

**Table 3: Completeness of rationale for specific recommendations provided in the sign-out (n=134)**

	FULL	PARTIAL	NONE
Directed Evaluation	10 (7%)	46 (34%)	78 (58%)
Antimicrobial Recommendations	12 (9%)	70 (52%)	52 (39%)

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

**2537. #IDDailyPearl: A Twitter Tool to Enhance Literature Engagement on Busy Infectious Diseases Consult Services**

Annie N. Cowell, MD MPH; Darcy Wooten, MD, MS; University of California - San Diego, San Diego, California

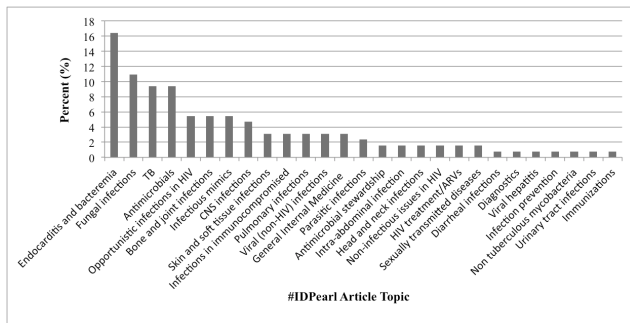
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**Background.** Social media platforms enable on-demand, open-access learning which is attractive for busy clinicians and trainees. Additionally, teaching that occurs in a clinically contextualized, case-based setting in real time has the potential to be more effective than traditional didactics. We piloted a teaching tool to enhance learning and engagement with the literature for fellows on the infectious diseases (ID) consult service.

**Methods.** During a clinical service rotation, ID faculty posted a brief daily teaching point on Twitter under the hashtag “#IDDailyPearl” with a link to the relevant article. Tweets were required to be related to a patient case, associated with an article, and could not include patient identifiers.

**Results.** Over a 3-month period, there were 134 tweets that fit our criteria, with 103 tweets posted by UCSD faculty and 45 by faculty from other institutions. The most common topic was endocarditis and bacteremia (16.4%), followed by fungal infections (11%), tuberculosis (9.4%), and antimicrobials (9.4%) (Figure 1). Article types included review articles (21.6%), retrospective cohort studies (20.2%), case reports (13.5%), randomized controlled trials (12.1%), prospective cohort studies (9.4%), and guidelines (8.8%). Most articles cited were published after 2015 (61.6%), and were from infectious diseases journals (58.2%). The average journal impact factor was 13 (range 0.07–79), with Clinical Infectious Diseases as the most commonly mentioned journal (20.2%). Tweets were “liked” 14.5 times (range 0–80) and re-tweeted 4.6 times (range 0–33). The twitter engagement rate per tweet was 6.3% (range 2.2 to 12%) and article links were clicked 19 times (range 3–164). We are currently identifying Tweet characteristics associated with increased engagement rates.

**Conclusion.** Our study provides a snapshot of the literature used to teach while on the ID clinical service and lays the groundwork for identifying teaching points that receive the most engagement. This tool enables teaching points and high-yield articles to be shared within and across institutions. Future studies will examine the impact that this tool has on fellow and faculty learning, and engagement with and knowledge of the current literature.



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**2538. Directed Educational Intervention and Resident Physician Outpatient Antimicrobial Prescribing**

Shannon L. Andrews, MD<sup>1</sup>; Amanda Beaudoin, DVM, PhD<sup>2</sup>; Meghan Rothenberger, MD<sup>3</sup>; Dimitri M. Drekonja, MD, MS<sup>3</sup>; <sup>1</sup>University of Minnesota, Minneapolis, Minnesota; <sup>2</sup>Minnesota Department of Health, St. Paul, Minnesota; <sup>3</sup>Minneapolis Veterans Affairs Health Care System, Minneapolis, Minnesota

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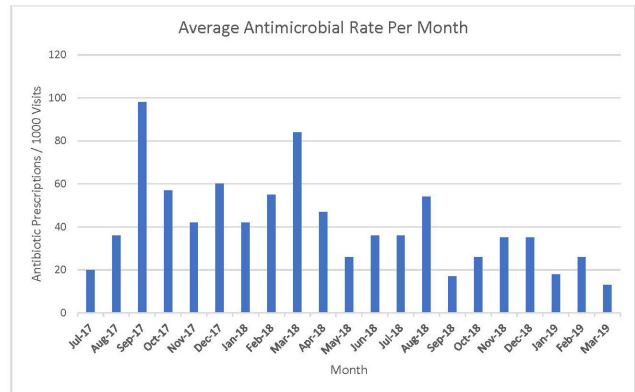
**Background.** Antimicrobial stewardship is the coordinated approach to optimal use of antimicrobials. Directed stewardship may benefit resident physicians and improve outpatient antimicrobial prescribing.

