The first 300 consecutive videos were assessed using the DISCERN score to evaluate antibiotic-themed TikTok videos for their validity and reliability. The objective of this study was to evaluate antibiotic-themed TikTok videos for their validity and reliability. Across all videos, the most common disease states mentioned were urinary tract infection, sepsis, and meningitis. The videos created by HCPs were more likely to discuss the appropriate use of antibiotics and to provide clear recommendations and suggestions. 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 not created by HCPs (non-HCPs). The videos created by HCPs were also more likely to be valid and reliable for patient education.

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. Biehe, PharmD, BCP; Emma Evans, PharmD; Aislinn O’Kane, PharmD Candidate; University of Wyoming, Laramie, Wyoming; 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. The first 300 consecutive videos were assessed using the DISCERN score.

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 34,943 ± 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 also 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 claims 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 products, penicillins, and sulfa antibiotics were the most commonly discussed products. The number of ‘likes’ per video ranged from 1 like to 2 million likes with a mean of 34,943 ± 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 also 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 claims of sources utilized or risk/benefits discussed of each treatment.

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; Jennifer Freytag, Advanced Post-Doc/Doctoral Fellow; Sylvia J. Hysong, PhD; Richard Dang, MD; Thomas P. Giordano, MD, MPH; Prathit A. Kulkarni, M.D.; Baylor College of Medicine, Houston, Texas; Center for Innovations in Quality, Effectiveness, and Safety, Houston, Texas; Baylor College of Medicine / Michael E. DeBakey VA Medical Center, Houston, Texas

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 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 time discussing consultations with or suspected to have COVID-19 compared to patients without COVID-19 (median 24 min versus 13 min, p < .0001).

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 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 time discussing consultations with or suspected to have COVID-19 compared to patients without COVID-19 (median 24 min versus 13 min, p < .0001).

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.

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965. Advanced Practice Providers in Infectious Disease: Educational Needs and Opportunities. Leah H. Yoke, PA-C, MCHS; Alison M. Beiler, PA-C, MPAS; Catherine Liu, MD; Steven A. Perlman, MD, MPH; Steven A. Perlman, MD, MPH; Shireen A. Dhanireddy, MD; University of Washington; Fred Hutch Cancer Research Center, Seattle, Washington; Harborview Medical Center, Seattle, Washington; Fred Hutchinson Cancer Research Center; University of Washington, Seattle, Washington; 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 most beneficial (figure 2). 91% (96) did not attend IDWeek annually due to various barriers, including lack of clinical coverage and cost associated with the conference (figure 3).