

week, 85.7% (18/21) of students strongly agreed or agreed that small group presentations successfully enabled synthesis of new and emerging data. Among the 29 enrolled students, 82.8% (24/29) of students completed final course evaluations, with 87.5% (21/24) agreeing that the learning activities “usually” or “always” helped meet the learning objectives identified at the beginning of the course. The course was rated as “excellent” or “very good” by 83.3% (20/24) of students.

Conclusion. Lessons learned include providing students with increased direction on critically reviewing peer presentations and imparting guidance on best practices for data synthesis. This course model will be disseminated throughout our institution and beyond to address challenges in remote learning and to serve as a paradigm during future health crises.

Disclosures. All Authors: No reported disclosures

1126. Learner Driven Call Center to increase Convalescent Plasma Donation in COVID-19

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Session: P-50. Infectious Diseases Medical Education

Background. Convalescent plasma (CP) may be obtained from patients who have recovered from the novel coronavirus disease, COVID-19, caused by the virus SARS-CoV-2. Although not FDA approved, preliminary data suggests patients who receive convalescent plasma from recovered donors may have shortened recovery time and symptom reduction. The purpose of the study is to detail learner recruitment of convalescent plasma donation (CPD) for treating hospitalized COVID-19 patients.

Methods. Prisma Health Midlands formed a multidisciplinary CP donation team, consisting of seven COVID-19-certified pharmacy learner volunteers, two pharmacists, and two providers. Primary eligibility criteria were SARS-CoV-2 polymerase chain reaction (PCR) positivity at least 28 days prior to donation and asymptomatic for a minimum of 14 days. Donors were excluded based on FDA guidelines for CPD, limiting ineligible contact. Team learners were trained on call techniques and subsequently contacted, educated, and requested candidates donate through this program. Willing donors were then linked to The Blood Connection to circulate CP back into the Prisma Health System, creating a self-sustaining and closed-loop donation cycle.

Results. In total, 253 recovered adult patients with positive SARS-CoV-2 PCR test results were evaluated. 195 patients met baseline inclusion criteria for contact. This prescreen reduced call and travel time for ineligible candidates. 108 patients were successfully reached. Of the 108, n=79 (73.14%) accepted referral to The Blood Connection, and n=29 (26.85%) were no longer candidates primarily due to patient communicated new exclusionary factors, such as active COVID-19 symptoms. The program allowed for rapid, internal access to CP for patients hospitalized with COVID-19 at Prisma Health Midlands.

Conclusion. Interest and awareness in COVID-19 CPD was successfully increased upon direct communication from the team and was felt to represent a personnel intense but successful model for recruiting potential CP donors. This program educated and utilized learners during this pandemic to enhance Prisma Health's ability to obtain CP for hospitalized patients using a closed system.

Disclosures. All Authors: No reported disclosures

1127. Medical School in the Era of COVID-19: Innovations in Direct Near Peer Teaching of Immunology/Microbiology Content During the Pandemic

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Session: P-50. Infectious Diseases Medical Education

Background. Near-peer teaching (NPT) is increasingly utilized in undergraduate medical education. At our institution's NPT program, teachers are recruited and trained in the final block of their first year, involving simultaneous learning and teaching of Immunology and Microbiology content to classmates. This year, in-person training and teaching was conducted virtually due to COVID-19. This study aims to understand how NPT in a newly virtual curriculum impacted student experiences of learning infectious disease content.

Methods. We conducted one-on-one interviews with student-learners and direct-peer student-teachers at the end of their first year in June 2020. Using constructivist grounded theory, we coded, reconciled, and analyzed interview transcripts to identify themes.

Results. Qualitative analysis of interviews with students (n=5) and near-peer teachers (n=7) yielded the following themes:

1. **Optimized learning environment:** Direct peer teaching leads to students feeling more personally invested in their peers' lessons and wellbeing, creating a safe community and increased engagement despite the virtual format and recordings.

2. **Benefits of education technology:** Teachers employed creative virtual learning modalities to promote students' mastery of challenging memorization-based microbiology content.

