

0.06–0.15 noticeable effect; 0.16–0.26 considerable effect; >0.26 extensive effect). Data were collected through April 23, 2017.

Results. A total of 6,146 healthcare providers, including 2,936 physicians have participated in the activity. Data from ID specialists ($n = 130$) who answered all pre-/post-assessment questions during the study period were analyzed. Significant improvements were observed overall ($P = 0.024$; $V = 0.080$) and in several specific areas of assessment (figure). Following activity participation, 34% of ID specialists indicated increased confidence in assessing key attributes of emerging agents and 79% of ID specialists indicated a commitment to incorporate one or more changes into practice. Lastly, the findings uncovered educational needs that require further educational intervention.

Conclusion. Participation in this online educational intervention significantly improved ID specialists' knowledge with regard to the key similarities and differences between agents in the CABP antibiotic pipeline and the potential role of these agents in patient care. These findings highlight the positive impact of well-designed online education.

Assessment of Educational Effectiveness			
Area of Assessment	% relative improvement (% of ID specialists selecting the correct response at pre- vs post-assessment)	P-value for change	Cramer's V for the magnitude of the change
Differentiate among MOAs and formulations for emerging antibiotics	20% improvement (76% vs 91%)	$P = .0018$	$V = .202$ (Considerable)
Familiarity with the activity profile for lefamulin, an emerging agent in the new pleuromutlin class of antibiotics	53% improvement (40% vs 61%)	$P = .0019$	$V = .201$ (Considerable)

Disclosures. All Authors. Nabriva Therapeutics: Independent Medical Education, Educational grant.

1308. Predictors of Career Interest in Infectious Diseases Among US Pharmacy Students

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Session: 143. Medical Education
Friday, October 5, 2018: 12:30 PM

Background. Pharmacists have a central role in infectious diseases (ID) and antibiotic stewardship efforts across multiple healthcare settings. The demand for pharmacist to fill ID and stewardship-related careers will likely increase as institutions create antibiotic stewardship programs in response to the 2016 Joint Commission standard. The objective of this study was to compare students' perceptions of their school's ID curriculum between students interested in an ID career and those who are not.

Methods. A cross-sectional survey study of students graduating from US pharmacy schools was conducted in September 2017. Students received the survey link from the ID faculty at participating schools.

Results. Five hundred thirty-seven students from 28 pharmacy schools completed surveys. Quality of ID didactic education was rated as Very Good by 220 (41%), Good by 219 (40%), Acceptable by 76 (14%), and Poor by 22 (4%) respondents. The most common career interests were ambulatory care (44%), community practice (38%), and infectious diseases (29%). The most common preferred practice settings for students with an interest in ID ($n = 157$) were inpatient/hospital (86%), inpatient stewardship (70%), and inpatient ID consult service (66%). Differences in responses about didactic ID education between students interested in an ID career and those not interested included: perception of education as Very Good (52% vs. 37%, $P = 0.005$), faculty providing handouts and/or worksheets (89% vs. 82%, $P = 0.009$), and the desire for more time allocated to antibiotic stewardship (47% vs. 31%, $P < 0.001$). Multivariate logistic regression found variables to be predictive of pharmacy student interest in an ID career including: pharmacy school curriculum (OR 2.5, 95% CI 1.5–4.0), perception of a Very Good didactic ID education (OR 1.5, 95% CI 1.0–2.3), and faculty mentor(s) (OR 1.8, 95% CI 1.2–2.7).

Conclusion. Pharmacy students expressing interest in ID as a career had positive views of their didactic ID education, were more likely to report faculty mentorship, and desired more time for antibiotic stewardship in the curriculum. These results can inform efforts to encourage pharmacy students to pursue careers in ID.

Disclosures. All authors: No reported disclosures.

1309. The Impact of Clinical Practice Guideline Using Educational Intervention for Improvement of Diabetic Foot Infections Treatment Outcomes

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Background. Diabetic foot infections (DFIs) are important cause of lower-extremity amputation. The inappropriate empirical antimicrobial therapy for DFI was associated with amputation. We created the Clinical Practice Guideline (CPG) of empirical antimicrobial (ATB) therapy for in-patients with DFIs. The primary outcome of present study was to evaluate the intervention using educate and training the surgeons to adhere with CPG. The secondary outcome was the decreasing of unfavorable outcome (amputations).

