

**Infectious Disease faculty and fellow perceptions of EMR documentation-
Baseline survey**

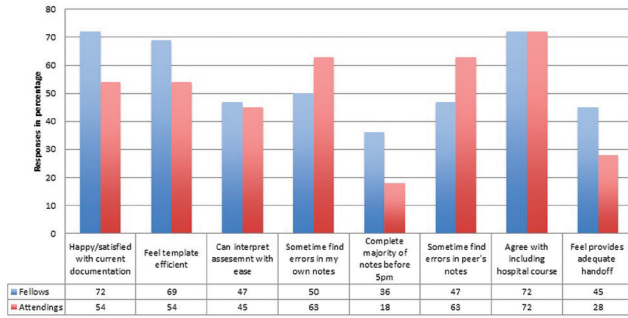


Figure 2: Baseline survey of faculty and fellows on their perceptions towards existing EMR documentation. N=25, 11 fellows and 14 faculty. Results are expressed in percentage

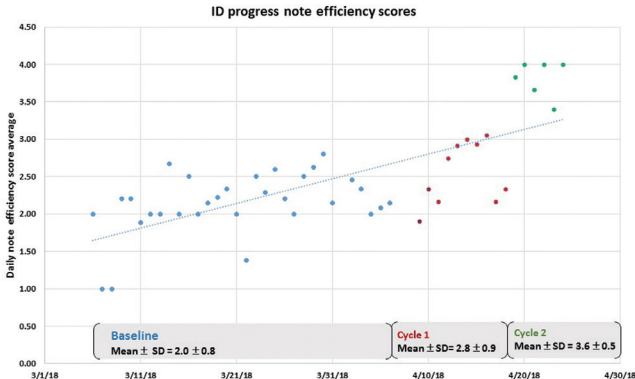


Figure 3: Results expressed as daily note efficiency score average. Note efficiency score involves listing all of the following key elements with 1 point awarded for each: active problem in the subjective section, updated hospital course under assessment, active problem prioritized first under assessment and non relevant problems removed from assessment. SD refers to standard deviation

Disclosures. All authors: No reported disclosures.

1311. Incorporating an "Escape Room" Game Design in Infectious Diseases Instruction

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Background. As health professions education evolves toward active learning environments, interest in using games as an educational tool is increasing. One contemporary commercial game that has design potential for learning activities is an "escape" or "breakout" room. Escape rooms are live-action games where teams of players work to achieve a common goal in a set amount of time. Limited literature is available assessing this type of gaming format for education design. This study investigated the design and implementation of an escape room learning activity in a third-year pharmacy infectious disease elective course at the University of Kentucky College of Pharmacy.

Methods. During a Gram-positive antimicrobial resistance module, third-year pharmacy students participated in both patient case-based instruction and an escape room learning activity. Three IRB-approved surveys were distributed electronically; the first was completed prior to class and functioned as a standard teaching tool to assess mastery of content based on pre-assigned reading and previous coursework. Two surveys were completed after the session to assess knowledge and perceptions gained during each learning activity. Students answered multiple-choice knowledge-based questions and then responded to five statements using a Likert scale from 1 to 7 (1 = Not at all, 4 = Somewhat, and 7 = Very much) to indicate perceptions of each instructional activity.

Results. Nineteen students participated in the study. The mean correct scores for knowledge-based assessment were 90.5% in the pre-class survey, 82.1% in the post-case survey, and 90.5% in the post-escape room survey. There was an overall positive perception of both learning activities based on results of the survey questions. The escape room learning activity was preferred by 18 of 19 students (94.7%), but only 11 of 19 (57.9%) indicated they learned better from the escape room.

Conclusion. This study illustrates an escape room designed to meet lecture learning objectives is a feasible active learning technique. While students demonstrated knowledge gained from the activity and indicated positive perceptions, this approach warrants further evaluation.

Disclosures. All authors: No reported disclosures.

