

audiences – ID specialists, pulmonologists, emergency medicine providers, or primary care providers (PCPs). Baseline knowledge and educational impact were assessed via pre-and post-test, respectively, across 3 primary topics – testing, mechanisms of therapeutic agents, and treatment.

Results. As of June 1, 2020, 39,677 healthcare providers participated in the education and 19,209 had obtained CE credit. Baseline knowledge was lowest regarding testing (44%) and antiviral mechanisms (43%), particularly among all but the pulmonology specialists. Average post-test scores were highest among pulmonology (85%) and primary care (85%) providers. The average relative increase in knowledge across all topics and specialties was 69%. A total of 17,480 providers who see on average 8.5 patients per month presenting with flu-like symptoms committed to practice improvements, resulting in approximately 150,000 patients per month who are more likely to receive the latest evidence-based care. Moreover, three months following the education, 68% of providers reported implementing practice improvements, including applying the latest clinical guidelines and recommendations.

Conclusion. As data regarding new options for the treatment of influenza continues to emerge, CE education on these topics will be needed. This study highlights the efficacy of multimodal CE to address knowledge gaps among providers who see patients with or at-risk for influenza infection.

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1115. A Longitudinal Medical Education Program for Infectious Diseases Fellows

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Session: P-50. Infectious Diseases Medical Education

Background. Many Infectious Diseases (ID) fellows express interest in the education of future learners, yet there is little opportunity to develop these skills during training. We designed an immersive program to develop the teaching skills of ID fellows. We report our initial experiences and plans for future directions.

Methods. ID fellows were recruited to participate in the program after their first year. Enrollees had no changes to their clinical/research requirements. Faculty provided initial guidance on teaching techniques and instructed fellows on how to create a curriculum for medical student ID clinical rotations. This curriculum consisted of weekly teaching sessions led by the fellows and formatted to the fellows' discretion. Teaching session goals were to provide education on high-yield topics at an appropriate level and in a separate environment from where student grading would be assigned. Fellows received faculty feedback on their teaching in real-time by direct observation and learner feedback by anonymous student survey. An annual survey also assessed the fellows' experiences. Outcomes of interest included an evaluation of baseline teaching skills, experience designing a curriculum, and confidence teaching over time.

Results. Since its inception in 2017, 7 fellows have participated in the program. Teaching sessions consisted of various formats: lecture, roundtable discussion, case-based, and remote virtual conferences. Education sessions were well-received by students (Figure 1).

86% of enrollees reported only occasional lecturing experience prior to fellowship and requested additional training in design of an educational course (Table 1). After participation in the program, 57% rated their experience as better than expected and 100% agreed that fellow-led sessions should remain part of the rotation. After involvement, 57% reported strong interest in a career involving medical education.

Figure 1

Figure 1.

Anonymous medical student quotes:

"Really enjoyed. I appreciate that they [the lectures] are freeform and tailored to what you are interested in and/or curious about."

"All [lectures] were relevant and very helpful – covered an array of relevant bacterial, viral, and fungal infections."

"These [lectures] were great, I just wish there were more of them."

"Very helpful. I almost wish we could have had more of them [lectures]."

"I loved the case presentations and practical advice, such as what tests are helpful and unhelpful and why."

"I was really happy with the topics discussed and teaching methodology."

Table 1

Table 1.

Survey results	Number of Fellows (Total n=7)
Baseline teaching experience	
None	0
Informal teaching on rounds	1
Teaching on rounds plus occasional lectures	5
Regularly scheduled teaching sessions	0
Helped administer a formal education curriculum	1
Teaching preference*	
Case-centered	6
Computer-based (video lectures, self-directed learning)	1
'Chalk talk' (informal education session)	6
Formal lecture	2
Table discussion	6
Which educational materials do you require the most help creating?*	
Creation of educational handouts	0
Creation of lectures	1
Design of a course/educational curriculum	6
Journal club	1
Practice tests/question banks	5
Prior to fellowship I was considering a career that included medical education	
Strongly disagree	0
Somewhat disagree	1
Somewhat agree	4
Strongly agree	2
Now I am considering a career that included medical education	
Strongly disagree	0
Somewhat disagree	1
Somewhat agree	2
Strongly agree	4
Overall experience with the fellow's medical education program	
Better than expected	4
As expected	2
Worse than expected	1
Should fellow-led educational sessions remain part of the curriculum?	
Definitely yes	5
Probably yes	2
Probably not	0
Definitely not	0

*Responders could select more than one choice

Conclusion. We developed a structured, longitudinal medical education program dedicated to improving fellows' skills as academic teaching physicians. Thus far, it has been well received by ID fellows and students. The program is ongoing and continues to adapt to the fellows' and learners' needs as determined by routine quantitative and qualitative assessments.

