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**Session:** P-50. Infectious Diseases Medical Education

**Background.** The Infectious Diseases Society of America (IDSA) has supported the development of the Core and Advanced Antimicrobial Stewardship (AS) Curricula for fellows to ensure the future ID workforce is effectively prepared to practice, participate in and lead AS efforts in health care institutions. The Core AS Curriculum is currently available; the Advanced AS Curriculum pilot will begin July, 2020.

**Methods.** IDSA formed the AS Curriculum Workgroup, comprised of leaders in AS and medical education from institutions across the country, to lead the AS Curricula development process. The workgroup conducted two surveys of ID Fellowship Program Directors, one in 2016 for the core curriculum and a second in 2018 for the advanced curriculum, to assess existing AS educational resources and determine needs for additional AS educational and evaluation resources.

The workgroup used the evaluation data to inform the content, delivery methods, and assessment tools for the curricula. The Core AS Curriculum is designed to provide fellows foundational knowledge and skills in AS. The Advanced AS Curriculum is designed to provide fellows the knowledge and skills to become leaders in AS.

The Core AS Curriculum was piloted by 56 ID Fellowship Programs in 2018 and then made broadly available via IDSA Academy in 2019. Pilot data will be used to improve future iterations of the curriculum. The Advanced AS Curriculum pilot will begin in 2020 and will be broadly available in 2021.

**Results.** The curricular packages contain a variety of training resources including eLearning modules, lectures slides, case-based questions, videos, reading materials, pocket cards, group-based learning, role play exercises and simulations. The modules can be taught by faculty to fellows or conducted as a self-directed learning experience.

Program directors and fellows who participated in the Core AS Curriculum pilot reported that their fellowship program was significantly more effective in teaching multiple key stewardship content areas (Table).

Table.

	Fellows			Program Directors		
	Very/Extremely effective, %		P value	Very/Extremely effective, %		P value
	Pre-curriculum (N = 105)	Post-curriculum (N = 78)		Pre-curriculum (N = 52)	Post-curriculum (N = 33)	
Effectiveness of curriculum in teaching fellows to:						
Educate other healthcare professionals on the importance of stewardship in individual patient care	50%	72%	0.0024	31%	73%	0.0002
Educate other healthcare professionals on the importance of stewardship for the community	34%	54%	0.0081	10%	61%	<0.0001
Model stewardship in the inpatient setting	68%	81%	0.0469	40%	82%	0.0002
Model stewardship in the outpatient setting	44%	60%	0.0337	12%	48%	0.0002
Determine when an infectious diseases consultation would be more appropriate than a stewardship intervention	67%	74%	0.2617	38%	69%	0.0070
Use effective communication techniques to change antimicrobial prescribing practices of other healthcare professionals	52%	63%	0.1585	21%	73%	<0.0001
Identify the elements of an effective hospital-based antimicrobial stewardship program	56%	67%	0.1514	15%	79%	<0.0001
Identify the inter-professional collaborations necessary for an effective hospital-based antimicrobial stewardship program	61%	76%	0.0363	23%	82%	<0.0001
Describe the day-to-day activities of a leader of an antimicrobial stewardship program	41%	58%	0.0250	21%	76%	<0.0001

\*Chi-square test.

**Conclusion.** Evaluation data from programs who piloted the Core AS Curriculum indicate that this blended learning experience is an effective method for teaching AS and in providing educational and assessment tools for ID fellowship programs. The Advanced AS Curriculum will be similarly evaluated.

