.0)	58 (0.2)
Hematology	0 (0.0)	18 (0.1)
Complementary / Alternative Medicine	0 (0.0)	30 (0.1)
Sports Medicine	0 (0.0)	33 (0.1)
Nutrition	0 (0.0)	12 (0.0)
Not Reported	0 (0.0)	11 (0.0)
Bariatric Medicine	0 (0.0)	23 (0.1)
Optometry	0 (0.0)	1 (0.0)

Table 6. Numbers of learners by top CME stratified by viewers from Kentucky and the United States

Categories are mutually exclusive.

	Kentucky N =	United States N =
Module		
CAUTI: Catheter- Associated Urinary Tract Infections	6.0	0.6
Bronchiolitis	5.7	6.0
The ABCs Of Viral Hepatitis	4.4	3.0
Opportunist Pathogens in The Healthcare Environment	4.1	4.6
Methicillin-Resistant Staphylococcus Aureus (MRSA) Skin and Soft Tissue Infections (SSTIS)	3.8	3.6
Sexually Transmitted Infections: Essential Knowledge for Healthcare Providers, Mod 2, Part 1	3.8	3.2
Sexually Transmitted Infections: Essential Knowledge for Healthcare Workers , Module 1	3.5	3.9
Hand Hygiene and Asepsis	3.5	1.0
Comprehensive Surgical Site Infection Prevention	3.1	5.7
Bridging The Gap on Adult Vaccination: From Knowledge to Action	2.8	3.5

Boot Camp Analysis

Table 1. Matched Respondent Characteristics n=114

Variable	Frequency (%)
Professional role	
Registered nurse	75 (65%)
LPN	16 (14%)
Public health professional	7 (6%)
Nursing/medical assistant	5 (4%)
Healthcare admin	4 (4%)
APRN	3 (3%)
Infection preventionist	3 (3%)
Non-clinical support staff	1 (1%)
Infection preventionist	93 (82%)
Setting	

LTC	58 (51%)
Acute Care Hospital	33 (29%)
Health Department	7 (6%)
State-wide	6 (5%)
Outpatient	3 (3%)
Academic Institution	3 (3%)
Unspecified	4 (4%)

Figure 1. Knowledge test answers for whole cohort (n=114)

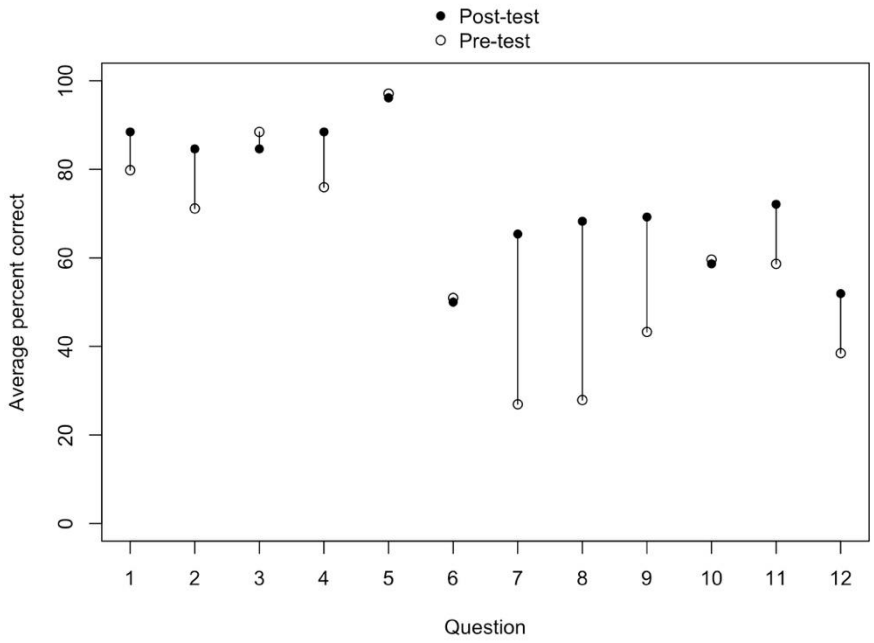


Table 1. Question results for whole cohort (n=114)

