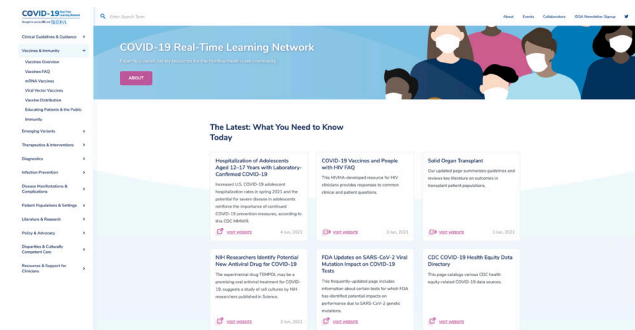


**Background.** Accurate and rapid dissemination of clinical information is vital during pandemics, particularly with novel pathogens. To respond to the high volume and constantly evolving knowledge during the COVID-19 pandemic, the Infectious Diseases Society of America (IDSA) created an online educational COVID-19 Resource Center for frontline clinicians.

**Methods.** In February 2020, IDSA launched an online resource center for COVID-19, which housed relevant clinical guidance, institutional protocols, and clinical trials. Then, in September 2020, IDSA leveraged a CDC grant to transform the resource center into the COVID-19 Real Time Learning Network (RTLNL), a user-friendly, up-to-date microsite that contains clinically focused original content, guidelines, resources, and multimedia (Figure 1). The RTLNL is supported by a team consisting of a Medical Editor, Associate Editors, an Online Editor, and IDSA staff. As of June 2021, the RTLNL housed 12 sections, 7 of which are comprised of original content; these 7 sections contain a total of 37 subsections. A Twitter account (@RealTimeCOVID19) was also created in October 2020 to share information from RTLNL in real-time.

Figure 1. COVID-19 Real Time Learning Network Microsite



**Results.** As of June 2021, the most visited page of the RTLNL was the Moderna Vaccine page, with 486,969 page views (Figure 2). Peak monthly page views are displayed in Figure 3. Between October 2020 and June 2021, the RTLNL Twitter account had 2,911 followers, 2,135,783 impressions, and 41,793 engagements. The account had also hosted 2 Twitter Chats on COVID-19 vaccines; these chats resulted in 19 million and 5.3 million impressions, respectively. Twitter engagements by month are displayed in Figure 4.

Figure 2. Literature Review of Moderna COVID-19 Vaccine on RTLNL

Moderna COVID-19 Vaccine

**Overview** +

**Literature** -

**Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine (Baden, December 2020).**

Overall, in this Phase 3 randomized, stratified, double-blind, placebo-controlled trial, mRNA-1273 was effective at preventing symptomatic COVID-19 and was safe at a median time to follow-up of 2 months.

**Study population:**

- mRNA-1273 is an mRNA vaccine that is given in 2 doses, 29 days apart.
- mRNA-1273-P301 is a Phase 3 ongoing randomized, stratified, double-blind, placebo-controlled trial.
- 30,420 participants over 18 years of age from 99 sites in the United States were randomized in a 1:1 manner to receive injections of either the mRNA-1273 (N=15,210) or a saline placebo (N=15,210) on day 1 and day 29.
- More than 96% of participants received both injections.
- 66.3% of the study population was comprised of patients 18-64 years of age with risk for progression to severe COVID-19, and patients >=65 years of age.
- Patients were considered to have risk for severe disease if they had any of the following comorbidities: diabetes, chronic lung disease, severe obesity, significant cardiovascular disease, liver disease or well-controlled HIV (persons with poorly controlled HIV were not included in the trial).
- There were 179 patients living with HIV in the trial; data on this specific group have not yet been reported.
- The mean age of the participants was 51.4 years, 47.3% of the participants were female, 24.8% were >=65 years of age and 16.7% were younger than 65 years of age and had predisposing medical conditions that put them at risk for severe COVID-19.
- The majority of participants were white (79.2%); 10.2% of participants were African American and 20.5% were Hispanic/Latino.
- Patients had a negative SARS-CoV-2 status at baseline (with a negative RT-PCR and negative serology against the SARS-CoV-2 nucleocapsid at day 1).
- 2.2% of study participants had serologic evidence of prior COVID-19.
- Participants were excluded if they were pregnant or breastfeeding, pediatric, immunocompromised or had a known history of SARS-CoV-2.
- The interim primary efficacy analysis was based on the Per-Protocol Set, which consisted of 28,207 participants with negative baseline SARS-CoV-2 status and who received 2 doses of investigational product per schedule with no major protocol deviations.
- The set included 14,134 patients in the vaccine group and 14,073 patients in the placebo group.

