Students (CIS). HPV-related cancers are common in China and the HPV vaccine was only recently introduced to the Chinese population. CIS in the United States have low HPV vaccination rates upon arrival. Once these students become aware of the affordability and the accessibility of the vaccine, they often contact a provider to start the vaccination series. The HPV vaccine is available to all eligible students at the USC student health center and is free of charge to students with Aetna Student Health Insurance. We examined the impact of a peer-to-peer education program about HPV disease and vaccination amongst CIS and assessed the impact of the program via an analysis of HPV immunization rates amongst CIS.

Methods. The study was IRB approved. Mandarin-speaking USC students volunteered to serve as peer educators in response to an inquiry from academic advisors. 18 CIS were trained by MiOra as Immunization Community Health Educators (ICHE) on HPV disease and vaccination as well as sexually transmitted infections and prevention. CIS educated peers at tables set up throughout USC.

Results. Initial data from 100 CIS students who were surveyed and educated in April 2019 were analyzed. 59 out of 99 (59.6%) students reported that they have either received or are in the process of receiving the HPV vaccine. 93 out of 99 (93.9%) indicated "no knowledge" or "some knowledge" about HPV and HPV vaccine while only 6 students (6.1%) reported "a great deal of knowledge." 56 out of 99 (56.6%) thought that it is "unlikely" or "impossible" for them to acquire HPV. 92 out of 97 (94.9%) said they would be interested in getting vaccinated if it were free.

Conclusion. Many CIS have limited understanding of HPV risk factors and HPV vaccine; however, when informed, the majority of students indicated they would likely vaccinate if it was covered by insurance. Peer-to-peer education was very effective. Of the first 400 students educated, 80 visited the student health center. This is an ongoing project. We will continue to collect and report data on the impact of the peer-to-peer education and factors influencing.

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2532. Identifying Educational Needs and Improving Provider Knowledge Regarding the Management of Febrile Neutropenia

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Background. In a retrospective chart review of 211 first episodes of febrile neutropenia (FN) in in-patients with acute myelogenous leukemia evaluating rates of appropriate vs. inappropriate management, we identified frequent noncompliance with national guidelines for the management of FN. We utilized these data to develop an educational intervention targeting front-line providers.

Methods. Based on findings from our chart review, we developed and implemented an interactive, case-based didactic session for advanced practice providers (APPs) and medical students/residents rotating on hematology, targeting inappropriate antibiotic use. Pretest questions were embedded into the lecture, preceding content related to each learning objective. Lecture material included content from national guidelines, literature addressing misconceptions (e.g., vancomycin usage for persistent fever), and data from our institutional antibiogram (Figure 1). A post-test was given directly after the lecture to evaluate knowledge gained.

Results. Five inappropriate behaviors were identified (Figure 2): (1) changing empiric therapy despite clinical stability, (2) misunderstanding piperacillin/tazobactam's spectrum of activity, (3) inappropriate initiation of antibiotics active against resistant Gram-positive organisms; (4) failure to de-escalate therapy at 72 hours and (5) failure to add Gram-positive coverage when using aztreonam. Lectures were provided to 13 APPs and 17 medical students/residents over 6 sessions. An improvement in knowledge was noted for most learning objectives except for the third, for which misconceptions remained, especially regarding need for vancomycin in the setting of mucositis (Figures 3 and 4). Higher baseline knowledge was noted for medical students/residents than APPs. 93% of learners rated the lecture very/extremely helpful. Learners recommended future content focus on antifungal therapy.

Conclusion. We utilized local practice data to develop educational content for front-line providers. We will convert this lecture into a video-format to be incorporated into hematology rotations to reinforce key concepts. A prospective cohort study to evaluate the impact on prescribing behavior is underway.

Figure 1. Select Powerpoint Slides Demonstrating Lecture Material: Example Using Indications for Empiric Vancomycin

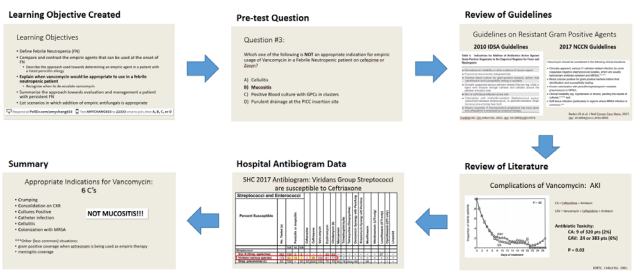
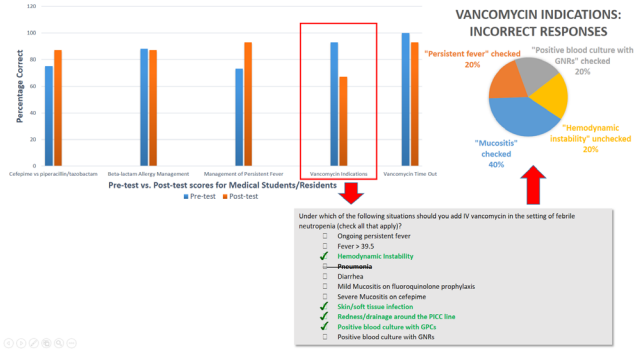


Figure 2. Identification of learning objectives: proportions of appropriate vs. inappropriate behavior

	Total (%)	Appropriate (%)	Inappropriate (%)
Number of patients with alteration of empiric agent at least once during admission	154 (73)	96 (45)	58 (27)
Switch to piperacillin/tazobactam	88 (42)	48 (23)	40 (19)
Switch to meropenem	91 (43)	70 (33)	21 (10)
Switch to cefepime	4 (2)	3 (1)	1 (0)
Addition of fluoroquinolone or aminoglycoside	36 (17)	34 (16)	2 (1)
Resistant gram positive agent use			
Initiation	160 (76)	124 (59)	36 (17)
Continued use at 72h	98 (46)	71 (34)	27 (13)
Aztreonam use	24 (11)	18 (8)	6 (3)

Figure 3. Pre-test vs. Post-test Scores for APPs

Figure 4. Pre-test vs. Post-test Scores for Medical Students/Residents



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2533. HIV Training Pathways in Residency: A National Survey of Curricula and Outcomes

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Background. Despite dramatic advances in the care of people with HIV (PWH), the shortage of HIV providers is worsening. An approach to this workforce shortage has been integration of robust HIV training into residency. We created a national survey to describe curricula and outcomes of formal HIV training pathways and how this may impact the HIV workforce shortage.

Methods. We designed a cross-sectional study of Internal Medicine (IM) and Family Medicine (FM) Residency HIV pathways in the United States. We identified programs via literature review, internet search, and snowball sampling. A draft survey was piloted with two pathway directors, and in January 2019, the final survey was sent via email to all pathway directors. This survey included 33-items, predominantly quantitative, and focused on program organization, curricular content, graduate outcomes, and challenges. We used descriptive statistics to summarize numeric responses.

Results. Twenty-five residency programs with dedicated HIV pathways were identified; 11 IM and 15 FM. The majority of the programs are in the West and Northeast United States. Twenty-four (96%) of programs have completed the survey. Since the first program was established in 2006, 228 residents have graduated from HIV pathways in the United States (151 IM, 77 FM). Programs have varying goals, application procedures, clinical requirements, didactic structures, graduation requirements, and assessments of competency. Of graduates, 108 (47%) have American Academy of HIV Medicine (AAHIVM) certification. Ninety-two (42%) of graduates are reported as currently providing primary care to ≥ 20 PWH (the majority in the West and Northeast