Question Number	Question text	Pre-test average	Post-test average	Paired change (95% CI)
Q1	ESBLs (extended spectrum beta-lactamase producers) are resistant to all except which of the following?	79%	88%	9% (-2% 19%)
Q2	When a pathogen is naturally outside of an antibiotic's spectrum of activity this is called	71%	85%	13% (3% 15%)
Q3	Which of the following meets the definition of a SMART goal?	88%	85%	-4% (-14% 6%)
Q4	A performance improvement visual tool that is used to identify the causes of a problem is	76%	88%	12% (1% 24%)
Q5	What can infection preventionists do to address social determinants of health to decrease infection risk?	97%	96%	-1% (-7% 4%)
Q6	What is a barrier to screening for social determinants of health?	51%	50%	-1% (-16% 14%)
Q7	In Kentucky most cases of tuberculosis have been in which age group?	27%	65%	38% (25% 52%)
Q8	Tuberculosis is a reportable disease and must be reported to the local or state health department	28%	68%	40% (27% 54%)
Q9	Which of the following statements about healthcare worker testing for tuberculosis (TB) is false?	43%	69%	26% (12% 40%)
Q10	A FMEA is:	60%	59%	-1% (-15% 13%)
Q11	Supply chain shortages can be the result of all except	59%	72%	13% (0% 27%)
Q12	Development of multi-drug resistant organisms (MDRO) can be decreased by all except	38%	52%	13% (0% 28%)
Total Score		60%	73%	13% (9% 18%)

Figure 2. Knowledge test answers for RNs (n=75)

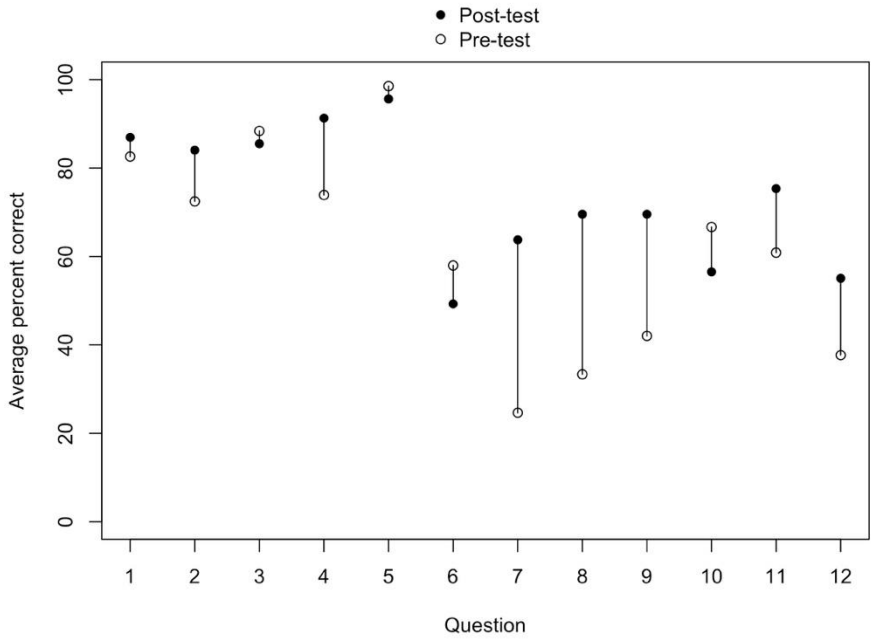


Table 2. Question results for RNs (n=75)