Methods. A prospective study of CPG implementation for treatment in adult in-patients who had DFIs was conducted at surgical and orthopedics wards. The CPG was developed by the investigator team based on the data from our previous study (submitted to publish). CPG was presented monthly to train the orthopedic and vascular surgeons for 1 year. The empirical ATB regimens were prescribed by the responsible surgeon who was trained to use CPG. Demographics data, wound characteristics, microbiological data, ATB therapy, and clinical outcome were recorded. The appropriate empirical ATB treatment was determined by investigators whether CPG matched or microbiological matched. The adherence to CPG, the appropriate empirical ATB, and the unfavorable outcome were analyzed. All data were reported by descriptive and inferential statistics.

Results. A total of 85 DFIs patients were enrolled. The patients received the appropriate empirical ATB matched to CPG and matched to microbiological data, were 87% and 67%, respectively. The unfavorable outcome was 26% while previously was 72.4% (submitted to publish data) before CPG implementation. The independent factors associated with unfavorable outcomes were (1) an inappropriate ATB and (2) infections with drug-resistant pathogens (adjusted relative ratio; aRR 2.98; 95% CI: 1.36–6.55, $P = 0.007$ and aRR 1.90; 95% CI: 1.05–3.43, $P = 0.034$, respectively).

Conclusion. The current study demonstrated that mostly training of CPG resulting in the high adherence (87%) of CPG use and resulting in high rate of appropriate empirical ATB. Educational intervention insisted the responsible physician for administration the appropriate ATB with the improvement of unfavorable outcome in DFIs.

Disclosures. All authors: No reported disclosures.

1310. Improving Infectious Disease Electronic Medical Records Documentation: A Quality Improvement Study in an Academic Teaching Hospital

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Background. Improving efficiency of documentation and sign outs during transitions of care were identified as areas of interest by the University of South Florida Infectious Disease (ID) Division. Our aim is by May 2018, we will achieve >50% improvement in our ID EMR note efficiency score for any adult patient at Tampa General Hospital. Note efficiency score involves listing all of the following key elements with 1 point awarded for each: active problem in the subjective section, updated hospital course under assessment, active problem prioritized first under assessment and non-relevant problems removed from assessment.

Methods. Institute of Healthcare Improvement's model with Plan-Do-Study-Act (PDSA) cycles was used for project implementation from March 2018 to May 2018 (Figure 1). Cycle 1: Conducting a needs assessment survey and education. Cycle 2: Changing the existing template and implementing a new standardized template that includes the key elements, along with removal of auto populated non relevant information. Audits of notes with a 4-point system scoring was done. A pre and post implementation physician survey was conducted.

Results. ID fellow and faculty completed the baseline survey ($N = 25$). Less than half (46%) felt that they could interpret patient assessments with ease and even fewer respondents (36%) felt there was adequate weekend sign out. More than one-third (36%) reported writing majority of notes after 5 pm (Figure 1). Pilot project involved nine ID faculty and fellows. We had 95% compliance with use of the standardized EMR template. Notes were evaluated at baseline ($n = 190$), cycle 1 ($n = 85$), and cycle 2 ($n = 56$). An increase in average note efficiency score from baseline, cycle 1 and cycle 2 occurred as follows (Mean \pm SD): 2.0 \pm 0.84 vs. 2.8 \pm 0.95 vs. 3.6 \pm 0.5 (Figure 2). Compared with baseline, cycle 2 achieved 42% improvement in the ease of interpretation of patient assessments and 41% improvement in adequate sign out. No increase in note writing after 5pm (36% vs. 30% baseline and cycle 2, respectively) reported.

Conclusion. Targeted education and changing the EMR note template can achieve improved efficiency of ID note. These efforts to improve documentation enhance physician's ease of interpretation of patient assessments and sign out during transition of care.

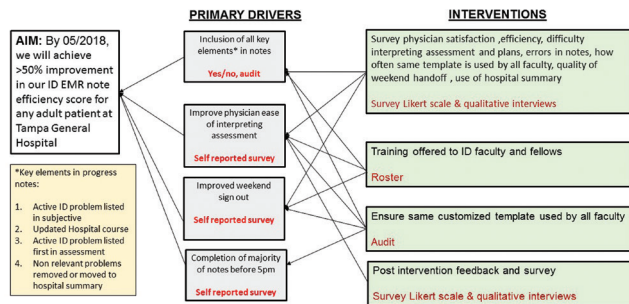


Figure 1: Key driver diagram for the QI project