3. **COVID-19 relevance:** Learning microbiology and immunology content synchronously with the COVID pandemic conferred more content relevance, but presented academic challenges due to social and personal stressors.

4. **Educator development:** Despite the difficulty of occupying a dual student-teacher role, teachers derived many benefits from teaching, including improved communication skills, which extended to the clinic, content mastery, and increased confidence.

Conclusion. The COVID-19 pandemic led to unprecedented disruptions in medical education. However, the shift to virtual direct peer teaching presented an opportunity for creative virtual teaching strategies and increased lesson accessibility via recordings. Unexpectedly, virtual lessons were perceived as non-inferior to in-person lessons. Findings from this study support the use of virtual near-peer teaching programs in infectious diseases medical education.

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1128. Online Spaced Education to Teach Microbiology to Medical Students in a Threaded Medical School Curriculum

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Session: P-50. Infectious Diseases Medical Education

Background. A strong foundation in microbiology continues to be essential for physicians-in-training. Little research exists examining pre-clinical microbiology education in undergraduate medical education (UME) curricular structures. Further, no study has evaluated the use of a spaced repetition model for pre-clinical UME students studying microbiology in a threaded curriculum.

Methods. We conducted a prospective cohort design study and enrolled 81 out of 154 (53%) first-year medical students at Oregon Health & Science University from August 2018 through December 2019. The first 18 months of the UME curriculum is organized by organ system blocks with end-of-block exams including retired National Board of Medical Examiner (NBME) questions. Participants were invited to complete 10 microbiology questions using the spaced practice online platform QSTREAM weekly. Performance between participants and non-participants on end of block NBME exams were compared using t-tests for categorical variables.

Results. At the conclusion of the study, 42.5% of participants were “very active” (questions in < 2 days), 7.5% of participants were “active” (questions in 3-7 days), and 50.0% of participants were “inactive” (questions in >7 days). Student performance on second-pass questions improved by 41%, and NBME end-of-block exams demonstrated improved performance in each block compared to non-participants. Specifically, performance in the Skin, Bones, and Musculature end-of-block exam and Developing Human end-of-block exam was significantly (p=0.0001, 0.008, respectively) improved, and study participants outperformed non-participants on topics practiced in the study.

Conclusion. As more medical schools move to a threaded curriculum, with many of these programs proposing fewer contact hours, innovative methods targeting microbiology education should be explored for pre-clinical medical students. Online spaced practice in a threaded curriculum could provide a feasible and acceptable pedagogical technique for UME and add to the discourse around microbiology curriculum development. With initial start-up costs, sustaining such a program across medical school curricula is an inexpensive, innovative, technologically-savvy approach to medical education.

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1129. Optimizing Feedback Strategies on the Infectious Diseases Inpatient Service

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Session: P-50. Infectious Diseases Medical Education

Background. Timely, efficient, and effective feedback strategies are crucial for enhancing faculty-trainee communication and trainee education. Here we describe attitudes, practices, and perceived behaviors regarding giving feedback to medical trainees rotating on Infectious Diseases (ID) inpatient consult services.

Methods. An anonymous survey on feedback strategies was distributed to our adult ID Section in February 2020 as part of a facilitated discussion on optimizing trainee clinical education.

Results. Twenty-six ID Section members completed the survey (18 faculty, 8 trainees). Most trainees (62.5%) and faculty (66.7%) felt that trainees are “sometimes” comfortable voicing concerns to faculty; however, no trainees but 11.1% of faculty indicated that trainees are “always” comfortable voicing concerns to faculty. Most trainees (87.5%) felt that conversations about team expectations occur “sometimes” or “often.” In contrast, most faculty (72.2%) felt that these conversations “always” occur. Although most faculty felt that both informal (94.4%) and formal (83.3%) feedback should be given to trainees, 22.2% of faculty responded that they do not explicitly use the term “feedback” when discussing feedback with a trainee. No trainees and 22.2% of faculty indicated that they utilize a feedback tool. Regarding quantity of feedback trainees perceive they receive from faculty, 37.5% of trainees felt they needed more feedback while 50% felt they received adequate feedback. Most faculty (88.9%) responded that they encourage trainees to give feedback to faculty, although most trainees (62.5%) responded “sometimes” regarding how comfortable they feel doing so.