Question Number	Question text	Pre-test average	Post-test average	Paired change (95% CI)
Q1	ESBLs (extended spectrum beta-lactamase producers) are resistant to all except which of the following?	83%	87%	4% (-8% 17%)
Q2	When a pathogen is naturally outside of an antibiotic's spectrum of activity this is called	72%	84%	12% (-2% 25%)
Q3	Which of the following meets the definition of a SMART goal?	89%	86%	-3% (-14% 9%)
Q4	A performance improvement visual tool that is used to identify the causes of a problem is	74%	91%	17% (5% 30%)
Q5	What can infection preventionists do to address social determinants of health to decrease infection risk?	99%	96%	-3% (-8% 3%)
Q6	What is a barrier to screening for social determinants of health?	58%	49%	-9% (-26% 8%)
Q7	In Kentucky most cases of tuberculosis have been in which age group?	25%	64%	39% (24% 55%)
Q8	Tuberculosis is a reportable disease and must be reported to the local or state health department	33%	70%	36% (20% 52%)
Q9	Which of the following statements about healthcare worker testing for tuberculosis (TB) is false?	42%	70%	28% (11% 44%)
Q10	A FMEA is:	67%	57%	-10% (-27% 6%)

Q11	Supply chain shortages can be the result of all except	61%	75%	14% (-1% 30%)
Q12	Development of multi-drug resistant organisms (MDRO) can be decreased by all except	38%	55%	17% (1% 34%)
Total Score		62%	74%	12% (7% 17%)

Figure 3. Knowledge test answers for LPNs (n=16)

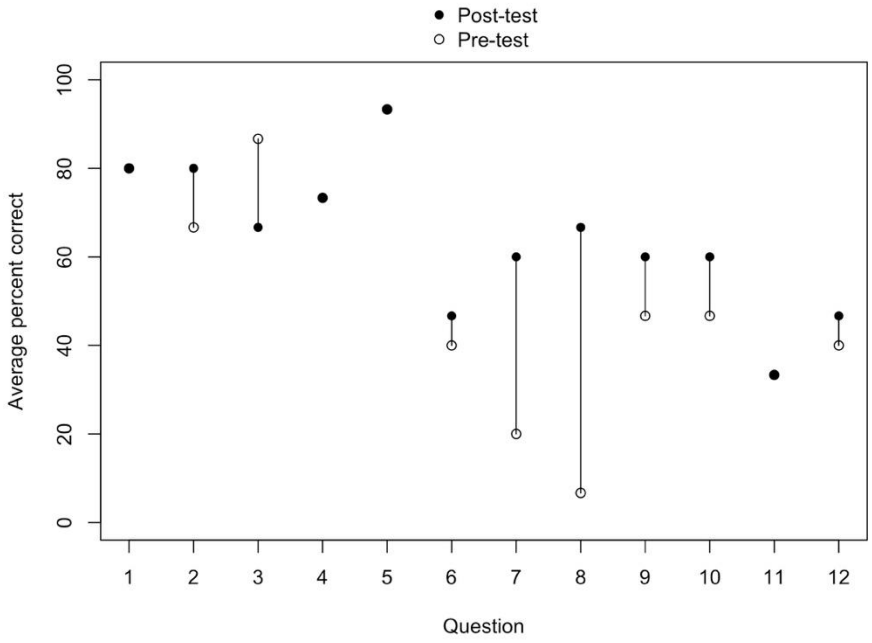


Table 3. Question results for LPNs (n=16)