**Primary endpoints:**

- Efficacy:** The reduction of incidence of COVID-19 among participants without evidence of SARS-CoV-2 infection before the first dose of vaccine in the period after 14 days post-dose 2.
- The case definition of confirmed COVID-19 was:
  - At least 2 of the following systemic symptoms: Fever (>38 C), chills, myalgia, headache, sore throat, new olfactory and taste disorder(s) or at least 1 of the following respiratory signs/symptoms: cough, shortness of breath or difficulty breathing, OR clinical or radiographic evidence of pneumonia; and
  - Nasopharyngeal swab, nasal swab or saliva sample (or respiratory sample, if hospitalized) positive for SARS-CoV-2 by RT-PCR.
- Safety:** To describe the safety of mRNA-1273 after 1 or 2 doses.
- Solicited events: participants recorded local reactions, systemic events and antipyretic/analgesic medication usage from day 1 through day 7 after each dose.
- Unsolicited adverse events were collected from dose 1 to 28 days after the last dose.
- Medically attended adverse events and serious adverse events were also collected from dose 1 to the end of the study.

Peak IDSA RTLNL Monthly Page Views During the Course of the COVID-19 Pandemic

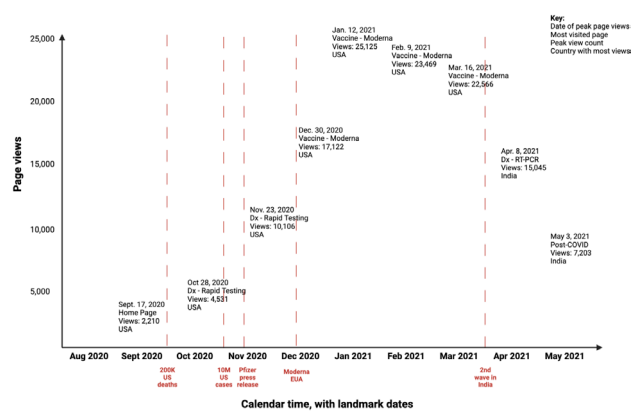
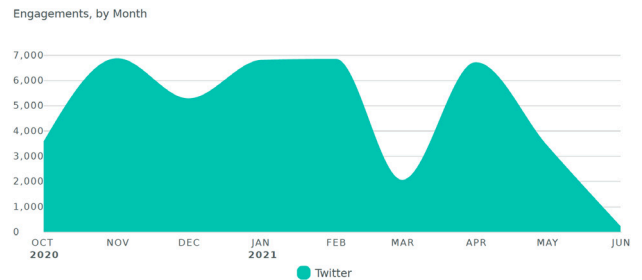


Figure 4. RTLNL Twitter Engagements By Month



**Conclusion.** A comprehensive educational microsite housing clinically relevant COVID-19 information had high uptake, and an accompanying Twitter account had significant engagement. Rapid curation is labor-intensive and required expansion of our editorial team. To ensure we continue to serve the needs of our users a qualitative survey is planned. Our experience launching the RTLNL can serve as a roadmap for the development of accessible and nimble educational resources during future pandemics.

**Disclosures.** Varun Phadke, MD, Nothing to disclose

**962. Essential Consultants' Skills and Attitudes (Willing CONSULT): A Cross-Sectional Survey**  
 Takahiro Matsuo, MD<sup>1</sup>; Kuniyoshi Hayashi, PhD<sup>2</sup>; Yuki Uehara, MD, PhD<sup>3</sup>; Nobuyoshi Mori, MD<sup>3</sup>; <sup>1</sup>St. Luke's International Hospital/The University of Texas Health Science Center at Houston, McGovern Medical School/The University of Texas MD Anderson Cancer Center, Houston, Texas; <sup>2</sup>St. Luke's International University, Graduate School of Public Health, Tokyo, Tokyo, Japan; <sup>3</sup>St. Luke's International Hospital, Tokyo, Tokyo, Japan

**Background.** There is an increasing number of studies that infectious diseases consultations improve patients' outcomes, but few studies have investigated the quality of consultations. The aim of this study was to identify important skills and attitudes for consultants to improve the quality of consultations.

