

Figure 1: Antimicrobial Selection Tool

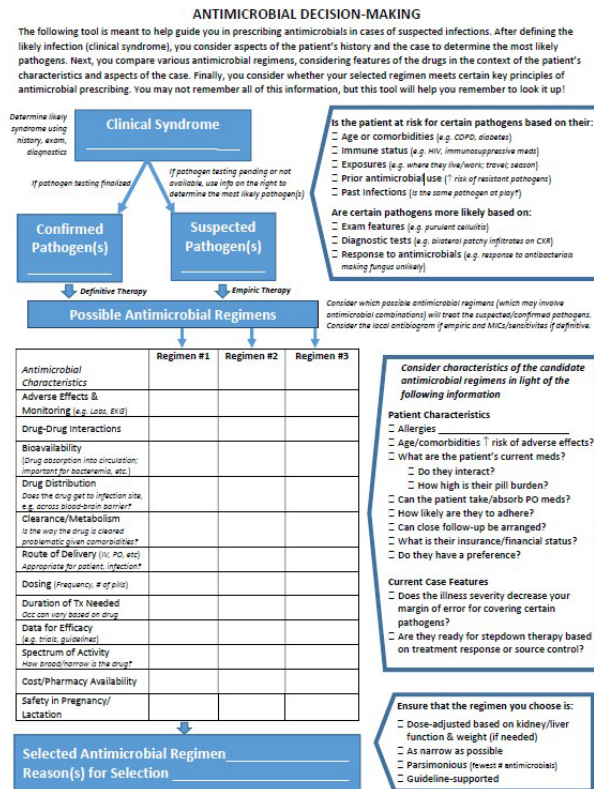


Figure 2: Usefulness of Session and Tool

Figure 2a: Usefulness of Knowledge Gained in Session

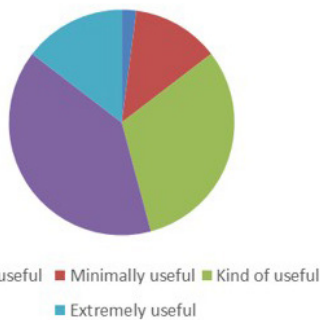
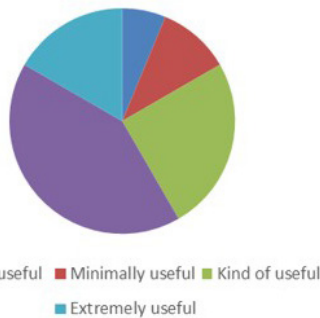


Figure 2b: Usefulness of Antimicrobial Decision-Making Tool



Methods. We converted a published antimicrobial reasoning framework into a teaching tool (Fig 1). Students enrolled in the 2020 Internal Medicine Residency

Preparation Course participated in one of two identical hour-long antimicrobial reasoning workshops. We started with an interactive didactic introducing the tool. Students used the tool to work through a clinical vignette in small groups, followed by a facilitated discussion. Students filled out pre- and post-surveys assessing their identification of factors impacting antimicrobial selection, and their self-efficacy regarding antimicrobial selection. The number of factors identified was analyzed using a t-test, while the change in self-efficacy scores was analyzed using a paired t-test. Students also rated the utility of the session.

Results. 87% of students (52/60) completed surveys. Prior to the session, only 59% (n=29) of students felt prepared to prescribe antimicrobials and the majority of students (59%, n=30) felt less confident managing infections than other conditions. After the session, there was a significant increase in students' perception of their preparation to prescribe antimicrobials (t=2.08, p=0.04) and ability to identify factors important to antimicrobial selection (t=2.13, p=0.036). The majority of students found both the session and tool to be useful for future practice (Fig 2).

Conclusion. At baseline, medical students felt unprepared to prescribe antimicrobials and are less confident managing infections than other conditions. This workshop assessed the feasibility of using an antimicrobial reasoning tool to teach students. Despite its brevity, students felt more prepared to prescribe antimicrobials after the session and rated it as useful for future practice. They felt a simpler tool and longer session would improve future efforts.

Disclosures. All Authors: No reported disclosures

1125. Innovative Virtual Learning in the Midst of a Pandemic - Patients, Populations, and Pandemics: Responding to COVID-19

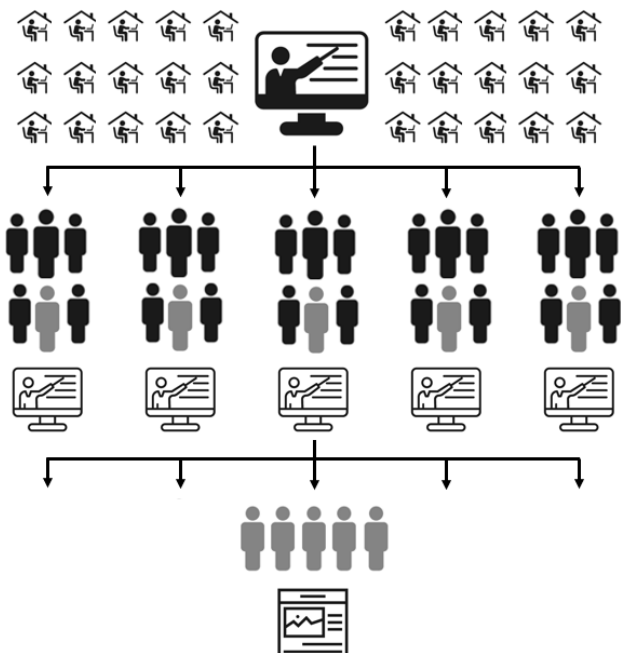
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Session: P-50. Infectious Diseases Medical Education