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1116. AIMS-trained Residents Exhibit Specific Communication Skills in a Standardized Patient Model of Vaccine Hesitancy

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Session: P-50. Infectious Diseases Medical Education

Background. Vaccine hesitancy (VH) is one of the top 10 threats to global public health. While VH is common among parents, there are no accepted best practices for counseling, and training in this area is not required in residency. Strategies are needed to help providers address VH in practice.

Methods. The AIMS (Announce, Inquire, Mirror, Secure) Method for Healthy Conversations is a structured communication strategy that attempts to build trust between provider and patient (or parent), inviting receptivity to healthcare recommendations. To assess whether relatively inexperienced providers exhibit AIMS behaviors after training, blinded pediatric residents were pseudo-randomized to receive either AIMS or control training. Subjects underwent pre- and post-training clinical encounters with blinded standardized patients (SPs) portraying vaccine-hesitant parents; encounters were video-recorded and assessed by 3 blinded raters using the Vaccine Hesitancy Communication Assessment (VHCA) tool, which was developed by an iterative process and validated in pilot testing. Subject confidence was assessed pre- and post-training.

Results. Overall VHCA intraclass correlation was 0.273 for pre and 0.681 for post encounters (2-way mixed averages); reliability varied with AIMS phases. Fifty-eight subjects completed the protocol, and VHCA ratings for 29 subjects were available for this analysis. AIMS behaviors were more commonly detected among AIMS-trained subjects than control (median change in score [scale 0–30]=4.5 versus 0 for control) (Figure 1). Confidence improved in both groups (Figure 2). SPs perceived no differences between groups, nor between pre and post within groups, in aspects of subject performance such as respect, empathy, and promotion of trust ($P=0.936$ [ANCOVA]; partial eta-squared 0.0).

Figure 1

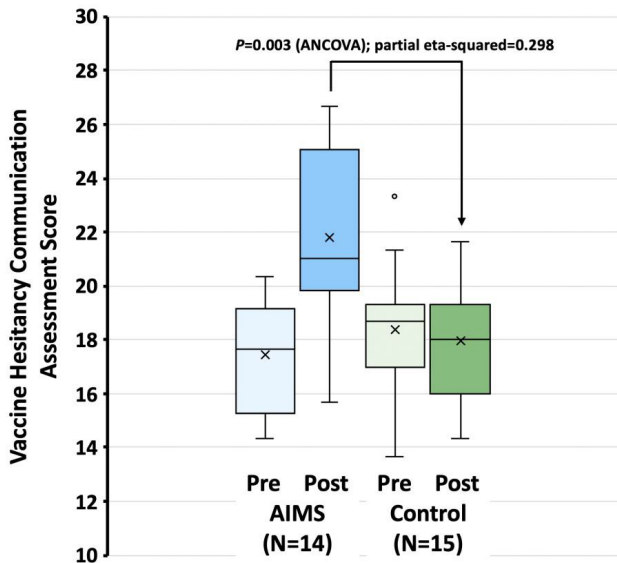
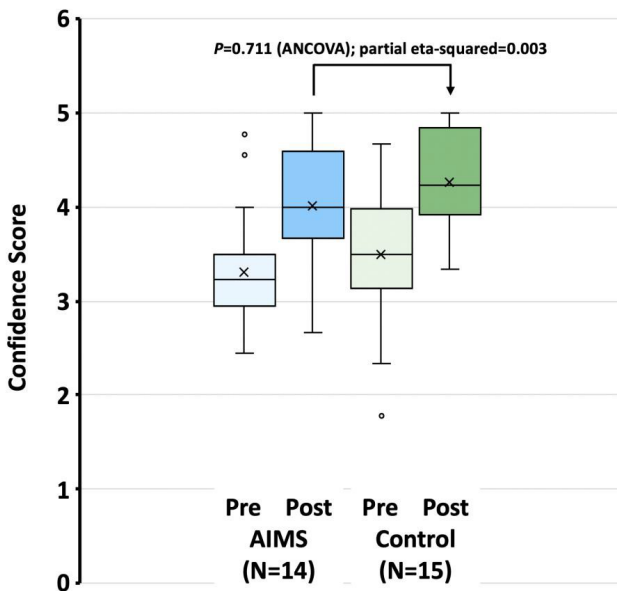


Figure 2



Conclusion. Pediatric residents can be trained in AIMS behaviors, and an SP model of VH can be used to assess performance. AIMS training results in similar gains in self-confidence compared to control training. SP perceptions may be colored by their script, which in this case was to exhibit adamant vaccine refusal. Testing of AIMS training in longitudinal experimental scenarios and in real-world settings is warranted.

