

programs—both were interventions that made HIV into an intelligible cultural and biological entity that could be managed by the medical profession.

Conclusion. Using the HIV epidemic in San Francisco as a historical example, this project argues that formalizing narrative practices by setting aside time for journaling and verbal reflection in residency and fellowship training can build resilience and prevent burnout. Historical narratives of provider experience, like the oral histories collected in this project, may also be valuable in undergraduate medical education to generate discussion about professional ethics and the responsibilities of providers in an epidemic.

Disclosures. All authors: No reported disclosures.

1329. Beyond Reporting: Using an Accreditation Council for Graduate Medical Education (ACGME) Milestone-Linked Evaluation System to Improve Clinical Infectious Diseases Rotations for Baylor College of Medicine Internal Medicine (BCM IM) Residents

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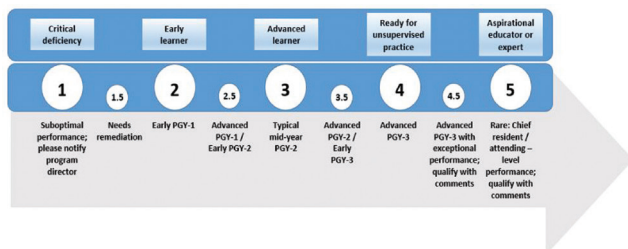
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Background. ACGME requires reporting of trainee performance on specialty-specific “milestones.” Online evaluation platforms facilitate reporting by linking evaluation questions to these milestones. Whether a milestone-linked evaluation system can be used to identify educational strengths and weaknesses within a training program has not been reported.

Methods. In 2016, the BCM IM residency program implemented a milestone-linked evaluation system to increase transparency to residents regarding educational goals and streamline milestone reporting. Residents are evaluated on rotation-specific educational objectives; scores range from 1 to 5 (Figure 1), or “not observed” if the skill was not observed during the rotation. Evaluation data from residents on infectious diseases (ID) rotations between 2016 and 2018 were analyzed to compare performance by post-graduate year (PGY) and to assess curricular strengths and deficiencies.

Results. Two hundred five inpatient and 43 ambulatory ID rotation evaluations were analyzed. In the inpatient setting, mean scores for PGY-1, -2, and -3 trainees were 2.62, 3.06, and 3.88. Residents scored highly on communicating consult recommendations and collecting data from the health record. Residents received lower scores on identifying infections associated with immune deficiencies and in knowledge of antimicrobial spectrum/indications. In the ambulatory setting, mean scores for PGY-2 and -3 trainees were 3.44 and 3.61. Relative to the inpatient setting, more objectives on ambulatory rotations were rated as “not observed.” Objectives with high rates of “not observed” ratings included managing infections in returning travelers (70%); testing/treating latent tuberculosis (63%); interpreting viral hepatitis studies (31%); and managing sexually transmitted infections (25%).

Conclusion. Data from a milestone-linked evaluation system identified educational strengths and weaknesses of clinical ID experiences for internal medicine residents. Objectives with consistently low or “not observed” ratings may be judged as educational deficiencies, and should prompt modifications to the curriculum to provide increased clinical exposure and/or dedicated didactics to help residents develop these important skills.



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1330. Diagnosis and Management of NTM Lung Disease: Effect of Online Educational Interventions on Infectious Disease Specialist Knowledge

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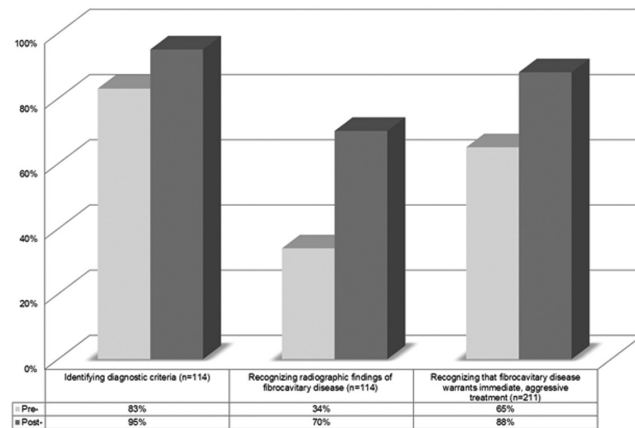
Background. Diagnosis and management of nontuberculous mycobacterial (NTM) lung disease is challenging for clinicians due to its rarity and the need for complicated, multidrug antibiotic regimens. The objective of this study was to determine whether online educational interventions can effectively address knowledge gaps among ID specialists regarding diagnosis and treatment of patients with NTM lung disease.

Methods. Two educational interventions, consisting of a text-based activity with interactive questions, and a video-based discussion between two experts, were developed and made available online. Educational impact of each intervention was assessed

using a 3-question repeated pairs pre-/post-assessment study design. Data from a sampling of learners were collected from September 11, 2017 through January 17, 2018. Statistical analyses included a paired (within-physician) two-tailed t-test and McNemar's χ^2 statistic, with Cramer's V to determine the overall effect of each intervention.

Results. Overall, a total of 1,273 ID specialist learners participated in the two activities from launch through April 30, 2018. Analysis demonstrated a significant improvement ($P < 0.05$) in overall knowledge with considerable educational impact ($V = 0.195$ and 0.259). Improvements in specific areas included (figure). Despite gains in knowledge, additional gaps were also identified: (1) Regarding treatment of *M. abscessus* lung disease, 18% were unable to discern between guideline recommended therapies for *M. abscessus* and MAC complex NTM, and an additional 14% would treat with a less aggressive, noncurative regimen ($n = 211$), and (2) regarding treatment of fibrocavitary MAC complex NTM; nearly one-third (31%) would treat with a thrice-weekly regimen, despite an indication for a daily regimen ($n = 114$).

Conclusion. Participation in interactive text-based as well as video-based activities improved the ability of ID specialists to make evidence-based decisions in the care of NTM lung disease. The findings also uncovered educational needs that warrant further education in selecting appropriate therapeutic regimens particularly in cases where aggressive therapy is indicated.



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1331. Learning Experiences Within Infectious Diseases Pharmacy Residency Programs Demonstrate High Degrees of Consistency

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Background. Pharmacists with residency training in infectious diseases (ID) optimize antimicrobial therapy outcomes in patients and support antimicrobial stewardship programs. The purpose of this study was to describe the learning experiences currently being offered in post-graduate year-2 (PGY-2) ID pharmacy residency programs.

Methods. A 19-item, cross-sectional, multi-centered, electronic survey was distributed via e-mail to pharmacy residency program directors (RPDs) of all 101 accredited and nonaccredited PGY-2 ID residency programs in the United States. Programs were identified via the ASHP, ACCP, and SIDP residency directories. Program characteristics inquired via the survey included required and elective learning experiences, research and teaching opportunities, and ID-related committee involvement.

Results. Survey responses were collected from 71 RPDs (70.3%). Most programs were associated with an academic medical center (64.8%), focused primarily in adult ID (97.2%), and accepted one resident per year (91.6%). Forty-eight (67.6%) institutions also offered an ID physician fellowship program. Microbiology laboratory, adult antimicrobial stewardship (AS), and adult ID consult learning experiences were required in 98.6% of residency programs. Only 28.2% of responding programs required pediatric AS and pediatric ID consult rotations. Greater than 90% of RPDs reported that the resident managed bone and joint, lower respiratory tract, sepsis, urologic, and skin and soft-tissue infections at least once weekly. Travel medicine, parasitic infections, hepatitis B, and hepatitis C were either rarely or never encountered by the resident in 77.5%,