**Disclosures.** Julie Ann Justo, PharmD, MS, BCPS-AQ ID, bioMerieux (Speaker's Bureau) TRC Healthcare (Speaker's Bureau)

## 1112. #EducationInTheTimeofCOVID: Using Twitter to Disseminate Evidence-Based Medicine during a Pandemic

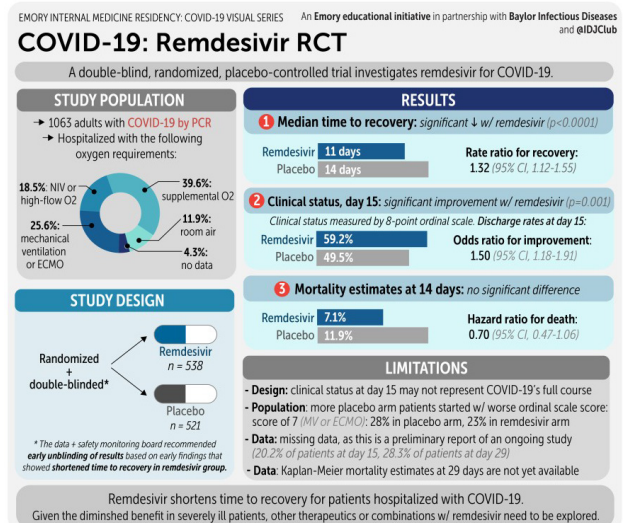
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**Session:** P-50. Infectious Diseases Medical Education

**Background.** The medical community has used Twitter as a learning tool during the COVID-19 pandemic to digest the high volume of rapidly evolving literature. However, Twitter contains educational content of varying quality and accuracy. To address this issue, we created and disseminated visual abstracts of COVID-19 literature on Twitter to educate health professionals.

**Methods.** Fellows and faculty members from multiple institutions collaborated with Emory University medical students to create visual abstracts of published COVID-19 literature (Figure 1). ID fellows and faculty identified and summarized 10-15 high-impact COVID-19 articles each week. Medical students created visual abstracts for each article, which fellows or faculty reviewed for accuracy. We disseminated them on Twitter (@JenniferSpicer4, 4,373 followers) and our website (Figure 2). We measured engagement with tweets using Twitter Analytics.

Figure 1: COVID-19 Visual Abstract Example



Beigel, John H., et al. "Remdesivir for the Treatment of Covid-19 - Preliminary Report." NEJM, doi:10.1056/NEJMoA2007764. Content: Caroline Coleman, MD (@cg\_coleman) Editor: Tyler Daugherty, MS4 (@tylerdsau) Reviewers: Laila Woc-Colburn, MD (@LWocCol1) Jennifer Spicer, MD, MPH (@JenniferSpicer4)

Figure 2: Website hosting COVID-19 weekly literature summaries and visual abstracts (<https://med.emory.edu/departments/medicine/divisions/infectious-diseases/covid19-roundup/>)



**Results.** Since March 2020, we have created, reviewed, and disseminated 139 graphics with 116 student authors and 33 fellow/faculty reviewers across three academic institutions (Table 1). Topics included public health & prevention, virology & basic science, epidemiology, transmission & infection control, clinical syndrome, diagnostics, therapeutics, vaccinology, and ethics & policy. Tweets had a median of 9,300 impressions (interquartile range [IQR] 5,432-13,233) with 766 engagements (IQR 432-1,288) and an engagement rate of 8.6% (IQR 7.1%-10.0%) (Table 2). Each tweet had a median of 25 retweets (IQR 17-38) and 55 likes (IQR 34-81). A few tweets had significantly higher metrics; maximum values were 84,257 impressions, 9,758 engagements, 19.0% engagement rate, 239 retweets, and 381 likes. In

addition to disseminating graphics on Twitter, we received requests to use them as teaching aids from multiple health professionals worldwide, and the visual abstracts have been translated into Spanish and disseminated on Twitter and Instagram via @MEDsinFrontera.

