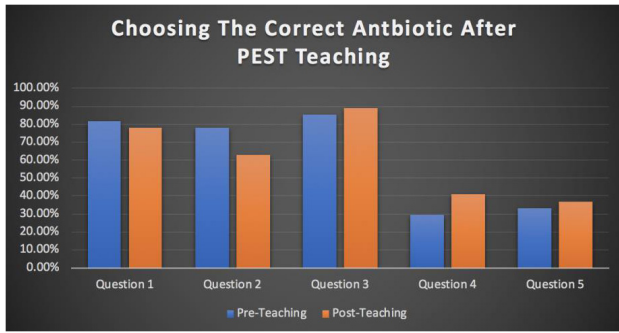


Figure 4 – Choosing The Correct Antibiotic After PEST Teaching



Conclusion. Our results showed fidelity in using the PEST approach to improve therapeutic reasoning after a teaching session, but the method did little to improve antibiotic selection. Perhaps antibiotic selection requires greater clinical experience in order to provide a narrower or more optimal spectrum of coverage. Interestingly, some interns used select “PEST” concepts prior to the intervention suggesting that the PEST approach may solidify prior knowledge or clinical reasoning skills. Continued incorporation of the PEST approach using a case-based framework may solidify conceptual and practical knowledge of antimicrobial selection.

Disclosures. All Authors: No reported disclosures

1136. Trends in Speaker Representation at the Infectious Diseases Society of America (IDSA) IDWeek Conference, 2013-2019

Jasmine R. Marcelin, MD¹; Rohan Khazanchi, BA²; Elizabeth Lyden, MS¹; Kelly Cawcutt, MD, MS¹; Ravina Kullar, PharmD, MPH, FIDSA³; Ravina Kullar, PharmD, MPH, FIDSA³; Nipunie S. Rajapakse, MD⁴; David R. Ha, PharmD, BCIDP⁵; Elizabeth H. Ristagno, MD, MSc⁴; ¹University of Nebraska Medical Center, Omaha, Nebraska; ²College of Medicine, University of Nebraska Medical Center, Omaha, NE; ³Doctor Research, LLC, Santa Monica, California; ⁴Mayo Clinic, Rochester, MN; ⁵Stanford Antimicrobial Safety and Sustainability Program, Stanford, California

Session: P-50. Infectious Diseases Medical Education

Background. Over the last decade, there have been sustained efforts to diversify the healthcare workforce. In 2016, the IDWeek Program Committee was charged to ensure gender equity in speaker sessions. Whether this intervention also resulted in more opportunities for underrepresented speakers has not been determined.

Methods. This project was supported by IDSA, who provided demographic information on IDWeek speakers (excluding poster sessions) from 2013-2019. Data were summarized using descriptive statistics, and chi-square analysis evaluated changes over time. Each speaker slot was considered an independent event. Data was combined for 2013-2016 (≤ 2016) and 2017-2019 (> 2016). IDSA membership demographics were available from 2014 for gender, race/ethnicity, from 2016 for age, and from 2018 for professional degree.

Results. A total of 3640 speaker slots were filled by 2504 individuals from 2013-2019. A larger proportion of speaker slots were filled by women > 2016 (51% vs ≤ 2016 (43%)), with a linear increase from 38.6% in 2013 to 52.1% in 2019 ($p < 0.001$). Averaged across 2013-2019, IDSA membership was 67.5% White, 20.6% Asian, 7.7% Latinx, 3.9% Black, and 0.4% Other. IDWeek Speakers during that timeframe were 77.7% White, 13.9% Asian, 4.7% Latinx, 2.7% Black, and 1.0% Other; a larger proportion of slots were filled by Asian speakers > 2016 (16.3%) vs ≤ 2016 (12.8%) ($p = 0.005$). The proportion of pharmacist speakers increased over time; 5.1% of speakers in 2019 reflected IDSA pharmacist membership (5.4%). The proportion of individuals invited to speak more than once differed by age (19% in < 40 yo, 28% 40-49yo, 32% 50-59yo, and 22% > 60 yo; $p < 0.001$), and professional degree (28% physicians, 18% pharmacists, 9% other doctorates, and 7% non-doctorate speakers; $p < 0.001$).

Figure 1: Trends in Gender Distribution of IDWeek Speakers and IDSA Members, 2013-2019

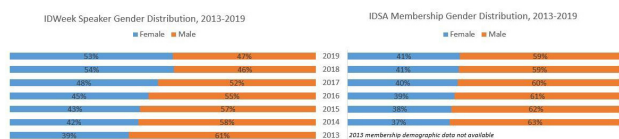
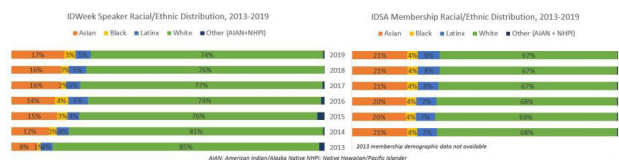


Figure 2: Trends in Race/Ethnicity Distribution of IDWeek Speakers and IDSA Members, 2013-2019



Conclusion. Intentional consideration of gender equity by the Program Committee significantly improved equitable gender representation of invited speakers

at IDWeek. This effort has *not* resulted in increased diversity of invited speakers from groups underrepresented in IDSA membership. To ensure that invited speakers represent the membership of IDSA/IDWeek partner organizations and more importantly, the communities we serve, we call for continued application of the principles of Inclusion, Diversity, Access, and Equity at IDWeek.

