

Table 1. Risk factors for subsequent MDR-GN BSI following EB BSI among SOTR.

Solid Organ Transplant Patient Characteristics	MDR-GN BSI (N 139)	No MDR-GN BSI (N 850)	P-value
<b>BASELINE DEMOGRAPHICS</b>			
Age (median, IQR), years	59 (48 - 65)	57 (48 - 64)	0.65
Female gender	54 (39%)	364 (43%)	0.41
<b>Race</b>			
Asian	1 (0.7%)	18 (2%)	0.07
Black or African American	41 (30%)	231 (28%)	
White	53 (38%)	276 (33%)	
<b>Pre-existing conditions</b>			
Cirrhosis	28 (20%)	153 (18%)	0.52
Chronic kidney disease (not on dialysis)	14 (10%)	90 (11%)	0.88
Diabetes mellitus	67 (49%)	403 (47%)	0.8
End-stage kidney disease on dialysis	56 (41%)	285 (34%)	0.11
Heart failure	17 (12%)	80 (9%)	0.29
Lung disease	21 (15%)	56 (7%)	< 0.001
<b>Transplant type</b>			
Heart	69 (8%)	8 (6%)	0.35
Kidney	69 (50%)	511 (60%)	0.03
Liver	55 (40%)	249 (30%)	0.01
Lung	14 (10%)	50 (6%)	0.06
Pancreas	2 (1%)	25 (3%)	0.41
<b>Transplant history</b>			
Living donor	26 (19%)	181 (21%)	0.51
Induction immunosuppression given	59 (47%)	350 (48%)	0.84
Primary graft dysfunction	25 (19%)	115 (16%)	0.30
Reoperation required within 4 weeks of transplant	67 (54%)	213 (31%)	< 0.001
<b>RECENT MEDICAL HISTORY</b>			
Hospitalization in 6 months prior to index BSI	105 (76%)	607 (71%)	0.25
Acute rejection in 6 months prior to index BSI	34 (25%)	170 (21%)	0.23
Rituximab exposure in 1 year prior to index BSI	2 (1%)	21 (3%)	0.46
<b>Antibiotic exposure in 6 months prior to index BSI</b>			
Any antibiotic	117 (85%)	643 (76%)	0.02
Carbapenem	52 (38%)	189 (22%)	< 0.001
Third-generation cephalosporin	31 (22%)	160 (19%)	0.32
Cefepime	44 (32%)	217 (26%)	0.12
Fluoroquinolone	258 (30%)	53 (38%)	0.06
Piperacillin-tazobactam	73 (53%)	325 (38%)	0.001
<b>Immunosuppression at time of index BSI</b>			
Mycophenolate mofetil	70 (50%)	495 (58%)	0.10
Corticosteroids	99 (72%)	567 (67%)	0.24
Tacrolimus	100(72%)	608 (71%)	0.821
<b>INDEX BSI</b>			
<b>Index BSI resistance</b>			
ESBL-producing EB BSI	90 (65%)	305 (35%)	< 0.001
CRE BSI	23 (17%)	54 (6%)	< 0.001

Data are presented as numbers (percentages) except where noted. Abbreviations: BSI, bloodstream infection; CRE, carbapenem-resistant Enterobacteriales; EB, Enterobacteriales; ESBL, extended-spectrum beta-lactamase; GN, Gram-negative; IQR, interquartile range; MDR, multidrug-resistant

**Conclusion.** This study shows that liver transplantation, reoperation following transplantation, an index ESBL-EB or CRE BSI, and recent exposure to broad-spectrum beta-lactam antibiotics are associated with an increased odds of subsequent MDR-GN BSI in SOTR, and underscores the need for future studies aimed at preventing emergence of MDR-GN infections in this vulnerable population.

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**950. The Challenge of Fellowship Interviews During COVID-19: An Online Post-interview Survey**

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**Session:** P-54. Infectious Diseases Medical Education

**Background.** COVID-19 has significantly disrupted social and personal interactions, including fellowship recruitment. In-person interviews were replaced by virtual interviews, which created uncertainties for both programs and candidates. We distributed a survey to interviewees for fellowship programs in an effort to gather data and improve the process.