**Methods.** We conducted our research in two phases: a preliminary survey (May 1 to 14, 2020) and the main survey (June 1 to 14, 2020). As a preliminary survey, first-year postgraduate residents at St. Luke's International Hospital in Tokyo, Japan, were first asked an open-ended question about the types of skills and attitudes that are important for consultants. After eliminating duplicate answers, there were 19 skills and attitudes in total. In the main survey with residents who completed their residency training at our institute, from 2014 to 2018, and current residents (2019-2020), we first asked them about their demographic characteristics (gender, years of postgraduate education, and type of specialty). Then, they answered how important each skill and attitude are for consultants. All 19 items were scored on a seven-point Likert scale that ranged from 0 (completely disagree) to 6 (totally agree) (Figure 1). Cronbach's alpha confirmed the internal consistency of the questionnaire items. Principal component analysis and exploratory factor analysis were performed.

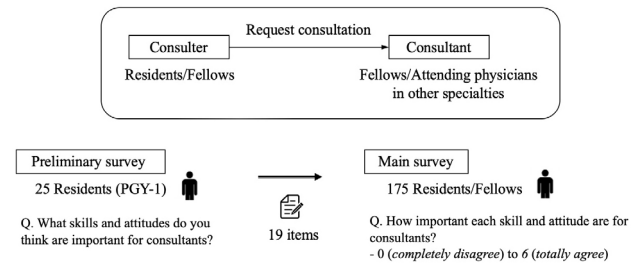








Figure 1. Skills and attitudes required in consultants according to residents

**Results.** The survey included 107 individuals (61.1%, 175 potential participants). The median postgraduate years of education were four (interquartile range: 2-5), and 64.5% were men ( $n = 69$ ). Seven key elements for consultants were identified and termed Willing CONSULT. These included (1) willingness (willingness to accept consultation requests), (2) contact (easy access to consultants), (3) needs (consideration of consultants' needs), (4) suggestions and support (providing clear recommendations and suggestions, following up on the patients, and supporting the consultants continuously), (5) urgency (considering the situation's urgency and responding appropriately), (6) learning opportunities (providing teaching points), and (7) text (writing medical records appropriately and quickly) (Figure 2).

### Willing CONSULT for consultants

-  **Willingness**  
*Willing to accept consultation requests/communicate with the consultants courteously/no emotional fluctuations*
-  **Urgency**  
*Consider the urgency of the situation and respond appropriately*
-  **Contact**  
*Easy access to consultants/connected by telephone when requesting a consultation/easy to ask questions*
-  **Learning opportunities**  
*Provide teaching points/provide feedback on the presentation/share the thoughts leading up to the recommendation/cite the literature*
-  **Needs**  
*Consider the needs of the consultants and have an open discussion*
-  **Text**  
*Write the medical records in a way that is easy for non-professionals to understand/write the medical records quickly*
-  **Suggestions/Support**  
*Provide clear recommendations and suggestions/follow up the patients, and support the consultants continuously*

**Conclusion.** We propose Willing CONSULT, which are important skills and attitudes for consultants.

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

### 963. Antibiotic Talk on TikTok: An Opportunity for Patient Education?

Lauren R. Biehle, PharmD, BCPS<sup>1</sup>; Emma Evans, PharmD<sup>2</sup>; Aislinn O'Kane, PharmD Candidate<sup>1</sup>; <sup>1</sup>University of Wyoming, Laramie, Wyoming; <sup>2</sup>Department of Veterans Affairs, Corpus Christi, Texas

**Session:** P-54. Infectious Diseases Medical Education

**Background.** Antimicrobial resistance is increasing at an alarming rate. Patient education is a critical component of stewardship and many patients access resources online. TikTok is a video-sharing social media platform with 700 million monthly users and contains videos that discuss health information. The objective of this study was to evaluate antibiotic-themed TikTok videos for their validity and reliability.