Question Number	Question text	Pre-test average	Post-test average	Paired change (95% CI)
Q1	ESBLs (extended spectrum beta-lactamase producers) are resistant to all except which of the following?	80%	80%	0% (-31% 31%)
Q2	When a pathogen is naturally outside of an antibiotic's spectrum of activity this is called	67%	80%	13% (-21% 47%)
Q3	Which of the following meets the definition of a SMART goal?	87%	67%	-20% (-52% 12%)
Q4	A performance improvement visual tool that is used to identify the causes of a problem is	73%	73%	0% (-34% 34%)
Q5	What can infection preventionists do to address social determinants of health to decrease infection risk?	93%	93%	0% (-19% 19%)
Q6	What is a barrier to screening for social determinants of health?	40%	47%	7% (-32% 45%)
Q7	In Kentucky most cases of tuberculosis have been in which age group?	20%	60%	40% (5% 75%)
Q8	Tuberculosis is a reportable disease and must be reported to the local or state health department	7%	67%	60% (30% 90%)
Q9	Which of the following statements about healthcare worker testing for tuberculosis (TB) is false?	47%	60%	13% (-25% 52%)
Q10	A FMEA is:	47%	60%	13% (-25% 52%)
Q11	Supply chain shortages can be the result of all except	33%	33%	0% (-36% 36%)
Q12	Development of multi-drug resistant organisms (MDRO) can be decreased by all except	40%	47%	7% (-32% 45%)
Total Score		52%	64%	11% (-1% 23%)

Figure 4. Knowledge test answers for other roles (n=23)

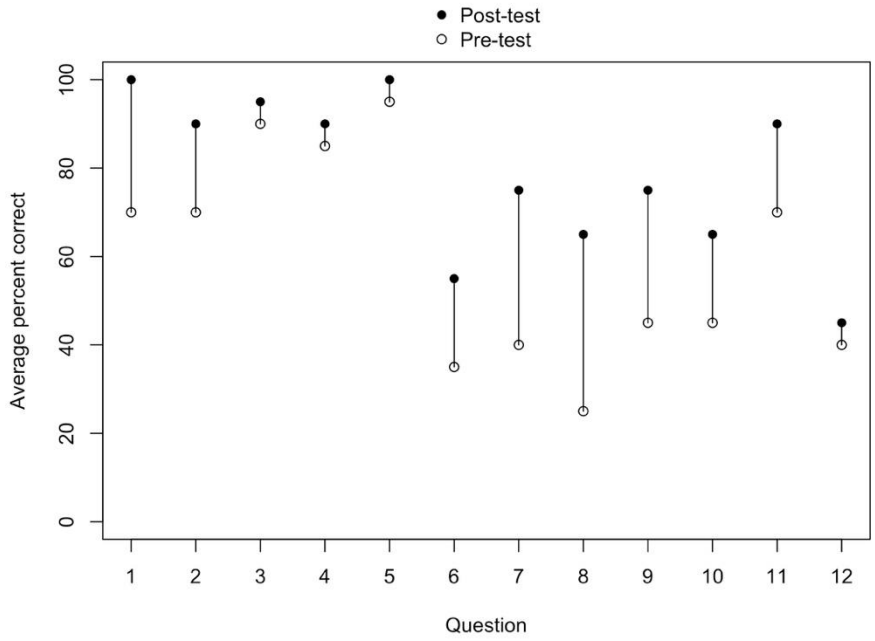


Table 4. Question results for other roles (n=23)

Question Number	Question text	Pre-test average	Post-test average	Paired change (95% CI)
Q1	ESBLs (extended spectrum beta-lactamase producers) are resistant to all except which of the following?	70%	100%	30% (8% 52%)
Q2	When a pathogen is naturally outside of an antibiotic's spectrum of activity this is called	70%	90%	20% (-6% 46%)
Q3	Which of the following meets the definition of a SMART goal?	90%	95%	5% (-12% 22%)
Q4	A performance improvement visual tool that is used to identify the causes of a problem is	85%	90%	5% (-17% 27%)
Q5	What can infection preventionists do to address social determinants of health to decrease infection risk?	95%	100%	5% (-5% 15%)
Q6	What is a barrier to screening for social determinants of health?	35%	55%	20% (-12% 52%)
Q7	In Kentucky most cases of tuberculosis have been in which age group?	40%	75%	25% (5% 65%)
Q8	Tuberculosis is a reportable disease and must be reported to the local or state health department	25%	65%	40% (10% 70%)
Q9	Which of the following statements about healthcare worker testing for tuberculosis (TB) is false?	45%	75%	30% (-1% 61%)
Q10	A FMEA is:	45%	65%	20% (-12% 52%)