**Methods.** An anonymous online survey on the Qualtrics® platform assessed satisfaction with the interview process, evaluated the advantages and disadvantages of virtual interviews, and requested comments to improve the process. Surveys were sent out to candidates within 7 days of interview for Infectious Disease and Palliative care fellowship programs at our institution.

**Results.** Surveys were sent to 51 candidates, 24 (47%) responded; 8 (33%) from Palliative care and 16 (67%) from ID. All candidates felt that they had a good sense about the programs and enough information to make a decision for ranking. Most candidates felt that they conveyed themselves well (71%) to very well (25%) during interview except one person who did not. 63% of candidates felt that the process was seamless, although 3 (12.5%) mentioned technical difficulties during the interviews. While 79% felt that the time spent on the interview was about right, 16% of candidates felt that interviews were too long and 1 person felt that it was too short. Cost-saving was the top advantage of the virtual interview with time-saving second. Interestingly, ability to interview at more programs was not ranked as highly as an advantage. Despite these advantages, 19 of 24 (79%) of candidates would have preferred an in-person interview if it was available. Lack of personal interaction and inability to see the location were equally chosen to be the greatest disadvantages of the virtual process by most of the candidates.

**Conclusion.** Despite the challenges of the virtual interview process, our survey showed positive feedback from candidates regarding their experiences. The lack of social interaction and inability to explore the location were important, prompting 79% of candidates to prefer an in-person interview if that was an option. Many factors should be considered to ensure an equitable and comprehensive process where candidates and programs can make decisions to optimize outcomes.

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**951. Virtually the Same: Our Experience Teaching Abx Before and During the Pandemic**

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**Session:** P-54. Infectious Diseases Medical Education

**Background.** Understanding core principles of empiric antibiotic (abx) therapy is essential for abx stewardship. Pre-pandemic, the “Abx 101” workshop taught students an initial approach to empiric abx. Due to the pandemic, the session became virtual. We hypothesized that the face-to-face version (FTF) would be more effective and more positively reviewed by students compared to the virtual.

**Methods.** For the FTF, 3 faculty facilitated workshops of 50 3rd year medical students. The intro reviewed the typical microbiota of body areas (or common pathogens for community-acquired disease in sterile spaces). Student small groups were assigned a category of abx coverage (e.g. “MRSA drugs”), and completed a worksheet to identify abx in the assigned category from a reference list of abx. Groups taught back to the class (jigsaw technique) about abx for their respective categories. Next, faculty facilitated a large group discussion in which they matched initial abx therapy for each body area’s typical microbiome or pathogens. Finally, groups presented cases to the class and identified likely diagnosis, most likely organisms, and appropriate empiric abx to target those organisms. For the virtual version, the format was adapted for a 1 hour online interactive session with 1 MD facilitator, 20-25 students, and no breakout groups/jigsaw technique. The content was unchanged other than fewer cases.

**Results.** 26 of 140 (19%) students completed the survey (n=13 FTF, n=13 virtual). An independent-samples t-test compared FTF and virtual overall satisfaction scores. There were no significant differences in satisfaction from the FTF (M=8.54, SD=1.04) and virtual sessions (M=8.62, SD=1.94); t(24)=-.126, p=0.901. 100% of both groups rated the session as quite/extremely relevant to their training and 100% of respondents in both groups deemed the format of the sessions appropriate for the content. In the FTF group, 76% of respondents felt the session was quite/extremely effective for learning about abx spectra of activity, compared to 69% in the virtual group ( $\chi^2$  (1, N = 26) = .195, p = .658).

**Conclusion.** “Abx 101” was relevant, effective, and formatted well for learning about empiric abx, in FTF and virtual versions. These findings suggest that this curriculum is effective overall and adapts well for in-person and remote learning.

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**952. Validating a Novel Framework to Classify Inpatient Infectious Diseases Consultation Requests**

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**Session:** P-54. Infectious Diseases Medical Education

**Background.** Consistent classification of consult requests may lead to more efficient and collegial conversations about patient care, which could improve work satisfaction and enhance the learning environment. The authors propose a framework of 7 consultation types (Table 1). We aimed to obtain validity evidence for this rubric to consistently classify consultation requests.