Background. The COVID-19 pandemic has posed a unique challenge to undergraduate medical education. Medical schools postponed student participation in direct patient care in mid-March 2020, creating the need for rapidly-designed, virtual, and innovative learning experiences.

Methods. Utilizing Kern's six-step approach to curriculum development, faculty and medical student liaisons rapidly designed a six-week online and interactive course for clerkship-year students and above, launched on March 30th, 2020. "Patients, Populations, and Pandemics: Responding to COVID-19" emphasized honing higher level skills of Bloom's taxonomy, namely evaluating, synthesizing, and creating. Following weekly faculty-led lectures, student groups identified research questions, analyzed literature, presented data, critiqued peer presentations, and created infographics for the public.

Figure. Graphic Representation of Course Design: Lecture, Small Group Meetings, Student Presentations, and Infographic Creation.



Results. We aimed to maintain quality and interactivity despite challenges posed by our timeframe, the evolving COVID-19 literature, and the virtual setting. We recruited frontline faculty and designed the course to facilitate discussion, thereby promoting real-time exploration of public health and clinical challenges. Encouraging student participation, we incorporated group synthesis sessions and instructed use of video, hand-raising, and chat features. In a survey administered at the end of the first

week, 85.7% (18/21) of students strongly agreed or agreed that small group presentations successfully enabled synthesis of new and emerging data. Among the 29 enrolled students, 82.8% (24/29) of students completed final course evaluations, with 87.5% (21/24) agreeing that the learning activities “usually” or “always” helped meet the learning objectives identified at the beginning of the course. The course was rated as “excellent” or “very good” by 83.3% (20/24) of students.

Conclusion. Lessons learned include providing students with increased direction on critically reviewing peer presentations and imparting guidance on best practices for data synthesis. This course model will be disseminated throughout our institution and beyond to address challenges in remote learning and to serve as a paradigm during future health crises.

Disclosures. All Authors: No reported disclosures

1126. Learner Driven Call Center to increase Convalescent Plasma Donation in COVID-19

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Session: P-50. Infectious Diseases Medical Education

Background. Convalescent plasma (CP) may be obtained from patients who have recovered from the novel coronavirus disease, COVID-19, caused by the virus SARS-CoV-2. Although not FDA approved, preliminary data suggests patients who receive convalescent plasma from recovered donors may have shortened recovery time and symptom reduction. The purpose of the study is to detail learner recruitment of convalescent plasma donation (CPD) for treating hospitalized COVID-19 patients.

Methods. Prisma Health Midlands formed a multidisciplinary CP donation team, consisting of seven COVID-19-certified pharmacy learner volunteers, two pharmacists, and two providers. Primary eligibility criteria were SARS-CoV-2 polymerase chain reaction (PCR) positivity at least 28 days prior to donation and asymptomatic for a minimum of 14 days. Donors were excluded based on FDA guidelines for CPD, limiting ineligible contact. Team learners were trained on call techniques and subsequently contacted, educated, and requested candidates donate through this program. Willing donors were then linked to The Blood Connection to circulate CP back into the Prisma Health System, creating a self-sustaining and closed-loop donation cycle.

Results. In total, 253 recovered adult patients with positive SARS-CoV-2 PCR test results were evaluated. 195 patients met baseline inclusion criteria for contact. This prescreen reduced call and travel time for ineligible candidates. 108 patients were successfully reached. Of the 108, n=79 (73.14%) accepted referral to The Blood Connection, and n=29 (26.85%) were no longer candidates primarily due to patient communicated new exclusionary factors, such as active COVID-19 symptoms. The program allowed for rapid, internal access to CP for patients hospitalized with COVID-19 at Prisma Health Midlands.

Conclusion. Interest and awareness in COVID-19 CPD was successfully increased upon direct communication from the team and was felt to represent a personnel intense but successful model for recruiting potential CP donors. This program educated and utilized learners during this pandemic to enhance Prisma Health's ability to obtain CP for hospitalized patients using a closed system.

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1127. Medical School in the Era of COVID-19: Innovations in Direct Near Peer Teaching of Immunology/Microbiology Content During the Pandemic

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Session: P-50. Infectious Diseases Medical Education

Background. Near-peer teaching (NPT) is increasingly utilized in undergraduate medical education. At our institution's NPT program, teachers are recruited and trained in the final block of their first year, involving simultaneous learning and teaching of Immunology and Microbiology content to classmates. This year, in-person training and teaching was conducted virtually due to COVID-19. This study aims to understand how NPT in a newly virtual curriculum impacted student experiences of learning infectious disease content.