Conclusion. In summary, we found differences between faculty and trainees regarding two important aspects of medical education: setting expectations and providing feedback. While most faculty feel that conversations regarding these topics occur invariably, trainees do not always share this perception. Trainees felt less comfortable voicing concerns and giving feedback to faculty than faculty perceived them to be. Overall, the data suggest that there is room for improvement to ensure that trainees and faculty are operating from a shared mental model regarding setting team expectations and providing/receiving feedback.

Disclosures. All Authors: No reported disclosures

1130. Optimizing Use of COVID-19 Personal Protective Equipment among Resident Physicians at a Veterans Affairs Hospital

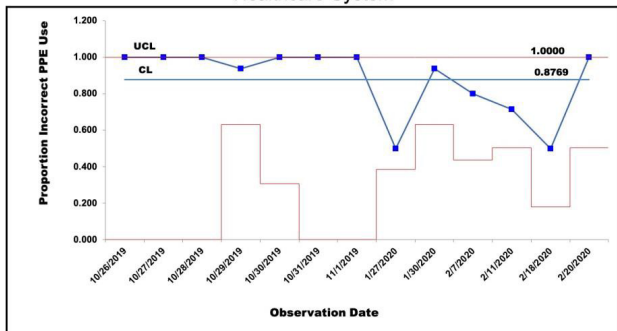
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Session: P-50. Infectious Diseases Medical Education

Background. Correct personal protective equipment (PPE) use is key to prevent infection. Observations on a single unit at the Veterans Affairs (VA) Tennessee Valley Healthcare System (TVHS) prior to COVID-19 (October 2019-February 2020) showed low rates of correct PPE use among healthcare workers (HCWs) (Figure 1). In response to the COVID-19 epidemic, the VA implemented new PPE protocols. Based on our initial observations, we were concerned that incorrect use of PPE may increase the risk of COVID-19 exposure among HCWs. Resident physicians, who work at many sites, may be at high-risk for incorrect PPE use due to rapid turnover and limited site-specific PPE training. We aimed to assess and improve COVID-19 PPE use among internal medicine residents rotating at the VA TVHS.

Figure 1: Pre-COVID-19 Observations of Adherence to Contact Precaution Protocols at the Veterans Affairs Tennessee Valley Healthcare System

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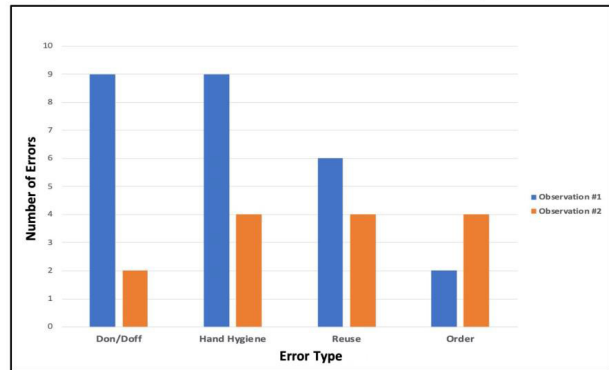
This P-Chart shows the proportion of observations in which PPE was not donned or doffed correctly. Observations were considered correct if all steps were performed in correct order and incorrect if any steps were missed or performed out of order. Upper control limit (UCL), control limit (CL), and lower control limits (LCL) were calculated by QI Macros Version 2019.01.

Methods. We used the plan, do, study, act (PDSA) model. Prior to starting VA rotations, residents were emailed PPE education to review. We implemented a 1-hour video conference PPE protocol review at rotation start followed by in-person PPE use evaluations for residents performed by infectious diseases fellows on day 2 and day 5-6 post-review to provide just-in-time educational intervention. Errors at each PPE don/doff step were tracked. Correct PPE use data from both observations were compared using McNemar's test. Baseline and post-implementation resident surveys assessed PPE use knowledge and comfort.

