

	2018 Mentors*, N (%)	2019 Mentors*, N (%)	2020 Mentors, N (%)
Believe that session was very helpful to mentee			
Strongly Agree	6 (40)	6 (40)	5 (25)
Agree	9 (60)	7 (47)	10 (50)
Neutral	0	2 (13)	4 (20)
Disagree	0	0	1 (5)
Believe that I provided useful career advice to mentee			
Strongly Agree	6 (50)	10 (67)	5 (25)
Agree	5 (42)	4 (27)	11 (55)
Neutral	1 (8)	1 (7)	3 (15)
Disagree	0	0	1 (5)
Very satisfied with experience			
Strongly Agree	7 (64)	7 (63)	11 (55)
Agree	4 (36)	3 (27)	5 (25)
Neutral	0	1	2 (10)
Disagree	0	0	2 (10)
Would like to participate in program next year			
Strongly Agree	7 (64)	8 (73)	11 (55)
Agree	4 (36)	2 (18)	7 (35)
Neutral	0	0	1 (5)
Disagree	0	1 (9)	1 (5)

* some mentors had more than one mentee

Table 2. Post-session mentor survey responses across 2 in-person years (2018, 2019) compared to the virtual mentoring program (2020)

	2020 Mentees, N (%)	2020 Mentors, N (%)
Ability to connect with mentor/mentee was similar to what I would expect from an in-person interaction		
Strongly Agree	7 (41)	5 (25)
Agree	8 (47)	7 (35)
Neutral	1 (6)	5 (25)
Disagree	1 (6)	1 (5)
Strongly Disagree	0	2 (10)
Virtual platform impacted the effectiveness of my experience		
Very positively	6 (35)	1 (5)
Positively	3 (18)	1 (5)
No impact	7 (41)	12 (60)
Negatively	1 (6)	5 (25)
Very negatively	0	1 (5)
Ability to schedule session outside of IDWeek was a positive aspect		
Strongly Agree	14 (82)	12 (60)
Agree	2 (12)	6 (30)
Neutral	1 (6)	1 (5)
Disagree	0	0
Strongly Disagree	0	1 (5)

Table 3. Experience of mentees and mentors with the 2020 virtual mentoring program

Conclusion. A virtual mentoring program for CEs was feasible and as effective for mentees as an in-person format. Some mentors felt that the virtual nature did negatively impact the experience although it had minimal negative impact on mentees.

Disclosures. David J. Riedel, MD, MPH, ¹Gilead (Advisor or Review Panel member) ²ViiV (Advisor or Review Panel member) Vera Luther, MD, Nothing to disclose Wendy Armstrong, MD, Nothing to disclose Brian Schwartz, MD, Nothing to disclose

86. Making the APPropriate Choice: Utilization of a Smartphone Application to Optimize Antimicrobial Decisions Among Internal Medicine Trainees

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Session: O-18. Improving Medical Education in Infectious Disease

Background. Use of an application (App) to shape antimicrobial stewardship (AS) practice is largely unknown. Walter Reed National Military Medical Center (WRNMC) is a tertiary military academic medical center where 2020 AS guidelines transitioned to a mobile App platform. This project aimed to determine barriers to AS and the impact of an App combined with educational sessions (ES) on Internal Medicine (IM) trainee prescribing practices for common Infectious Diseases (ID) syndromes.

Methods. After an orientation, participants completed a pre-intervention survey. Once weekly ES reinforcing App content was implemented over 12 weeks after which a post-intervention survey was completed. Each weekly session covered a specific ID syndrome. Survey data was analyzed using SPSS Version 27 with paired t-test.

Results. Amongst 81 IM trainees, 59 (73%) completed both pre- and post-intervention surveys, of whom 39% were PGY1, 31% PGY2, and 27% PGY3. Common AS barriers included lack of knowledge, deference to seniority, established habits, and time needed to make an informed decision. The App and ES improved performance of an antimicrobial timeout (78%), IV to PO switch (61%), therapy de-escalation (56%), and antibiotic knowledge (68%) with 90% of trainees reporting increased access. Weekly ES led to 75% reporting it had at least a moderate impact on learning. Across all ID syndromes, each PGY year reported increased confidence in management post-intervention (P< 0.001) but PGY1s in particular saw the largest gain in confidence with antibiotic, febrile neutropenia, and hospital/ventilator acquired pneumonia categories. Usage of the App increased from 42% to 90% after the intervention, and 95% modified their prescribing practice based on the App. The most common barrier to App usage was forgetting to use the App.