Methods. We conducted one-on-one interviews with student-learners and direct-peer student-teachers at the end of their first year in June 2020. Using constructivist grounded theory, we coded, reconciled, and analyzed interview transcripts to identify themes.

Results. Qualitative analysis of interviews with students (n=5) and near-peer teachers (n=7) yielded the following themes:

1. **Optimized learning environment:** Direct peer teaching leads to students feeling more personally invested in their peers' lessons and wellbeing, creating a safe community and increased engagement despite the virtual format and recordings.

2. **Benefits of education technology:** Teachers employed creative virtual learning modalities to promote students' mastery of challenging memorization-based microbiology content.

3. **COVID-19 relevance:** Learning microbiology and immunology content synchronously with the COVID pandemic conferred more content relevance, but presented academic challenges due to social and personal stressors.

4. **Educator development:** Despite the difficulty of occupying a dual student-teacher role, teachers derived many benefits from teaching, including improved communication skills, which extended to the clinic, content mastery, and increased confidence.

Conclusion. The COVID-19 pandemic led to unprecedented disruptions in medical education. However, the shift to virtual direct peer teaching presented an opportunity for creative virtual teaching strategies and increased lesson accessibility via recordings. Unexpectedly, virtual lessons were perceived as non-inferior to in-person lessons. Findings from this study support the use of virtual near-peer teaching programs in infectious diseases medical education.

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1128. Online Spaced Education to Teach Microbiology to Medical Students in a Threaded Medical School Curriculum

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Session: P-50. Infectious Diseases Medical Education

Background. A strong foundation in microbiology continues to be essential for physicians-in-training. Little research exists examining pre-clinical microbiology education in undergraduate medical education (UME) curricular structures. Further, no study has evaluated the use of a spaced repetition model for pre-clinical UME students studying microbiology in a threaded curriculum.

Methods. We conducted a prospective cohort design study and enrolled 81 out of 154 (53%) first-year medical students at Oregon Health & Science University from August 2018 through December 2019. The first 18 months of the UME curriculum is organized by organ system blocks with end-of-block exams including retired National Board of Medical Examiner (NBME) questions. Participants were invited to complete 10 microbiology questions using the spaced practice online platform QSTREAM weekly. Performance between participants and non-participants on end of block NBME exams were compared using t-tests for categorical variables.

Results. At the conclusion of the study, 42.5% of participants were “very active” (questions in < 2 days), 7.5% of participants were “active” (questions in 3-7 days), and 50.0% of participants were “inactive” (questions in >7 days). Student performance on second-pass questions improved by 41%, and NBME end-of-block exams demonstrated improved performance in each block compared to non-participants. Specifically, performance in the Skin, Bones, and Musculature end-of-block exam and Developing Human end-of-block exam was significantly (p=0.0001, 0.008, respectively) improved, and study participants outperformed non-participants on topics practiced in the study.

Conclusion. As more medical schools move to a threaded curriculum, with many of these programs proposing fewer contact hours, innovative methods targeting microbiology education should be explored for pre-clinical medical students. Online spaced practice in a threaded curriculum could provide a feasible and acceptable pedagogical technique for UME and add to the discourse around microbiology curriculum development. With initial start-up costs, sustaining such a program across medical school curricula is an inexpensive, innovative, technologically-savvy approach to medical education.

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1129. Optimizing Feedback Strategies on the Infectious Diseases Inpatient Service

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Session: P-50. Infectious Diseases Medical Education

Background. Timely, efficient, and effective feedback strategies are crucial for enhancing faculty-trainee communication and trainee education. Here we describe attitudes, practices, and perceived behaviors regarding giving feedback to medical trainees rotating on Infectious Diseases (ID) inpatient consult services.

Methods. An anonymous survey on feedback strategies was distributed to our adult ID Section in February 2020 as part of a facilitated discussion on optimizing trainee clinical education.

Results. Twenty-six ID Section members completed the survey (18 faculty, 8 trainees). Most trainees (62.5%) and faculty (66.7%) felt that trainees are “sometimes” comfortable voicing concerns to faculty; however, no trainees but 11.1% of faculty indicated that trainees are “always” comfortable voicing concerns to faculty. Most trainees (87.5%) felt that conversations about team expectations occur “sometimes” or “often.” In contrast, most faculty (72.2%) felt that these conversations “always” occur. Although most faculty felt that both informal (94.4%) and formal (83.3%) feedback should be given to trainees, 22.2% of faculty responded that they do not explicitly use the term “feedback” when discussing feedback with a trainee. No trainees and 22.2% of faculty indicated that they utilize a feedback tool. Regarding quantity of feedback trainees perceive they receive from faculty, 37.5% of trainees felt they needed more feedback while 50% felt they received adequate feedback. Most faculty (88.9%) responded that they encourage trainees to give feedback to faculty, although most trainees (62.5%) responded “sometimes” regarding how comfortable they feel doing so.