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1117. An HIV Primary Care Rotation Improved HIV and STI Knowledge, Enhanced Sexual History-Taking Skills, and Increased Interest in a Career in Infectious Diseases among Medical Students and Residents

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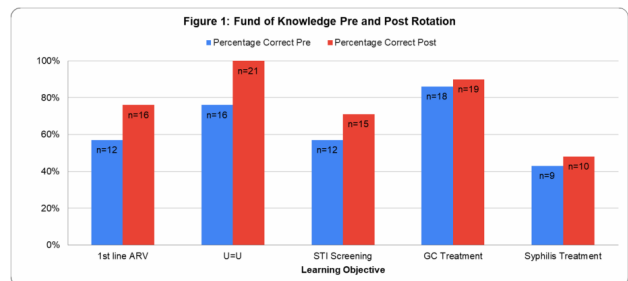
Session: P-50. Infectious Diseases Medical Education

Background. Clinical rotations in HIV primary care provide a unique opportunity to teach trainees about the management of HIV and other sexually transmitted infections (STI), and enhance trainees' skills in obtaining a culturally-competent sexual history. Positive educational experiences in this setting may also influence trainees' decisions to pursue a career in HIV Medicine and Infectious Diseases (ID). However, little is known about the impact of an HIV clinic rotation on trainees' fund of knowledge regarding HIV and STI management, confidence in obtaining a sexual history, or interest in HIV and ID as a career choice.

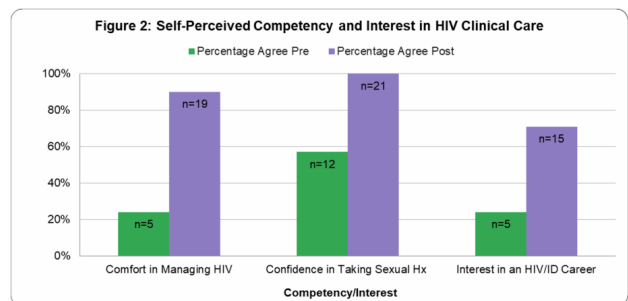
Methods. Third year medical students and Internal Medicine residents rotate for two to four weeks in UCSD's HIV primary care clinic. Over a six month period (September, 2019 - February, 2020) trainees were given a pre and post rotation survey to evaluate their fund of knowledge in managing patients with HIV and other STIs, their confidence in taking a sexual history, and their interest in pursuing a career in HIV and ID.

Results. Twenty-one of the 31 trainees completed both the pre- and post-rotation survey. Residents and medical students comprised 57% (12) and 43% (9) of the cohort, respectively. Fund of knowledge regarding antiretroviral management, HIV transmission, and STI diagnosis and treatment improved following the rotation (Figure. 1). Trainees' confidence in their ability to manage patients with HIV and obtain a sexual history also improved (Figure. 2). Importantly, there was a substantial increase in the proportion of trainees interested in pursuing a career in HIV and ID after the rotation compared to beforehand (Figure. 2).

Fund of Knowledge Pre and Post Rotation



Self-Perceived Competency and Interest in HIV Clinical Care



Conclusion. Clinical rotations in HIV primary care provide valuable learning experiences for trainees by improving their fund of knowledge about HIV and STIs, and their self-efficacy in obtaining a sexual history. These clinical experiences may also be important in recruiting trainees to pursue a career in HIV and ID. Given the importance of these clinical skills and the need to increase the number of trainees entering the field, additional support for educational experiences in HIV primary care clinics is warranted.

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1118. Development of a Curriculum for Internal Medicine Residents on Latent and Active Pulmonary TB: A Targeted Needs Assessment

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Session: P-50. Infectious Diseases Medical Education

Background. Internal medicine (IM) residents have previously been found to have significant knowledge and practice gaps in tuberculosis (TB) diagnosis, but it is unknown whether these gaps vary based on geography or TB incidence. San Francisco has the highest incidence of TB of any US city. UCSF IM residents encounter TB