Text of RIPEN commentary piece published on AMIS website 16/11/19

As the largest group of health professionals in the world, nursing is necessarily part of the collective global problem that is AMR. However, in the face of the many structural factors that keep antibiotics entrenched as a ´quick fix´within and across societies, what agency does a profession such as nursing have to help prevent and control AMR? How can it meaningfully enact antimicrobial stewardship within everyday practice and develop new ideas to feed into policy? And how will it deal with a future where antibiotics are very limited or non-existent? These are just some of the questions that were explored at a recent cross-disciplinary policy meeting at the Royal College of Nursing as part of the RIPEN project. As the project nears completion, Colin Macduff and colleagues outline some of its main aspects.

Typically nurses have numerous daily interactions with healthy and ill individuals, family members, community groups and other care professionals. Thus they have many potential opportunities to enact antimicrobial stewardship (AMS) practices such as education to help lessen inappropriate demand for antibiotics or ensuring that these drugs are prescribed and administered optimally. However, to date, the profession has not yet leveraged its full potential to prevent AMR advancing or to countenance the consequences of failure.

Based on analysis of literature and our previous work, our interdisciplinary group of design, nursing and health services researchers reasoned that part of this problem is a relative lack of engagement with, and ownership of, the AMS agenda, and that this is exacerbated by the invisibility and abstractness of the risk.The Re-envisaging Infection Practice Ecologies in Nursing through Arts and Humanities Approaches (RIPEN) study seeks to address this by starting from where practising nurses are in their daily working lives. In doing so RIPEN uses, and reflexively evaluates, a combination of primarily visual based qualitative methods drawn from design, art, history, health services, and policy research. Using these different windows and mirrors for the issue of AMR may have potential to foster nursing imagination and innovation, and this rationale drives the study's main question:

How can relevant arts and humanities based approaches help nurses to re-envisage their infection control practice ecologies in response to antimicrobial resistance?

During the past 22 months we have been working with 20 participants, mostly community and hospital based nurses, to explore this question with a view to influencing practice and policy. Progress to date is summarised in a recent briefing paper available from the project website: https://www.ripen.org.uk/news.html, and a film of key processes, including a new poem, is also available: https://vimeo.com/368059130.

RIPEN is one of 11 projects funded by the AHRC under the *AMR and the Indoor and Built Environment* call (Theme 3B) which is part of the UKRI initiative on AMR called *Understanding Real World Interactions.* These projects are typically completing in the next few months and, thinking of the diversity of disciplines involved, there is real potential for collective learning with other researchers. We see the AMIS website and user community as a key hub for this and would welcome interest, discussions and initiatives to explore how this can best be taken forward.

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