Conclusion. Utilization of an App combined with ES improved multiple domains of AS practice among IM trainees leading to a modification in antimicrobial prescribing practice in the vast majority of participants. PGY1 trainees in particular may see a large benefit which supports implementation of AS training early in the academic year. This model can be used to build a sustainable AS trainee curriculum augmenting the learning and management of common ID syndromes.

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87. Infectious Disease Diversity, Equity, and Antiracism (ID2EA): A Dedicated Curriculum for Infectious Disease Professionals

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Session: O-18. Improving Medical Education in Infectious Disease

Background. Systemic bias in the health care system has adverse effects on health outcomes. Educational programs examining the relationship between structural racism and health inequities are needed to translate knowledge into equitable care. The Yale School of Medicine Infectious Disease (ID) Section designed and piloted an innovative *Infectious Disease Diversity, Equity, and Anti-Racism (ID2EA)* curriculum to better understand and confront these issues.

Methods. The ID Section collaborated with pedagogical experts to create a curriculum. A baseline survey of ID faculty and trainees was used to gauge relevant knowledge, attitudes, skills, and topics of interest to participants. The curriculum was designed as a "roadmap" of interactive sessions ("roadmap stops") focused on topics identified by respondents. Evaluations were performed after events to guide curriculum development and monitor its acceptance and effectiveness.

Results. All respondents (n=28) to the baseline survey agreed that discussion of race and ethnicity should be integrated into medical training. Most respondents (96%) had experience or knowledge of racial microaggressions in the workplace. Fewer (75%) felt comfortable talking to patients about race and only 68% felt confident teaching learners how to decrease bias in care. The survey identified topics of highest priority to participants, including building trust with patients (75%), providing racially sensitive care (68%) and establishing dialogue with community members (57%). Roadmap stops were constructed based on these priorities, with sessions on race-based medical experimentation and inequities, racial segregation and its impact on health, medical mistrust, and a skill building session on improving patient-centered communication. On follow-up surveys (n=18-28), most participants (93%) saw the sessions as a valuable way to spend time and the majority (91%) reported an impact on their understanding of racism in healthcare; specific changes in thinking were qualitatively coded.

Figure 1. Perceptions of Racism in Healthcare

A subset of findings from the baseline survey (N=28) indicating participants' level of agreement with statements regarding racism in healthcare (Bright & Nokes, 2019). These responses helped shape curriculum offerings.

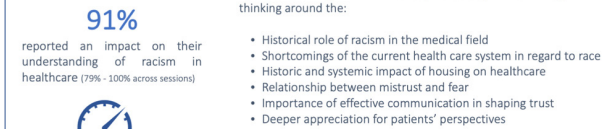


Table 1. Top five programs and events participants would like prioritized in the ID2EA roadmap over the coming year (Baseline data set, N=28).

	High Priority	Moderate Priority	Lower Priority
Training for building trust between medical staff and patients	75%	14%	11%
Training for incorporating racial sensitivity into providing patient care and research	68%	14%	18%
Dialogue with cultural ambassadors, community liaisons, to deepen understanding of other perspectives	57%	32%	11%
Data and research to inform decision-making about enrollment in clinical trials	57%	32%	11%
Education about how racism in New Haven and how the local historical context has resulted in health disparities and health care inequities	54%	39%	7%

Figure 2. Impact of Curriculum on Understanding

Qualitative coding of attendee's responses emphasized changes in thinking around the:



Conclusion. Our findings demonstrate the positive impact of a curriculum to help understand racism and inequities in medicine. Building and implementing a diversity, inclusion, and anti-racism curriculum in ID sections is feasible, beneficial, and valued.

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88. Review of nursing home antibiotic stewardship citation deficiencies to identify opportunities to improve antibiotic stewardship implementation, 2018-2019

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