

**Results.** The survey included 107 individuals (61.1%, 175 potential participants). The median postgraduate years of education were four (interquartile range: 2-5), and 64.5% were men ( $n = 69$ ). Seven key elements for consultants were identified and termed Willing CONSULT. These included (1) willingness (willingness to accept consultation requests), (2) contact (easy access to consultants), (3) needs (consideration of consultants' needs), (4) suggestions and support (providing clear recommendations and suggestions, following up on the patients, and supporting the consultants continuously), (5) urgency (considering the situation's urgency and responding appropriately), (6) learning opportunities (providing teaching points), and (7) text (writing medical records appropriately and quickly) (Figure 2).

### Willing CONSULT for consultants

- Willingness**  
Willing to accept consultation requests/communicate with the consultants courteously/no emotional fluctuations
- Urgency**  
Consider the urgency of the situation and respond appropriately
- Contact**  
Easy access to consultants/connected by telephone when requesting a consultation/easy to ask questions
- Learning opportunities**  
Provide teaching points/provide feedback on the presentation/share the thoughts leading up to the recommendation/cite the literature
- Needs**  
Consider the needs of the consultants and have an open discussion
- Text**  
Write the medical records in a way that is easy for non-professionals to understand/write the medical records quickly
- Suggestions/Support**  
Provide clear recommendations and suggestions/follow up the patients, and support the consultants continuously

**Conclusion.** We propose Willing CONSULT, which are important skills and attitudes for consultants.

**Disclosures.** All Authors: No reported disclosures

### 963. Antibiotic Talk on TikTok: An Opportunity for Patient Education?

Lauren R. Biehle, PharmD, BCPS<sup>1</sup>; Emma Evans, PharmD<sup>2</sup>; Aislinn O'Kane, PharmD Candidate<sup>1</sup>; <sup>1</sup>University of Wyoming, Laramie, Wyoming; <sup>2</sup>Department of Veterans Affairs, Corpus Christi, Texas

**Session:** P-54. Infectious Diseases Medical Education

**Background.** Antimicrobial resistance is increasing at an alarming rate. Patient education is a critical component of stewardship and many patients access resources online. TikTok is a video-sharing social media platform with 700 million monthly users and contains videos that discuss health information. The objective of this study was to evaluate antibiotic-themed TikTok videos for their validity and reliability.

**Methods.** In March 2021, a search on TikTok using the term "antibiotics" was performed and the top 300 consecutive videos were identified. Data collected included: number of likes, associated disease state, medications, educational aim, mention of COVID-19, and if performed by a healthcare professional (HCP). Non-English videos were excluded. The DISCERN score was used to evaluate all videos for reliability.

**Results.** The first 300 consecutive videos were assessed using the DISCERN score. Of the 300 videos, most ( $n=224$ ) were not created by HCPs (non-HCPs). The number of "likes" per video ranged from 1 like to 2 million likes with a mean of  $34,949 \pm 143,482$ . Videos produced by HCPs were significantly more valid and reliable (mean DISCERN score of 1.65 vs 1.17,  $p < .00001$ ) than non-HCPs. They were found to be more relevant ( $p < .00001$ ), have clearer aims ( $p < .00001$ ), and were more balanced/unbiased ( $p = .00188$ ). Videos created by HCPs were more likely to have an educational focus ( $p < .0001$ ). There was no difference between groups in clarity of sources utilized or risk/benefits discussed of each treatment. Across all videos, the most common disease states mentioned were urinary tract infection, skin and soft tissue infection, and upper respiratory tract infection. Natural products, penicillins, and sulfa antibiotics were the most commonly discussed medications.

**Conclusion.** Videos created by HCPs were significantly more valid and reliable than those created by non-HCPs. The videos created by HCPs were also more likely to have clear aims and be more relevant. However, the majority of the videos evaluated were created by non-HCPs. It may be beneficial for HCPs to provide TikTok videos that are valid and reliable for patient education.

**Disclosures.** All Authors: No reported disclosures

### 964. Impact of the COVID-19 Pandemic on Bedside Medical Education: A Mixed-Methods Study

Eva Clark, MD, PhD<sup>1</sup>; Jennifer Freytag, Advanced Post-Doctoral Fellow<sup>2</sup>; Sylvia J. Hysong, PhD<sup>1</sup>; Bich Dang, MD<sup>1</sup>; Thomas P. Giordano, MD, MPH<sup>1</sup>; Prathit A. Kulkarni, M.D.<sup>3</sup>; <sup>1</sup>Baylor College of Medicine, Houston, Texas; <sup>2</sup>Center for Innovations in Quality, Effectiveness, and Safety, Houston, Texas; <sup>3</sup>Baylor College of Medicine / Michael E. DeBakey VA Medical Center, Houston, TX

**Session:** P-54. Infectious Diseases Medical Education

**Background.** The COVID-19 pandemic obligated academic medical programs to substantially alter the traditional Internal Medicine (IM) rounding model to decrease risk of inpatient nosocomial viral transmission. Our study aimed to describe how IM rounding practices changed during the COVID-19 pandemic and to understand the impacts of these changes on medical education.

**Methods.** We conducted a two-phase, mixed-methods study of inpatient IM rounding team practices at a large academic hospital in Houston, TX. In the first phase (January-February 2021), we organized and audio-recorded 4 virtual (Zoom) focus groups. Each included 5-6 rounding team members, divided by: attendings; senior residents; interns; and medical and physician assistant students. In the second phase (March-May 2021), we performed 6 direct observations of IM teams during rounds. Two observers systematically recorded variables such as time spent on non-bedside versus bedside rounds, number of each team member type entering patient rooms for bedside teaching, and types of personal protective equipment (PPE) worn.