Table 1: Descriptive Statistics of COVID-19 Visual Series

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DESCRIPTOR	N (%)
<b>GRAPHICS (n=139)</b>	
<b>Graphic primary topic:</b>	
Public health & prevention	10 (7.2%)
Virology & basic science	16 (11.5%)
Epidemiology	16 (11.5%)
Transmission & infection control	19 (13.7%)
Clinical syndrome	34 (24.5%)
Diagnostics	16 (11.5%)
Therapeutics	21 (15.1%)
Vaccinology	4 (2.9%)
Ethics & policy	3 (2.2%)
<b>Graphic population:</b>	
Pediatrics	13 (9.4%)
Adults	70 (50.4%)
Pediatrics & adults	6 (4.3%)
Animal model	8 (5.8%)
Not applicable	42 (30.2%)
<b>AUTHORS (N=116)</b>	
<b>Year in school:</b>	
M1 (Class of 2023)	4 (3.4%)
M2 (Class of 2022)	60 (51.7%)
M3 (Class of 2021)	23 (19.8%)
M4 (Class of 2020)	14 (12.1%)
Dual degree	15 (12.9%)
<b>Student institution:</b>	
Emory University School of Medicine	116 (100%)
<b>REVIEWERS (N=33)</b>	
<b>Reviewer role:</b>	
Infectious Diseases fellow	18 (54.5%)
Medical Microbiology fellow	1 (3.0%)
Critical Care Medicine fellow	4 (12.1%)
Cardiology fellow	2 (6.1%)
Otolaryngology fellow	1 (3.0%)
Infectious Disease faculty	6 (18.2%)
Hospital Medicine faculty	1 (3.0%)
<b>Reviewer institution:</b>	
Emory University School of Medicine	27 (81.8%)
Baylor College of Medicine	5 (15.2%)
Johns Hopkins University School of Medicine	1 (3.0%)

Table 2: Twitter Metrics for COVID-19 Visual Series (as of 6/10/2020)

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PRIMARY TOPIC	TWITTER METRIC (median, interquartile range)				
	IMPRESSIONS <sup>1</sup>	ENGAGEMENT <sup>2</sup>	ENGAGEMENT RATE <sup>3</sup>	RETWEETS <sup>4</sup>	LIKES <sup>5</sup>
Public health & prevention	13,865 (8,722)	1,053 (404)	7.0% (5.6%)	25 (30)	55 (33)
Virology & basic science	9,964 (6,215)	691 (632)	8.1% (2.1%)	18 (14)	52 (27)
Epidemiology	7,340 (5,040)	512 (652)	8.4% (2.7%)	19 (19)	40 (29)
Transmission & infection control	7,791 (6,697)	562 (598)	8.7% (2.7%)	27 (19)	50 (32)
Clinical syndrome	9,770 (6,904)	848 (917)	9.3% (2.4%)	25 (16)	56 (45)
Diagnostics	9,240 (10,042)	753 (867)	8.2% (2.1%)	27 (26)	63 (51)
Therapeutics	10,871 (10,498)	1,114 (1,112)	9.0% (2.5%)	33 (30)	73 (61)
Vaccinology	9,204 (3,444)	649 (593)	7.1% (3.3%)	31 (24)	60 (32)
Ethics & policy	6,856 (2,111)	358 (77)	5.6% (0.6%)	14 (7)	31 (14)
<b>TOTAL</b>	<b>9,246 (7,760)</b>	<b>791 (849)</b>	<b>8.6% (2.9%)</b>	<b>26 (20)</b>	<b>55 (46)</b>

<sup>1</sup>Impressions refer to the number of times that a tweet has been seen.

<sup>2</sup>Engagement refers to the number of times that users interacted with a tweet in any way (clicked on it, retweeted, liked, etc.).

<sup>3</sup>Engagement rate refers to the number of engagements divided by the number of impressions for a tweet.

<sup>4</sup>Retweets refer to the number of times that users have re-posted a tweet.

<sup>5</sup>Likes refer to the number of times that users clicked on the heart icon for a tweet.

**Conclusion.** Engagement rates with our visual abstracts were high, demonstrating the power of Twitter. ID educators can use visual abstracts to summarize and disseminate accurate information to a large audience on social media, which is especially important in the setting of an emerging infection.

