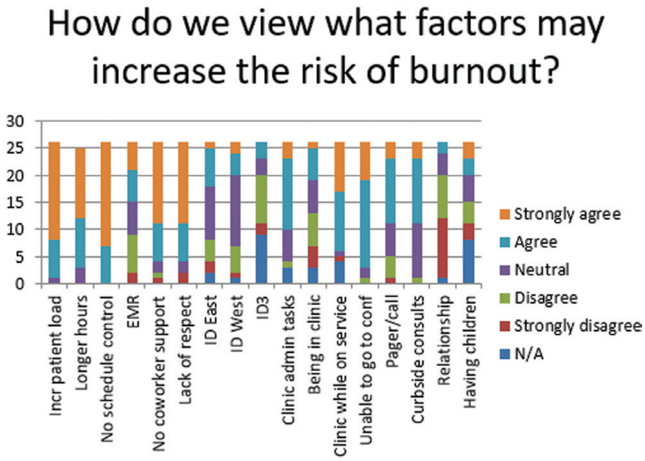
(96%), and inability to attend teaching conferences (88%). Fellows felt burnt out when seeing ≥ 4 new consults per day and/or carrying a census of 10–11 patients.

Conclusion. ID fellows at an academic medical center recognize burnout and report levels on par with national data. Fellows and faculty can identify personal and programmatic factors that increase and decrease their risk of burnout. These data can guide programmatic and divisional interventions to improve trainee wellness.



How many consults/total patients until we feel burnt out?

	1st year fellows	2nd/3rd year fellows	Faculty, <5 years in practice	Faculty, 5-15 years in practice	Faculty, >15 years in practice
New consults	4	4	5	6	6
Total patients following	10	11	16	20	21

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

1950. Intentional Interprofessional Experiential Education in an HIV/Infectious Diseases Clinic

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Session: 226. Advances/in/ID/Med/Ed
Saturday, October 5, 2019: 11:30 AM

Background. Experiential education opportunities, such as interprofessional practice, are currently limited in HIV care. This intentional interprofessional experiential education (IPEE) offering aimed to improve healthcare student attitudes, perceptions, and skills regarding interprofessional practice and HIV care.

Methods. An interprofessional team of faculty and clinicians designed a 2-week rotation, with each offering consisting of 6–9 students from 4 professions (medicine, nursing, pharmacy, social work). This intentional IPEE was delivered at a single ambulatory care infectious diseases clinic in Columbia, SC. It included time in clinic with providers from varying professions, didactic lectures, a peer health advocate session, and a team capstone project (i.e., simulated, then actual student team visit with an HIV-infected patient, plus note documentation/team presentation). Twelve offerings occurred from October 2016 to February 2019. Anonymous pre- and post-IPEE surveys were provided to each student at baseline and directly after to assess attitudes, perceptions, and skills regarding interprofessional practice and HIV care. Wilcoxon signed-rank tests were used to compare pre- vs. post-survey items. Multivariable logistic regression was used to evaluate predictors for interest in HIV as a specialty.

Results. Of 87 students, 84 (97%) completed both surveys (21 medicine, 25 nursing, 19 pharmacy, 19 social work). Attitudes toward healthcare teams significantly improved in 7/11 items (all P-values ≤ 0.019), teamwork perceptions improved in 5/8 items ($P \le 0.017$), and self-perceived team skills improved in all 6 items ($P < 0.001$). Students rated provider time in clinic as most valuable (mean 4.6, median 5 on 5-point Likert scale). Following the IPEE, the proportion of students interested in HIV care increased from 53% to 67% ($P = 0.07$). After adjusting for program year and profession, interest in HIV at baseline was a significant predictor of interest in HIV post-IPEE (aOR 8.2, 95% CI 2.6–25.5).

Conclusion. Short-term, intentional IPEE can positively impact student attitudes, perceptions, and skills regarding interprofessional practice and HIV care. Clinical educators should incorporate intentional HIV IPEE in healthcare curricula.

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

1951. Extended Infusions of Β-lactam Antibiotics are Feasible and May Improve Mortality in the Pediatric Population

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Session: 227. Novel Antimicrobials and Approaches Against MDR Organisms
Saturday, October 5, 2019: 10:30 AM

Background. Infections due to multi-drug-resistant organisms (MDRO) are associated with poor clinical outcomes. Due to limited treatment options for MDROs, it is essential to improve the delivery of available antibiotics. Optimal efficacy of β-lactam antibiotics can be achieved when free drug concentrations exceed the minimum inhibitory concentration of the organism for at least 50% of the dosing interval. This is more feasible when extending the duration of infusion. Adult literature supporting the use of extended infusion β-lactams (EIBL) is robust; however, pediatric data are limited. Furthermore, extended infusions (EI) may be more difficult to achieve in pediatric patients due to limited intravenous line access. The purpose of this study was to determine the feasibility of EIBLs as the standard of care and compare clinical outcomes between standard infusions (SI) and extended infusions (EI).

Methods. This retrospective chart analysis included hospitalized patients less than 18 years old between October 1, 2017 and March 31, 2019 who received at least 72 hours of cefepime, piperacillin/tazobactam, or meropenem. Patients weighing less than 3.5 kg or requiring continuous renal replacement therapy were excluded. EI were defined as antibiotic delivery over 3–4 hours, while SI were delivered over 30 minutes. The percent of patients completing therapy utilizing EI was measured. Clinical outcomes compared hospital length of stay; time to blood culture clearance, defervescence, inflammatory marker normalization; 30-day readmission rates; and 30-day all-cause mortality between the SI and EI groups.

Results. A total of 560 patients were included in the interim analysis. Over 90% of patients were able to complete therapy utilizing EI (Figure 1). The EI group had lower readmission rates, but the interim analysis has not yet controlled for planned admissions. A sub-analysis of critically ill patients requiring vasopressors identified a lower mortality rate (5.1% vs. 23.1%, $P = 0.023$) and decreased the length of stay (554 vs. 1,055 hours, $P = 0.035$) in the EI compared with SI group (Table 1).

Conclusion. EIBLs are feasible in the pediatric population and may lead to improved outcomes including decreased all-cause mortality and hospital length of stay, especially in critically ill children.

Figure 1: Feasibility - percent of patients completing therapy with extended infusions