Results. Pre-implementation survey response rate was 72% (21/29); 19/21 (91%) reported knowing which PPE to use and 16/21 (76%) reported knowing how to safely don/doff PPE. Twenty of 29 (69%) residents completed both observations. Errors decreased by 55% (p=0.0045) from 17/20 (85%) to 6/20 (30%) between initial and follow up observations. Errors in hand hygiene, inclusion of all donning/doffing steps, and PPE reuse decreased, but PPE don/doff order errors increased (Figure 2). Post-project survey response rate was 16/29 (55%). All 16 reported knowing which PPE to use and how to safely don/doff PPE, and 11/16 (69%) residents felt both online and in-person interventions were helpful.

Figure 2: COVID-19 PPE Errors and Correction Types by Observation

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COVID-19 PPE procedure includes hand hygiene, donning of gown, gloves, and either N95 plus face shield or CAPR, followed by doffing of gown and gloves, hand hygiene, cleaning and storage of masks and face shields or CAPR for reuse, and terminal hand hygiene. Errors in PPE selection were considered don/doff, any missed hand hygiene step was counted as a hand hygiene error, reuse errors were counted if PPE was improperly cleaned or stored, and order errors were counted if any steps were omitted or out of sequence.

Conclusion. Correct COVID-19 PPE use is essential to protect HCWs and patients. Just-in-time education intervention for PPE training may yield higher correct use compared to pre-recorded or online training.

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1131. Point-of-Care Interactive Decision Support Tool Demonstrates Discordance Between Healthcare Practitioner Approaches and AASLD Guideline Recommendations in the Management of HBV Infection

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Session: P-50. Infectious Diseases Medical Education

Background. The AASLD HBV management guidelines were updated in 2018 to include new recommendations. Patient variables that inform HBV treatment candidacy and treatment selection are complex and interconnected. To aid healthcare practitioners (HCPs) in aligning management decisions with practice guidance, we developed a Web- and app-based decision support tool, Hep B Consult.

Methods. The tool enables users to specify a guideline (AASLD, EASL, or APASL) and prompts them to enter patient variables: HBV DNA/ALT levels, liver fibrosis, extrahepatic manifestations, family history of HCC or cirrhosis, pregnancy status, coinfection, and comorbidities. Users select their intended approach for the case, after which the tool displays guideline recommendations specific to that case. Cases entered from January 2019-April 2020 by users who specified AASLD guidance (N = 7106) were assessed.

Results. For 32.3% of cases, the user selected "unknown" for a variable necessary to reach a guideline recommendation (Fig 1). The information most often missing was the level of fibrosis/inflammation (unknown in 16.3% of cases). HCPs' intended management approach matched the guidelines in 61.3% of cases for which a guideline recommendation was possible (Fig 2; n = 3742). Cases in which the HCP chose to monitor when treatment was indicated (11.6%) and those in which the HCP was unsure (12.2%) represented the largest discrepancies. Certain types of cases demonstrated higher discordance (Fig. 2). The intended approach did not match the guidelines for 49.2% of immune-tolerant cases (n = 128). We also identified patterns important for patient health. In 20.0% of cases with compensated cirrhosis or moderate/severe inflammation or fibrosis (n = 345) and 12.5% of cases with decompensated cirrhosis (n = 72), the HCP intended to monitor although treatment was indicated.

Figure 1. Recommendation outcomes of cases entered for AASLD guidance.

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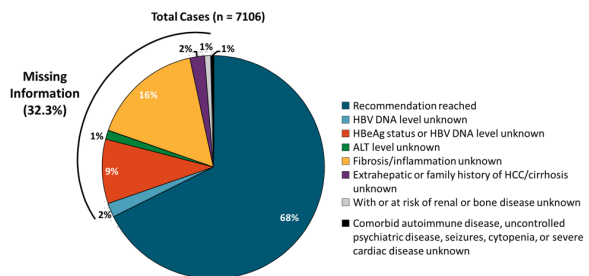


Figure 1. Total cases entered by users in which AASLD guidelines were chosen as the guideline recommendation.