**Disclosures.** All Authors: No reported disclosures

### 1113. A Novel Means of Acquiring High Quality Feedback for Training Programs –The Program Director Ombudsperson

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**Session:** P-50. Infectious Diseases Medical Education

**Background.** Trainees may not always be comfortable providing frank feedback or constructive criticism to their Program Director (PD) due to fears of negative repercussions. PDs likewise may lack the means to obtain high quality feedback from trainees, particularly among smaller training programs, e.g. fellowships. An ombudsperson is defined as an independent appointee whose task is to investigate and attempt to resolve complaints and problems.

**Methods.** The PDs from Infectious Disease (ID) and Endocrinology fellowships partnered to meet with fellows from the opposite program. Meetings were held with fellows in December and June of the academic year. Each PD started their meeting with 2 questions on a 1-10 scale: How do you rate the fellowship program? How do you rate the job the PD and program leadership are doing? Additional questions covered the fellow evaluation process, faculty feedback, education vs. service balance, and gaps in training. Additional time was allotted for fellow-raised concerns. Meeting notes were summarized anonymously and returned to the PD of the other program. Fellows were asked to complete a brief questionnaire about their experience.

**Results.** A total of 15 fellows completed the survey (6 Endocrinology, 9 ID; Table). All 15 fellows agreed that the goal of the ombudsperson review meeting (i.e. to address fellow concerns in a more confidential setting) was achieved and were comfortable sharing concerns and feedback to the ombudsperson. The majority of fellows (53%) was more comfortable sharing concerns regarding the fellowship to the ombudsperson than directly to the PD. Thirteen (87%) agreed that concerns raised during the first ombudsperson meeting were addressed by the Program in subsequent months. All fellows (100%) found it helpful that the ombudsperson was another PD and recommended that the ombudsperson review meetings should continue in the fellowship.

Table. Characteristics of participants and outcomes of questions about fellowship ombudsperson program

	Total Participants N = 15 (%)
<b>Program</b>	
Endocrinology	6 (40)
Infectious Disease	9 (60)
<b>Fellowship Year</b>	
1	6 (40)
2	9 (60)
<b>Do you feel the ombudsperson was effective in achieving its goal?</b>	
Yes	15 (100)
No	0
<b>Were you comfortable sharing concerns and feedback regarding your fellowship to the ombudsperson?</b>	
Yes	15 (100)
No	0
<b>Were you more comfortable sharing concerns and feedback regarding your fellowship to the ombudsperson than directly to your PD?</b>	
More comfortable with Ombudsperson	8 (53)
Equally comfortable with both Ombudsperson and PD	7 (47)
More comfortable with PD	0
<b>Did you find that concerns raised during the ombudsperson meeting were addressed by your program in the subsequent months?</b>	
Strongly agree	2 (13)
Agree	11 (73)
Neutral	2 (13)
Disagree	0
Strongly disagree	0
<b>Would you recommend that the ombudsperson review meetings continue in this fellowship?</b>	
Yes	15 (100)
No	0
<b>Was it helpful that the ombudsperson was a PD for another fellowship (i.e. was aware of fellowship structures)?</b>	
Yes	15 (100)
No	0

**Conclusion.** The fellowship PD ombudsperson meeting is a novel means for soliciting constructive feedback from trainees at small training programs. Fellows were comfortable with the ombudsperson arrangement, felt the meetings achieved their goal, and recommended that the meetings continue in the future.

**Disclosures.** All Authors: No reported disclosures

### 1114. Identifying and Addressing Knowledge Gaps in Influenza Management with Targeted Continuing Medical Education

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**Session:** P-50. Infectious Diseases Medical Education

**Background.** Influenza represents a year-round disease burden. Despite CDC recommendations, providers do not always effectively test for and treat influenza. To address identified knowledge gaps regarding the care of patients with or at-risk for influenza infection, a series of continuing education (CE) initiatives were implemented for distinct specialty audiences, and the impact of the education on provider knowledge was measured.

**Methods.** Between July 2018 and June 2020, Vindico Medical Education provided 35 CME programs (19 web, 14 live, and 2 print) targeted primarily to any of 4 specialty