Q11	Supply chain shortages can be the result of all except	70%	90%	20% (-6% 46%)
Q12	Development of multi-drug resistant organisms (MDRO) can be decreased by all except	40%	45%	5% (-27% 37%)
Total Score		59%	79%	20% (9% 30%)

Figure 5. Knowledge test answers for acute care setting (n=33)

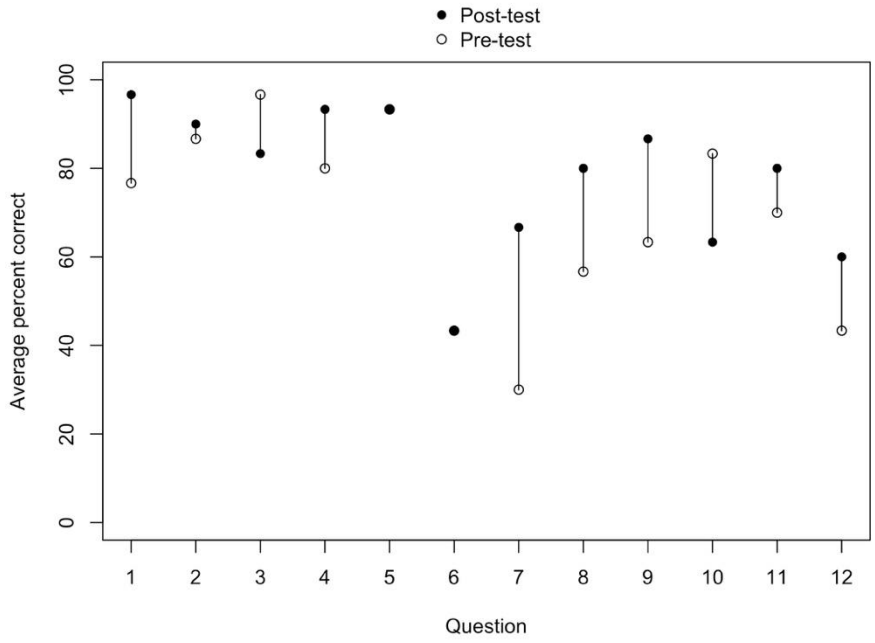


Table 5. Question results for acute care setting (n=33)

Question Number	Question text	Pre-test average	Post-test average	Paired change (95% CI)
Q1	ESBLs (extended spectrum beta-lactamase producers) are resistant to all except which of the following?	77%	97%	20% (3% 37%)
Q2	When a pathogen is naturally outside of an antibiotic's spectrum of activity this is called	87%	90%	3% (-14% 20%)
Q3	Which of the following meets the definition of a SMART goal?	97%	83%	-13% (-29% 2%)
Q4	A performance improvement visual tool that is used to identify the causes of a problem is	80%	93%	13% (-4% 31%)
Q5	What can infection preventionists do to address social determinants of health to decrease infection risk?	93%	93%	0% (-13% 13%)
Q6	What is a barrier to screening for social determinants of health?	43%	43%	0% (-26% 26%)
Q7	In Kentucky most cases of tuberculosis have been in which age group?	30%	67%	37% (12% 61%)

Q8	Tuberculosis is a reportable disease and must be reported to the local or state health department	57%	80%	23% (0% 47%)
Q9	Which of the following statements about healthcare worker testing for tuberculosis (TB) is false?	63%	87%	23% (1% 45%)
Q10	A FMEA is:	83%	63%	-20% (-43% 3%)
Q11	Supply chain shortages can be the result of all except	70%	80%	10% (-13% 33%)
Q12	Development of multi-drug resistant organisms (MDRO) can be decreased by all except	43%	60%	17% (-9% 43%)
Total Score		69%	78%	9% (1% 18%)