Disclosures. All Authors: No reported disclosures

1137. What Do We Know? Teaching Medical Students to Deal with Uncertainty as a Pandemic Unfolds

Margaret E. Bauer, PhD¹; Daniel Trujillo, PhD¹; Cameron Brown, n/a¹; Martiza Gomez, M.Ed.¹; Darrell Davidson, MD, PhD¹; Ryan F. Relich, PhD, D(ABMM), MLS(ASCP)CM SM(CM)¹; Bradley L. Allen, MD, PhD, FIDSA, FACP¹; ¹Indiana University School of Medicine, Indianapolis, Indiana

Session: P-50. Infectious Diseases Medical Education

Background. The global COVID-19 pandemic has had a major impact on medical student education. As the pandemic spread nationwide, numerous universities shut down with only days’ notice, and medical students were removed from all patient care settings and restricted from campuses. Yet, the need and curiosity of these future physicians to understand this new disease was great, including how to interpret and integrate rapidly evolving information on the underlying viral and immune mechanisms, pathophysiology, and epidemiology. Time students spent away from patient care settings presented an opportunity to rapidly develop and deliver new curriculum covering SARS-CoV-2 and COVID-19.

Methods. A team of students and faculty at Indiana University developed a Fundamentals of COVID-19 course that included up-to-date information on the virology, immunology, and pathophysiology of COVID-19. The course was delivered online, with both synchronous and asynchronous activities. Virology and immunology of the coronavirus family, including current knowledge to-date of SARS-CoV-2, were delivered using a series of readings and brief videos, followed by a small group exercise that required students to choose and present to their peers a paper from the scientific literature on COVID-19. A similar approach was used to deliver content about the pathophysiology of COVID-19. To place the COVID-19 experience in context of other pandemics, students researched and educated their small group cohort on another historical pandemic.

Results. To measure course effectiveness, we administered a pre-course survey gauging students’ self-confidence in their knowledge of these topics; the same survey was administered after completion of the course. Surveys from 645 (89% of enrolled) 3rd and 4th year medical students who completed both surveys were analyzed. Results showed that the course elicited a 57% increase ($p < 0.001$) in students’ confidence in their knowledge of COVID-19 virology and immunology and a 64% increase ($p < 0.001$) in knowledge of the pathophysiology.

Conclusion. Data showed that the asynchronous content and group activities were successful in engaging and educating the students on foundational knowledge of COVID-19 and were an effective approach to rapidly evolving information when faced with a novel disease.

Disclosures. All Authors: No reported disclosures

1138. Works Well Enough? Program Directors’ Perceptions of the Effectiveness and Transparency of Competency-Based Evaluations in Assessing Infectious Diseases Fellow Performance

Amy V. Dora, MD¹; Tara Vijayan, MD, MPH²; Christopher J. Graber, MD, MPH³; ¹University of California, Los Angeles, Los Angeles, California; ²UCLA David Geffen School of Medicine, Los Angeles, California; ³VA Greater Los Angeles Healthcare System/UCLA, Los Angeles, California

Session: P-50. Infectious Diseases Medical Education

Background. In July 2015, the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Internal Medicine (ABIM) jointly outlined an approach to assessing fellow performance using milestone-based core competencies for incorporation into standardized evaluation templates of trainee performance. Limited data exist regarding the clarity, effectiveness, and reproducibility of competency-based evaluations of infectious diseases fellows.

Methods. From March to May 2019, program directors of ACGME-accredited infectious diseases fellowship programs were invited to complete a Qualtrics-based survey of program characteristics and evaluation methods, including a trainee vignette to gauge evaluation reproducibility. Completed surveys were analyzed with descriptive statistics.

Results. Forty-three program directors initiated the survey, but 29 completed it. Seventeen (59%) were men, 19 (66%) were on a teaching service for over 8 weeks a year, and 19 (66%) had fewer than four first year fellows in their program. Most respondents agreed the competencies lacking the most clarity were systems-based practice (17/29, 58%), and practice based improvement (16/29, 55%). Eighteen (62%) were at least “somewhat satisfied” with their institution’s assessment tool, and 19 (66%) reported it was at least “moderately effective” in identifying academic deficiencies. Responses rating fellow performance from the vignette ranged from 1.5 to 4 on the standard milestone-based competency scale of 1-5 with 0.5 increments (median 3). For the same scenario using a qualitative ordinal scale, 66% (19/29) categorized the fellow as “early first year” and 34% (9/29) as “advanced first year.” Respondents offered a wide range of comments on milestone-based competencies, including “it works well enough” and “the process seems bloated and educratic.”

Conclusion. Clarity is needed on how to evaluate specific core competencies in infectious diseases, particularly systems-based practice and practice-based