**Methods.** In March 2021, a search on TikTok using the term "antibiotics" was performed and the top 300 consecutive videos were identified. Data collected included: number of likes, associated disease state, medications, educational aim, mention of COVID-19, and if performed by a healthcare professional (HCP). Non-English videos were excluded. The DISCERN score was used to evaluate all videos for reliability.

**Results.** The first 300 consecutive videos were assessed using the DISCERN score. Of the 300 videos, most ( $n=224$ ) were not created by HCPs (non-HCPs). The number of "likes" per video ranged from 1 like to 2 million likes with a mean of  $34,949 \pm 143,482$ . Videos produced by HCPs were significantly more valid and reliable (mean DISCERN score of 1.65 vs 1.17,  $p < .00001$ ) than non-HCPs. They were found to be more relevant ( $p < .00001$ ), have clearer aims ( $p < .00001$ ), and were more balanced/unbiased ( $p = .00188$ ). Videos created by HCPs were more likely to have an educational focus ( $p < .0001$ ). There was no difference between groups in clarity of sources utilized or risk/benefits discussed of each treatment. Across all videos, the most common disease states mentioned were urinary tract infection, skin and soft tissue infection, and upper respiratory tract infection. Natural products, penicillins, and sulfa antibiotics were the most commonly discussed medications.

**Conclusion.** Videos created by HCPs were significantly more valid and reliable than those created by non-HCPs. The videos created by HCPs were also more likely to have clear aims and be more relevant. However, the majority of the videos evaluated were created by non-HCPs. It may be beneficial for HCPs to provide TikTok videos that are valid and reliable for patient education.

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

### 964. Impact of the COVID-19 Pandemic on Bedside Medical Education: A Mixed-Methods Study

Eva Clark, MD, PhD<sup>1</sup>; Jennifer Freytag, Advanced Post-Doctoral Fellow<sup>2</sup>; Sylvia J. Hysong, PhD<sup>1</sup>; Bich Dang, MD<sup>1</sup>; Thomas P. Giordano, MD, MPH<sup>1</sup>; Prathit A. Kulkarni, M.D.<sup>3</sup>; <sup>1</sup>Baylor College of Medicine, Houston, Texas; <sup>2</sup>Center for Innovations in Quality, Effectiveness, and Safety, Houston, Texas; <sup>3</sup>Baylor College of Medicine / Michael E. DeBakey VA Medical Center, Houston, TX

**Session:** P-54. Infectious Diseases Medical Education

**Background.** The COVID-19 pandemic obligated academic medical programs to substantially alter the traditional Internal Medicine (IM) rounding model to decrease risk of inpatient nosocomial viral transmission. Our study aimed to describe how IM rounding practices changed during the COVID-19 pandemic and to understand the impacts of these changes on medical education.

**Methods.** We conducted a two-phase, mixed-methods study of inpatient IM rounding team practices at a large academic hospital in Houston, TX. In the first phase (January-February 2021), we organized and audio-recorded 4 virtual (Zoom) focus groups. Each included 5-6 rounding team members, divided by: attendings; senior residents; interns; and medical and physician assistant students. In the second phase (March-May 2021), we performed 6 direct observations of IM teams during rounds. Two observers systematically recorded variables such as time spent on non-bedside versus bedside rounds, number of each team member type entering patient rooms for bedside teaching, and types of personal protective equipment (PPE) worn.

**Results.** Topics discussed during focus groups included comparisons of rounding team size, rounding duration, physical distancing and PPE use, bedside education, communication methods, and patient safety before and after March 2020. Perceptions of changes in each topic were generally consistent across groups (Table 1). Direct observation data showed that team rounding styles remained diverse in the proportion of rounding time spent in an office versus on the wards, and in the number and types of team members entering patient rooms. IM team members uniformly wore respiratory PPE when entering all patient rooms; use of eye protection varied. Teams spent more total time discussing patients with or suspected to have COVID-19 compared to patients without COVID-19 (median 24 min versus 13 min,  $p < .0001$ ).