**Methods.** Internal medicine residents as of July 1, 2017 (n = 37) with continuity clinic at the Minneapolis Veterans Affairs Health Care System were eligible. Antimicrobial prescriptions and number of patient visits per month were extracted from the Computerized Patient Record System. Antimicrobial rate was calculated for 9 baseline months (July 1, 2017–March 31, 2018) and 12 intervention months (April 1,

2018–March 31, 2019). Residents were divided into high and low prescribing groups based on baseline antimicrobial rate. The low prescribing group received one email with links to antimicrobial stewardship resources. The high prescribing group received the same email and one in person meeting with an infectious disease fellow to discuss antimicrobial prescribing.

**Results.** Prescription and visit data were available for 37 residents. The low and high prescribing interventions were administered to 17/17 (100%) and 12/20 (60%) participants, respectively. Remaining high prescribing participants (8, 40%) graduated and did not complete the intervention. During the intervention period, there were a total of 171 prescriptions and 4,018 visits, for an average antimicrobial rate of 43 prescriptions/1,000 visits compared with baseline rate of 51 (P = 0.09). Antimicrobial rate per month is shown in Figure 1.

**Conclusion.** An educational intervention did not significantly change antimicrobial prescribing rates in a VA resident clinic. Antimicrobial prescribing rates were much lower than expected, suggesting that weekly continuity clinic may not be an optimal setting for learning how to manage outpatient antimicrobials. Our study was small and conducted at a single site without evaluation of antimicrobial appropriateness. Further studies should explore the optimal setting for residents to gain outpatient antimicrobial prescribing experience.



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**2539. Characterization of Infectious Diseases Advanced Pharmacy Practice Experiences at United States Colleges of Pharmacy**

Jonathan C. Cho, PharmD, MBA<sup>1</sup>; Wesley D. Kufel, PharmD<sup>2</sup>; Meghan N. Jeffres, PharmD<sup>3</sup>; Elias Chahine, PharmD<sup>4</sup>; <sup>1</sup>The University of Texas at Tyler Fisch College of Pharmacy, Tyler, Texas; <sup>2</sup>Binghamton University School of Pharmacy and Pharmaceutical Sciences, Johnson City, New York; <sup>3</sup>University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, Aurora, Colorado; <sup>4</sup>Palm Beach Atlantic University Gregory School of Pharmacy, West Palm Beach, Florida

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**Background.** Antimicrobial resistance is a public health crisis. Experiential education about the appropriate use of antimicrobials is necessary to prevent the post-antibiotic era. The purpose of this study was to describe the learning experiences during infectious diseases (ID) advanced pharmacy practice experiences (APPEs) offered by ID pharmacy faculty.

**Methods.** A 18-item, cross-sectional, multi-center, electronic survey was distributed via e-mail to ID pharmacy faculty at 124 schools and colleges of pharmacy in the United States. Programs were identified via the Accreditation Council for Pharmacy Education directory. Data related to student learning experiences, preceptor credentials, and teaching opportunities offered to pharmacy students were collected.

**Results.** Seventy-two (58%) ID faculty responded to the survey and 64 (89%) offered an ID APPE. Forty-three (67%) preceptors completed a PGY-2 ID pharmacy residency and 17 (27%) completed an ID pharmacy fellowship. ID physicians served as co-preceptors for 52% of rotations but only 34% had other ID pharmacists as co-preceptors. Of the 64 APPEs offered, 45% were at an academic medical center. The majority of students participated in antimicrobial stewardship activities (84%) and ID consults (80%) in adults. Greater than 90% of APPEs included learning experiences related to bone and joint, cardiovascular, central nervous system, Clostridioides difficile, fungal, intra-abdominal, lower respiratory, skin and soft-tissue, and urologic infections. Viral hepatitis (39%), travel medicine (13%), ophthalmologic (39%), parasitic (33%), and rickettsial (31%) infections were less commonly offered. Most students were required to present patient cases (92%), lead topic discussions (91%), present journal clubs (89%), conduct medication use evaluations (56%) and work on research projects (53%).

**Conclusion.** Pharmacy ID APPEs provide students with a broad range of experiences, particularly in adult populations. Students commonly participated in the management of core infectious syndromes. ID APPEs provide students additional training on the appropriate use of antimicrobials.

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