Figure 6. Knowledge test answers for long term care setting (n=58)

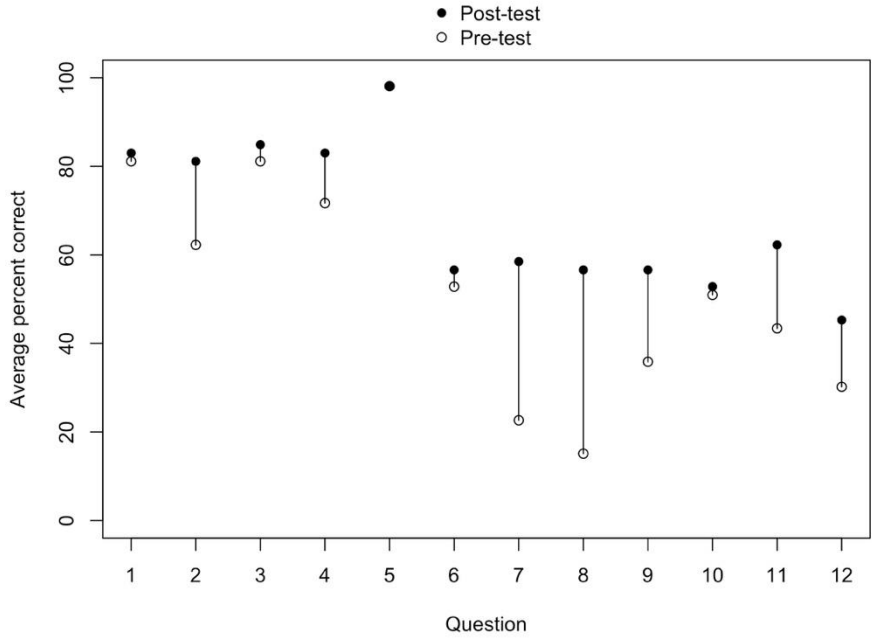


Table 6. Question results for long term care setting (n=58)

Question Number	Question text	Pre-test average	Post-test average	Paired change (95% CI)
Q1	ESBLs (extended spectrum beta-lactamase producers) are resistant to all except which of the following?	81%	83%	2% (-13% 17%)
Q2	When a pathogen is naturally outside of an antibiotic's spectrum of activity this is called	62%	81%	19% (2% 36%)
Q3	Which of the following meets the definition of a SMART goal?	81%	85%	4% (-11% 19%)
Q4	A performance improvement visual tool that is used to identify the causes of a problem is	72%	83%	11% (-5% 27%)

Q5	What can infection preventionists do to address social determinants of health to decrease infection risk?	98%	98%	0% (-5% 5%)
Q6	What is a barrier to screening for social determinants of health?	53%	57%	4% (-16% 23%)
Q7	In Kentucky most cases of tuberculosis have been in which age group?	23%	58%	36% (18% 54%)
Q8	Tuberculosis is a reportable disease and must be reported to the local or state health department	15%	57%	42% (25% 58%)
Q9	Which of the following statements about healthcare worker testing for tuberculosis (TB) is false?	36%	57%	21% (2% 40%)
Q10	A FMEA is:	51%	53%	2% (-18% 21%)
Q11	Supply chain shortages can be the result of all except	43%	62%	19% (0% 38%)
Q12	Development of multi-drug resistant organisms (MDRO) can be decreased by all except	30%	45%	15% (-4% 34%)
Total Score		54%	68%	14% (9% 20%)

Figure 7. Knowledge test answers for other setting (n=23)