1312. Division Divided: Using Debate as an Educational Tool to Teach Evidence-Based Clinical Decision-Making

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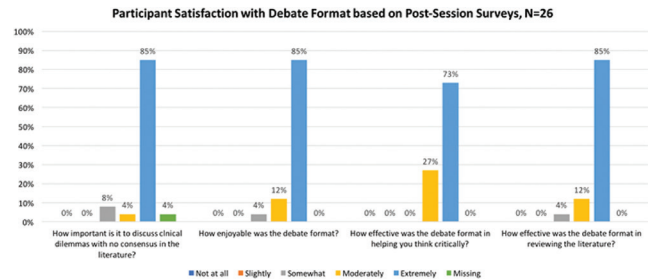
Background. In medical education, there has been a push to implement innovative teaching techniques that encourage critical thinking rather than just knowledge dissemination. Debate promotes critical thinking by challenging individuals to consider alternate viewpoints, which could make it an ideal format to review the evidence relevant to common clinical dilemmas in infectious diseases (ID). We describe a pilot of one such debate format in our ID fellowship program.

Methods. We reviewed literature regarding the effectiveness of ceftriaxone for outpatient antibiotic therapy (OPAT) in methicillin-susceptible *Staphylococcus aureus* (MSSA) osteoarticular infections. The evidence was presented as a structured debate in place of our weekly case conference. Pre- and post-session surveys containing multiple choice questions and Likert items were administered to assess the impact of the debate on attendees' knowledge, attitudes, and practices on this topic along with their attitudes toward the debate format. Differences between pre- and post-session surveys were analyzed using paired t-tests and McNemar's test.

Results. At the first debate 33 residents, fellows, and faculty members were present, and 24 (73%) completed both the pre- and post-session surveys. Attendees demonstrated significant improvement between the pre- and post-session knowledge questions, which covered the following topics: study design of articles supporting ceftriaxone use (31% vs. 62%, $P = 0.008$), appropriate method to assess ceftriaxone susceptibility (64% vs. 100%, $P = 0.004$), and whether the inoculum effect applies to ceftriaxone (35% vs. 77%, $P = 0.003$). After the debate, attendees were more willing to use ceftriaxone ($P = 0.001$) and felt more familiar with the literature ($P < 0.001$). The post-session survey showed that individuals both enjoyed the format and found it effective (Figure 1). Most individuals stated that they were either extremely likely (85%) or likely (8%) to attend if this format was used again. Written comments included "strongly recommend continuing this format" and "much better than regular case conference with more discussion and critical thinking."

Conclusion. Debate appears to be an effective and enjoyable format to teach clinical controversies in ID.

Figure 1.



Disclosures. All authors: No reported disclosures.

1313. Does Time Fly When Having Fun? A Study Assessing the Relationship Between Estimated Time on Task and Enjoyment of Infectious Diseases Serious Games

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Background. Mastering the fundamentals of infectious diseases (ID) requires students to memorize large volumes of material about pathogens, antibiotics, patients, and the interactions between the three. It is hypothesized that there is a positive relationship between time on task and engagement. The objective of this study was to explore the relationship between enjoyment of a serious game and the estimated time spent playing.

Methods. During a one-time session, students from two colleges of pharmacy engaged in three ID game-based active learning strategies each lasting a pre-specified time. These strategies included a card game about calculations (Fightin' Figures, FF), a quiz game about antibiotic fundamentals (Rapid Rounds, RR), and a board game using NAPLEX practice examination questions (Pills and Placebos, PP). Students completed a survey for each game assessing enjoyment and estimated time spent playing each game.

Results. Eighty-four students participated. Demographics of the sample include female 53%, mean age 26.7 years, and mean GPA 3.6. Using a Likert scale from 1-10 (1 = not enjoyable, 10 = very enjoyable) student rated each game: FF 6.5 ± 2.2, RR 7.2 ± 2.3, PP 8.4 ± 1.8. The time estimation ratio, calculated by dividing the estimated time by the actual time for each game was 0.9 ± 0.5 for FF, 1.5 ± 0.6 for RR, and 1.0 ± 0.4 for PP. The percentage of students who underestimated time spent playing was 57% for FF, 8% for RR, and 41% for PP. There were no differences in time estimation ratio based on sex, age, or GPA.