

Conclusion. HIV-ASSIST is a patient-centric tool to improve patient outcomes through real-time ARV decision support and enhance knowledge of evidence-based HIV care guidelines.

Disclosures. All authors: No reported disclosures.

1325. HIV, Aging, and Comorbid Conditions: Case-Based, Online Education Improves HIV/ID Specialists' Management Strategies

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Background. Over half of people living with HIV are over 50 years of age. Clinicians must balance HIV care with the management of age-related comorbidities such as, cardiovascular disease, diabetes, liver and kidney disease, and cancer.

Methods. To improve HIV/ID specialists' ability to develop a comprehensive care strategy for aging men and women living with HIV, a CME/CE/CPE-certified educational intervention comprising two patient case scenarios was developed. It launched on a website dedicated to continuous professional development on March 23, 2018. The interactive, text-based, "test and teach" approach elicited cognitive dissonance; clinicians were presented with multiple-choice questions to evaluate their application of evidence-based recommendations. Each response was followed by detailed, referenced, feedback to teach. Educational effectiveness was assessed with a repeated pairs pre-/post-assessment study design, in which each individual served as his/her own control. Responses to three multiple-choice, knowledge questions, and one self-efficacy confidence question were evaluated. A chi-squared test assessed changes pre- to post-assessment. *P* values of <0.05 are statistically significant. Effect sizes were evaluated using Cramer's *V* (<0.05 modest; 0.06–0.15 noticeable effect; 0.16–0.26 considerable effect; >0.26 extensive effect). Data were collected through April 27, 2018.

Results. 4,130 HCPs, including 795 physicians, participated in the activity. Data from HIV/ID specialists (*n* = 76) who answered all pre-/post-assessment questions during the study period were analyzed. Significant improvements were observed overall (*P* < 0.0001; *V* = 0.496) and in several specific areas of assessment (figure). Following activity participation, the % of ID specialists who answered all assessment questions correctly increased dramatically: 9% (pre) vs. 88% (post). Additionally, 77% of HIV/ID specialists indicated a commitment to incorporate one or more changes into practice.

Conclusion. Participation in this online, interactive, case-based educational intervention significantly improved ID specialists' ability to care for aging patients living with HIV. 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)	<i>P</i> -value for change	Cramer's <i>V</i> for the magnitude of the change
Evaluate the potential impact on metabolic parameters of a boosted PI in a patient receiving concomitant medications for diabetes and GERD	92% improvement (49% vs 93%)	<i>P</i> <.0001	<i>V</i> =.493 (Extensive)
Determine the appropriate management strategy for a patient with progressively worsening kidney function	51% improvement (64% vs 97%)	<i>P</i> <.0001	<i>V</i> =.418 (Extensive)
Select an appropriate ARV regimen when switching regimens in a patient who has progressed to stage 3 CKD	145% improvement (38% vs 93%)	<i>P</i> <.0001	<i>V</i> =.582 (Extensive)

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1326. Inter-Professional Education and Training to Build Capacity Among Healthcare Workers in Singapore

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Background. People Living with HIV (PLHIV) in Singapore continue to face stigma and confidentiality concerns in their interactions with Healthcare Workers (HCWs). There is a recognized gap in HIV-related knowledge and lack of training opportunities for HCWs in Singapore, particularly amongst nonphysicians and other HCWs who do not regularly care for PLHIV. The HCW HIV Education Series was conceptualized to address these issues and to improve the HIV-related knowledge, attitudes and practices of HCWs in Singapore.

Methods. The HCW HIV Education Series is organized by an inter-professional organizing committee. The series is made up of four half day modules which are conducted quarterly. The modules are designed and implemented to cater to as many HCWs as possible. The modules function as a series but can also be run as stand-alone education sessions. The modules are: HIV Basics, Working with PLHIV, Basic

HIV Clinical Care and Advanced HIV Clinical Care. In its pilot year (2016–2017), 334 HCWs, predominantly nurses, pharmacists, and social workers attended the series. The HCWs attended from diverse healthcare settings, including public and private hospitals, nursing homes, faith based and community organizations. Pre- and post-module evaluations were completed by participants.

Results. Only 5% of Module 1 attendees had previously received training in HIV. Across all four modules, there was a marked improvement in knowledge and confidence pre- and post-training. 95% of attendees across all modules felt that they had gained new skills that would add value to their work. While 97% of attendees of Module 1 planned to attend future modules, the attrition rate between modules was high.

Conclusion. The HCW HIV Education Series is highly evaluated and well attended. Efforts to maintain and strengthen attendance across all modules is needed, the delivery of the modules over a 2-day period may be an effective way to achieve this. Research into the experiences of PLHIV in healthcare facilities should also be considered.

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1327. Educational Intervention to Improve Communication With Patients Who Have Opioid Use Disorder

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Background. Infectious complications of opioid use disorder (OUD) have increased significantly in the last decade. Patients with OUD encounter stigma from healthcare providers, and providers find interactions with patients with OUD to be very challenging. At our teaching institution, anecdotal experience and objective data suggested clinician discomfort with communicating with OUD patients, as well as a "hidden curriculum" of stigma and bias around care of this group. We attempted to characterize this problematic learning environment and created an intervention focusing on reduction of bias and stigma and improved communication with OUD patients.

Methods. General internal medicine faculty and residents completed a preintervention survey to measure knowledge and attitudes about OUD, as well the institutional learning environment related to this issue. A workshop on communication, bias, and stigma in OUD was then administered to 78 faculty and residents. Immediately after participation, they completed a postintervention survey assessing concepts addressed in the session.

Results. The preintervention survey of 99 faculty and residents showed that 47% felt patients with OUD were difficult to work with. Faculty were more likely than residents to agree there was a negative hidden curriculum around OUD (70% vs. 43%, *P* < 0.001). This included witnessing other physicians using stigmatizing language (80%), minimizing time with OUD patients (49%), and choosing not to involve medical students with OUD patients (34%). Fifty participants completed the postsurvey. Respondents identified a mean of 86% of stigmatizing words within patient scenarios, which improved from 60% before the intervention (*P* < 0.0001).

Conclusion. Clinicians reported negative attitudes and difficulty caring for patients with OUD. The majority identified a negative hidden curriculum around this disease, including stigmatizing language and avoidance of engagement with OUD patients. A workshop on communication, stigma, and bias improved scores on knowledge of stigmatizing language.

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1328. Medical Education in an Epidemic: Historical Lessons From the Early Days of HIV in America (1982–1986)

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Background. Much historical work has investigated the impact of HIV on patient rights, American culture, and medical research; however, there is little scholarship on the impact of HIV on medical education. This study asks how the process of training at the epicenter of an epidemic disease that was poorly understood, incurable, and contagious shaped a cohort of physicians' experience of residency, beliefs about the role of the doctor in society, and their approach to practicing medicine.

Methods. Members of the University of California San Francisco (UCSF) intern classes of 1982 and 1983 were interviewed, as well as individuals who were young faculty at San Francisco hospitals in the 1980s. Other sources included academic publications from the 1980s on HIV and medical education, archival documents, nursing and volunteer communications books from the SF General Hospital AIDS Ward, and patient ephemera such as thank you notes and obituaries.

Results. These interviews and documents highlight themes of commitment to care for HIV patients regardless of risk, lack of formal institutional support for residents engaged in HIV care, and differences in professional norms that allowed nurses and volunteers access to modes of reflection that were unavailable to trainee physicians. For residents, the day to day experience of the HIV epidemic became an important locus for a narrative of medical professionalism and resilience that continues to animate medical education today. Provider narratives about the encounter with HIV served a parallel function to the creation of HIV clinics and public health