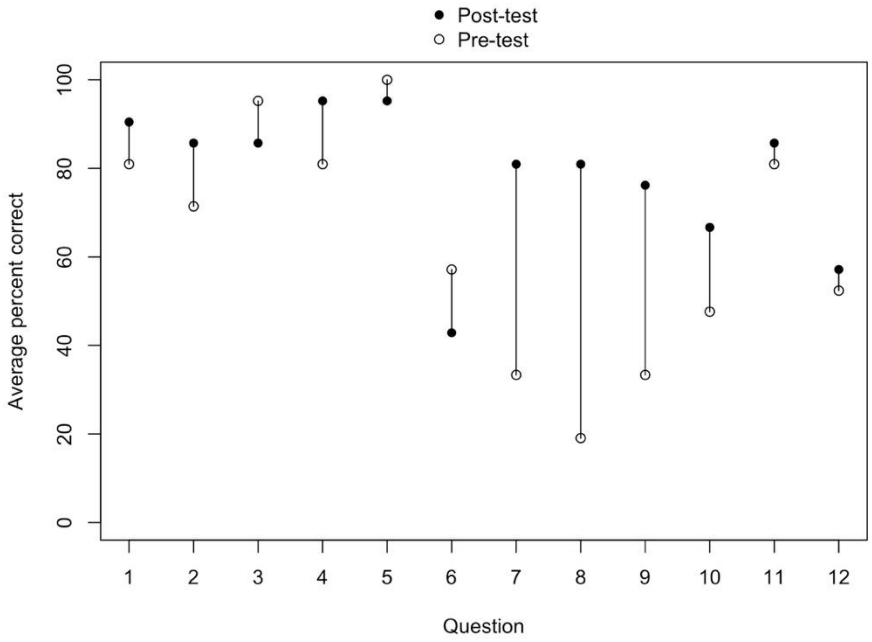


Table 7. Question results for other setting (n=23)

Question Number	Question text	Pre-test average	Post-test average	Paired change (95% CI)
Q1	ESBLs (extended spectrum beta-lactamase producers) are resistant to all except which of the following?	81%	90%	10% (-13% 32%)
Q2	When a pathogen is naturally outside of an antibiotic's spectrum of activity this is called	71%	86%	14% (-12% 40%)
Q3	Which of the following meets the definition of a SMART goal?	95%	86%	-10% (-28% 9%)
Q4	A performance improvement visual tool that is used to identify the causes of a problem is	81%	95%	14% (-6% 35%)
Q5	What can infection preventionists do to address social determinants of health to decrease infection risk?	100%	95%	-5% (-15% 5%)
Q6	What is a barrier to screening for social determinants of health?	57%	43%	14% (-46% 17%)
Q7	In Kentucky most cases of tuberculosis have been in which age group?	33%	81%	48% (20% 75%)
Q8	Tuberculosis is a reportable disease and must be reported to the local or state health department	19%	81%	62% (37% 87%)
Q9	Which of the following statements about healthcare worker testing for tuberculosis (TB) is false?	33%	76%	43% (14% 72%)
Q10	A FMEA is:	48%	67%	19% (-12% 50%)
Q11	Supply chain shortages can be the result of all except	81%	86%	5% (-19% 29%)
Q12	Development of multi-drug resistant organisms (MDRO) can be decreased by all except	52%	57%	5% (-27% 37%)
Total Score		63%	79%	16% (7% 25%)

Table 8. Outcomes of 2025 Boot Camp by role

Outcome	All N=114	RN N=75	LPN N=16	Other N=23
Learning objectives were met n (%)	113 (99%)	74 (99%)	16 (100%)	23 (100%)
Will use training in professional practice n (%)	112 (98%)	75 (100%)	16 (100%)	21 (100%)
Training enhanced knowledge n (%)	114 (100%)	75 (100%)	16 (100%)	23 (100%)
Increase in confidence n (%)	113 (99%)	74 (99%)	16 (100%)	16 (100%)
Significant increase in confidence n (%)	70 (61%)	47 (63%)	10 (63%)	13 (57%)
Would recommend to a colleague n (%)	114 (100%)	75 (100%)	16 (100%)	23 (100%)
Percent improvement in knowledge test mean	13% (9 – 18%)	12% (7 – 17%)	11% (-1 – 23%)	20% (9 – 30%)