**Results.** Topics discussed during focus groups included comparisons of rounding team size, rounding duration, physical distancing and PPE use, bedside education, communication methods, and patient safety before and after March 2020. Perceptions of changes in each topic were generally consistent across groups (Table 1). Direct observation data showed that team rounding styles remained diverse in the proportion of rounding time spent in an office versus on the wards, and in the number and types of team members entering patient rooms. IM team members uniformly wore respiratory PPE when entering all patient rooms; use of eye protection varied. Teams spent more total time discussing patients with or suspected to have COVID-19 compared to patients without COVID-19 (median 24 min versus 13 min,  $p < .0001$ ).

**Table 1.** Summary of Focus Group Discussions Comparing Rounding Practices Before and After March 2020

Focus Group Participant Type	N	Rounding Team Size	Duration of Rounds	Physical Distancing	Bedside Education	Non-Bedside Didactic Education	Patient Communication	Patient Safety
Students	6	↓	↓	↑	↓	↓	↓	=
<p><b>Representative quotes:</b></p> <p>"It's harder to focus on remote rounds, it's often hard to hear, and sometimes it can be more challenging to ask questions. I think there's less of an emphasis on student teaching since students are often more excluded by being in a different location than the rest of the team."</p> <p>and</p> <p>"[As we go forward] rounding will retain some aspects; perhaps recognizing the efficiency of table rounding. I do not believe that rounding will retain its virtual platform, as that was not desirable by any members of the team as far as my experience showed."</p>								
Interns	5	↓	↓	↑	↓	↓	↓	↓
<p><b>Representative quotes:</b></p> <p>"Did I learn from others at the bedside? The answer is yes. But most of it was by observation. Yes, I did pick up a line or two that my attending used during [a goals of care] discussion. I did witness how my attending positioned a patient for a certain exam maneuver and adopted that. Things in that nature. So I did learn a lot at the bedside. I just never had formal bedside teaching."</p> <p>and</p> <p>"PPE puts a barrier up between patients and physicians, I had one patient who seemed to think I thought he was dirty or contaminated because I did not give him a high-five (although eventually I did) also makes communication harder, also we use the telephone more, especially with COVID- patients."</p>								
Residents	5	↓	↓	↑	↓	↓	↓	↓
<p><b>Representative quotes:</b></p> <p>"Some attendings 'table round' virtually then will bedside round with the split team... Definitely, for COVID patients or [patients under investigation], only the intern, attending, and maybe the upper level [resident] would go into the patient room."</p> <p>and</p> <p>"The practice and art of presenting the case in front of the patient has been very limited."</p>								
Attendings	5	↓	↓	↑	↓	↓	↓	=
<p><b>Representative quotes:</b></p> <p>"Less opportunity to identify non-verbal communication skills of team members."</p> <p>and</p> <p>"More use of electronic communication options will likely persist. It is more efficient and inclusive"</p>								

**Legend:** (↑) increased compared to before March 2020, (↓) decreased compared to before March 2020, (=) unchanged compared to before March 2020

**Conclusion.** Our results suggest that the COVID-19 pandemic adversely impacted bedside medical education, even into Spring of 2021. Conclusions from this study can be used to 1) address educational gaps related to COVID-19 pandemic-associated rounding changes and 2) create innovative methods of providing high-quality clinical education that will be minimally impacted by future respiratory virus pandemics.

**Disclosures.** Prathit A. Kulkarni, M.D., Vessel Health, Inc. (Grant/Research Support)

### 965. Advanced Practice Providers in Infectious Disease: Educational Needs and Opportunities.

Leah H. Yoke, PA-C, MCHS<sup>1</sup>; Alison M. Beiler, PA-C, MPAS<sup>2</sup>; Catherine Liu, MD<sup>3</sup>; Steven A. Pergam, MD, MPH<sup>3</sup>; Steven A. Pergam, MD, MPH<sup>3</sup>; Shireesha Dhanireddy, MD<sup>4</sup>; <sup>1</sup>University of Washington; Fred Hutch Cancer Research Center, Seattle, Washington; <sup>2</sup>Harborview Medical Center, Seattle, Washington; <sup>3</sup>Fred Hutchinson Cancer Research Center; University of Washington, Seattle, Washington; <sup>4</sup>University of Washington, Seattle, Washington

**Session:** P-54. Infectious Diseases Medical Education

**Background.** Advanced Practice Providers (APPs) practice throughout Infectious Disease (ID) in a variety of settings through interprofessional collaboration with physicians, pharmacists, and other team members. However, there is a paucity of specific and directed educational opportunities available for APPs within ID. In order to better understand this, we examined specific APP educational needs and how educational programs could provide high quality opportunities for APPs in ID.

**Methods.** Voluntary anonymous surveys were created in the REDCap data tool and distributed by email lists, social media, and Infectious Diseases Society of America community forums to APPs working in ID.

**Results.** Ninety-nine APPs responded to the survey (figure 1). 97% (96) of respondents were interested in APP specific ID educational opportunities. Of respondents, 76% (74) felt ID specific podcasts would be most helpful, while 86% (84) noted that access to ID clinical case conferences or self-directed, online modules would be instructive (figure 2). 91% (90) did not attend IDWeek annually due to various barriers, including lack of clinical coverage and cost associated with the conference (figure 3)