

76%, 66.2%, and 50.7% programs, respectively. Residents were frequently involved in AS committees (97.2%), pharmacokinetic dosing of antimicrobials (83.1%), precepting pharmacy trainees (80.3%), and performing research projects (91.5%).

Conclusion. PGY-2 ID pharmacy residency programs in the United States demonstrated consistency in required adult ID consult, antimicrobial management activities, AS committee service, and teaching and research opportunities. Pediatric experiences were less common. PGY-2 ID residency programs prepare pharmacists to become antimicrobial stewards, particularly in adult patients.

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1332. West Coast Transplant ID Conferences, A Model for Building Community in ID Disciplines?

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Session: 143. Medical Education
Friday, October 5, 2018: 12:30 PM

Background. Transplant infectious diseases (TID) is a young and rapidly changing field. Providers need to make patient care decisions with limited clinical data. Challenges faced by TID providers may be different than others in their local ID community. We describe a model where TID faculty from six major transplant centers on the West Coast held periodic web-based conferences to discuss challenging cases and controversial topics in TID.

Methods. In 2011, faculty from six major transplant centers in the states of Washington, Oregon, and California began participating in web-based conferences. To assess impact, we distributed a 30-item survey generated in Qualtrics via email in Spring 2018. Participants were invited if they had ever attended one of the conferences. The survey collected quantitative and qualitative data on how the conferences changed clinical practice and helped build community. Data on conference topics was also collected.

Results. West Coast Transplant ID Conferences were held 12 times between 2011 and 2018 with TID topics covered including management of RSV, antifungal prophylaxis, CMV, and LTBI among others. Sixteen participants responded to the survey representing all six institutions. eight (50%) of respondents spent at least half of their time in the practice of TID. Six (37%) of respondents worked for <5 years and five (31%) reported working more than 10 years in TID. 56% of participants attended ≥4 conferences in the last 3 years. 93% of participants included trainees on the conference call. All respondents agreed or strongly agreed that the topics covered were relevant to their practice. 87.5% felt that the calls generate consensus about difficult or controversial topics. 62.5% reported that they had changed their practice because of the conferences. Only 1 respondent reported that they collaborated on research because of the conference. 100% agreed or strongly agreed that the conferences build a sense of community within TID.

Conclusion. Given improvements in web-based technologies, a community of practice can be easily created despite geographic distance allowing for TID providers to discuss relevant topics that impact practice and enhance sense of community. This model could be reproduced in other areas of infectious diseases.

Disclosures. All authors: No reported disclosures.

1333. Developing an Educational Tool to Improve Housestaff Knowledge, Attitudes, and Behavior in Managing Common Infectious Diseases

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Background. Improving internal medicine (IM) trainees skills in managing common infectious diseases is essential to their development as competent physicians. We currently lack quantitative data of the knowledge and attitudes of IM housestaff

regarding their management of common infectious diseases. We applied the knowledge, attitude, and behavior model to a pre-intervention survey aimed to uncover housestaff knowledge gaps and discomfort in managing several of the most commonly encountered infectious diseases at our institution. Using this information, we plan to develop a targeted post-survey intervention to increase self-efficacy and improve antimicrobial prescription practices among trainees.

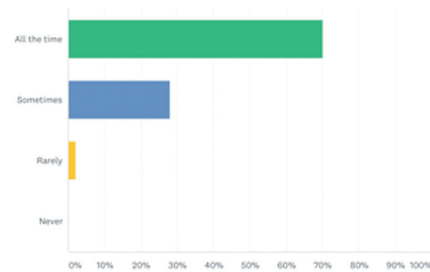
Methods. Survey questions were based on Infectious Disease Society of America (IDSA) guidelines and developed using an iterative process involving interviews of infectious disease physicians and IM housestaff. We chose to focus on cystitis, pneumonia, and skin and soft-tissue infections. The anonymous survey tool was developed using a secure, online platform, and distributed in January 2018. Participation was voluntary and no remuneration for participation was offered.

Results. Out of 165 survey recipients, 50 trainees (30%) responded. Fifty-eight percent of trainees stated that they possessed only an average level of knowledge regarding the management of cystitis, pneumonia, and cellulitis. While 98% of housestaff confirmed that they utilized additional resources for information, only 24% felt routinely comfortable making decisions without an infectious disease consultation. Ninety-six percent of trainees felt that an institution-specific guide describing the management of common infectious diseases would be highly beneficial.

Conclusion. Trainees still lack the knowledge and confidence to make decisions regarding the empiric management of cystitis, pneumonia, and skin and soft-tissue infections at our academic medical center. There is a strong desire for an institution-specific educational resource to provide guidance for these decisions. Increasing trainee self-efficacy and improving their antimicrobial prescription practice patterns should be an educational priority.

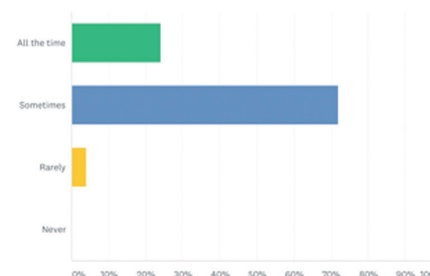
When additional information is necessary for the management of common infectious diseases, I consult electronic/paper resources as the next step

Answered: 50 Skipped: 0



After examining additional electronic/paper resources, I feel comfortable in applying that information to my patient before consultation with infectious disease:

Answered: 50 Skipped: 0



Disclosures. All authors: No reported disclosures.