Table 9. Outcomes of 2025 Boot Camp by setting

Outcome	All N=114	LTC N=58	Acute care N=33	Other N=23
Learning objectives were met n (%)	113 (99%)	57 (98%)	33 (100%)	23 (100%)
Will use training in professional practice n (%)	112 (98%)	57 (98%)	32 (97%)	23 (100%)
Training enhanced knowledge n (%)	114 (100%)	58 (100%)	33 (100%)	23 (100%)
Increase in confidence n (%)	113 (99%)	58 (100%)	32 (97%)	23 (100%)
Significant increase in confidence n (%)	70 (61%)	33 (57%)	22 (67%)	15 (65%)
Would recommend to a colleague n (%)	114 (100%)	58 (100%)	33 (100%)	23 (100%)
Percent improvement in knowledge test mean	13% (9 – 18%)	14% (9 – 20%)	9% (1 – 18%)	16% (7 – 25%)

Comparison of 2024 to 2025

Figure 8. Paired knowledge tests comparison of 2024 and 2025

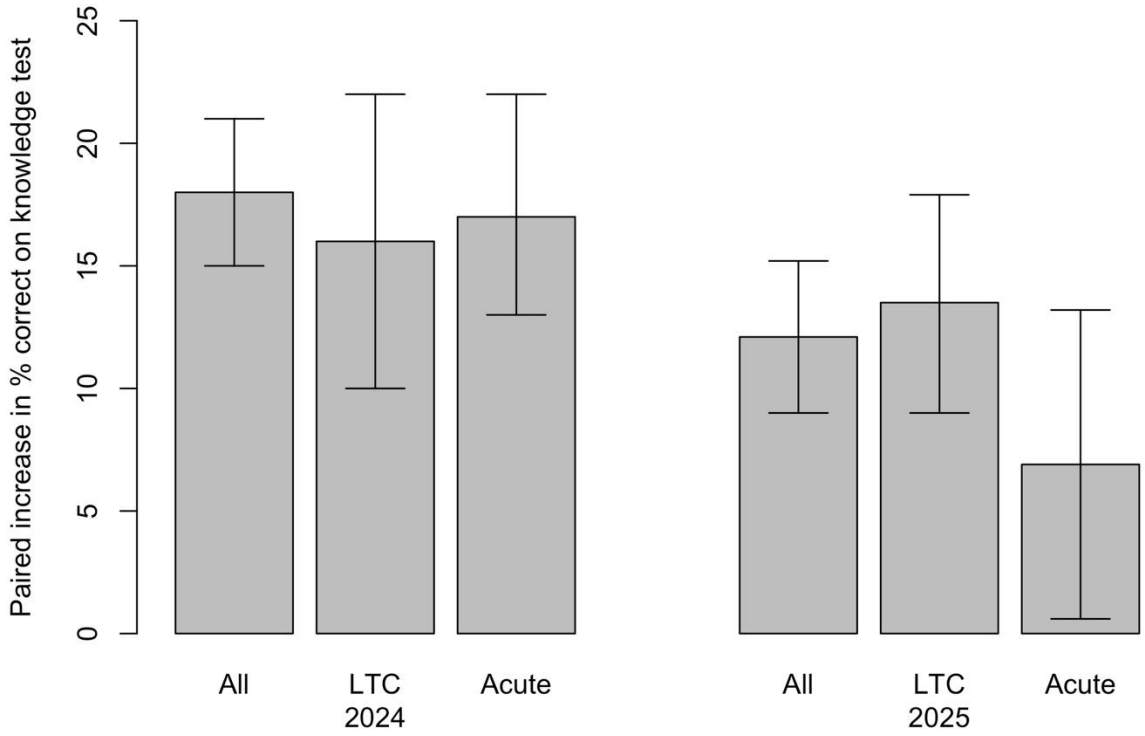


Figure 9. Percentage of participants reporting a significant increase in confidence