**Table 1.** Summary of Focus Group Discussions Comparing Rounding Practices Before and After March 2020

Focus Group Participant Type	N	Rounding Team Size	Duration of Rounds	Physical Distancing	Bedside Education	Non-Bedside Didactic Education	Patient Communication	Patient Safety
Students	6	↓	↓	↑	↓	↓	↓	=
<p><b>Representative quotes:</b></p> <p>"It's harder to focus on remote rounds, it's often hard to hear, and sometimes it can be more challenging to ask questions. I think there's less of an emphasis on student teaching since students are often more excluded by being in a different location than the rest of the team."</p> <p>and</p> <p>"[As we go forward] rounding will retain some aspects; perhaps recognizing the efficiency of table rounding. I do not believe that rounding will retain its virtual platform, as that was not desirable by any members of the team as far as my experience showed."</p>								
Interns	5	↓	↓	↑	↓	↓	↓	↓
<p><b>Representative quotes:</b></p> <p>"Did I learn from others at the bedside? The answer is yes. But most of it was by observation. Yes, I did pick up a line or two that my attending used during [a goals of care] discussion. I did witness how my attending positioned a patient for a certain exam maneuver and adopted that. Things in that nature. So I did learn a lot at the bedside. I just never had formal bedside teaching."</p> <p>and</p> <p>"PPE puts a barrier up between patients and physicians, I had one patient who seemed to think I thought he was dirty or contaminated because I did not give him a high-five (although eventually I did) also makes communication harder, also we use the telephone more, especially with COVID- patients."</p>								
Residents	5	↓	↓	↑	↓	↓	↓	↓
<p><b>Representative quotes:</b></p> <p>"Some attendings 'table round' virtually then will bedside round with the split team... Definitely, for COVID patients or [patients under investigation], only the intern, attending, and maybe the upper level [resident] would go into the patient room."</p> <p>and</p> <p>"The practice and art of presenting the case in front of the patient has been very limited."</p>								
Attendings	5	↓	↓	↑	↓	↓	↓	=
<p><b>Representative quotes:</b></p> <p>"Less opportunity to identify non-verbal communication skills of team members."</p> <p>and</p> <p>"More use of electronic communication options will likely persist. It is more efficient and inclusive"</p>								

**Legend:** (↑) increased compared to before March 2020, (↓) decreased compared to before March 2020, (=) unchanged compared to before March 2020

**Conclusion.** Our results suggest that the COVID-19 pandemic adversely impacted bedside medical education, even into Spring of 2021. Conclusions from this study can be used to 1) address educational gaps related to COVID-19 pandemic-associated rounding changes and 2) create innovative methods of providing high-quality clinical education that will be minimally impacted by future respiratory virus pandemics.

**Disclosures.** Prathit A. Kulkarni, M.D., Vessel Health, Inc. (Grant/Research Support)

### 965. Advanced Practice Providers in Infectious Disease: Educational Needs and Opportunities.

Leah H. Yoke, PA-C, MCHS<sup>1</sup>; Alison M. Beiler, PA-C, MPAS<sup>2</sup>; Catherine Liu, MD<sup>3</sup>; Steven A. Pergam, MD, MPH<sup>3</sup>; Steven A. Pergam, MD, MPH<sup>3</sup>; Shireesha Dhanireddy, MD<sup>4</sup>; <sup>1</sup>University of Washington; Fred Hutch Cancer Research Center, Seattle, Washington; <sup>2</sup>Harborview Medical Center, Seattle, Washington; <sup>3</sup>Fred Hutchinson Cancer Research Center; University of Washington, Seattle, Washington; <sup>4</sup>University of Washington, Seattle, Washington

**Session:** P-54. Infectious Diseases Medical Education

**Background.** Advanced Practice Providers (APPs) practice throughout Infectious Disease (ID) in a variety of settings through interprofessional collaboration with physicians, pharmacists, and other team members. However, there is a paucity of specific and directed educational opportunities available for APPs within ID. In order to better understand this, we examined specific APP educational needs and how educational programs could provide high quality opportunities for APPs in ID.

**Methods.** Voluntary anonymous surveys were created in the REDCap data tool and distributed by email lists, social media, and Infectious Diseases Society of America community forums to APPs working in ID.

**Results.** Ninety-nine APPs responded to the survey (figure 1). 97% (96) of respondents were interested in APP specific ID educational opportunities. Of respondents, 76% (74) felt ID specific podcasts would be most helpful, while 86% (84) noted that access to ID clinical case conferences or self-directed, online modules would be instructive (figure 2). 91% (90) did not attend IDWeek annually due to various barriers, including lack of clinical coverage and cost associated with the conference (figure 3)