post-rotation quiz (mean pre-test of 49% to mean post-test 79%). Table 1 displays the question topics and pre/post test change in percentage correct. The most difficult pre-test topics were 'Recognition of AmpC-Expressing Organisms' and 'Antibiotics with activity against Pseudomonas aeruginosa', which improved, from 31% to 81% correct (p=0.03) and 50% to 100% correct (p=0.01), respectively.

### Mean Score on Pre-Rotation vs Post-Rotation Antimicrobial Stewardship Quiz

![Mean Score on Pre-Rotation vs Post-Rotation Antimicrobial Stewardship Quiz](image)

**Figure 1.** Mean score of interns on pre-rotation vs post-rotation antimicrobial stewardship quiz from March 2020 to May 2021 (n=16; p=0.01).

Table 1. Question topics and change in percentage correct on pre-rotation and post-rotation quizzes.

| Question Topic                                      | Pre-Test Percentage Correct | Post-Test Percentage Correct | p-value |
|-----------------------------------------------------|-----------------------------|------------------------------|---------|
| Recognition of AmpC-expressing organisms and inducible resistance to ceftazidime | 31%                         | 81%                          | 0.03    |
| Antibiotics with activity against Pseudomonas aeruginosa | 59%                         | 100%                         | 0.01    |
| Tick-borne illnesses                                 | 56%                         | 63%                          | 1.00    |
| Anaerobic spectrum of commonly prescribed antibiotics | 56%                         | 63%                          | 1.00    |
| Extended Spectrum Beta-lactamase (ESBL) bacteria recognition and antimicrobial management | 56%                         | 75%                          | 0.37    |
| Vancomycin monitoring and trough level interpretation | 56%                         | 88%                          | 0.18    |
| Candidiasis management and antifungal spectrum       | 63%                         | 89%                          | 0.22    |
| Interpretation of Klebsiella pneumonia carbapenemase (KPC) resistance gene detected using a molecular assay in a blood culture | 69%                         | 31%                          | 0.23    |
| Indications for treatment of asymptomatic bacteremia | 75%                         | 69%                          | 0.67    |
| Duration of antibiotic therapy for community acquired pneumonia and hospital acquired pneumonia | 75%                         | 94%                          | 0.37    |
| Coverage of atypical organisms in community-acquired pneumonia | 75%                         | 100%                         | 0.13    |

Question topics and change in percentage correct on pre-rotation and post-rotation quizzes.

**Conclusion.** A required one-week ID consult rotation for IM interns improved antimicrobial stewardship knowledge. Our experience may serve as a model for other institutions interested in increasing IM housestaff exposure to ID and antimicrobial stewardship.

**Disclosures.** Kristen Marks, MD, Gilead Sciences (Grant/Research Support)

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**959. Online CME Successful at Improving Knowledge, Competence and Confidence on Incorporating mAbs for COVID-19 Among a Global Audience**

Allison Armagan, PharmD³; Elaine Bell, PhD²; Maria B. Urvich, BSc, ELS¹; Shanthi Voorn, PhD¹; Medscape, New York, New York; Medscape Global, London, England, United Kingdom; Medscape Education, New York, New York

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

**Background.** The incorporation of effective treatments is critical to improving patient care for COVID-19. We assessed the educational impact of a series of continuing medical education (CME) activities on knowledge, competence, and confidence changes in US and OUS physicians related to the use of monoclonal antibodies (mAbs) for COVID-19.

**Methods.** 10 online, CME-certified activities were delivered in multiple formats. For individual activities, educational effect was assessed with a repeated pairs pre-/post-assessment study including a 1 to 7-item, multiple choice, knowledge/competence questionnaire and one confidence assessment question. To assess changes in knowledge, competence, and confidence, data were aggregated across activities and stratified by learning theme. McNemar’s test or paired samples t-test (P < .05) assessed educational effect. The activities launched between November 2020 and May 2021; data were collected through May 2021.

**Results.** To date, the 10 activities have reached over 50,000 clinicians, including 24,627 physicians. Selected improvement/reinforcement in knowledge/competence measured as relative % change in correct responses pre/post education across the learning themes are reported. (i) 89% improvement/reinforcement among US ID specialists in knowledge/competence incorporating mAbs into patient care and 83% improvement among outside the US (OUS) ID specialists (P < .001). (ii) 70% improvement/reinforcement among US PCPs in knowledge/competence incorporating mAbs into patient care and 55% improvement among OUS PCPs (P < .001). (iii) 52% improvement/reinforcement in knowledge/competence among US ID specialists regarding clinical data for mAbs and 44% among OUS PCPs (P < .001). (iv) 42% of US ID specialists and 29% of OUS ID specialists had a measurable improvement in confidence in identifying patients who would benefit from mAbs (P < .001).

**Conclusion.** This series of online, CME-certified educational activities resulted in significant improvements in knowledge, competence, and confidence and appropriate use of mAbs for SARS-CoV-2 in clinical practice. These results demonstrate the effectiveness of global curriculum-based education for clinicians designed to address specific gaps in care.

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

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**960. Creation of an Infection Prevention and Control (IPAC) Elective for Infectious Disease (ID) Fellows**

John L. Kiley, MD; Alice E. Barsoumian, MD; Bernadette Thompson, RN; Elizabeth Markelz, MD; Brooke Army Medical Center, San Antonio, Texas

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

**Background.** ID specialists often function as leaders of IPAC for healthcare systems, with variable training. Our graduates have noted feeling underprepared for this role despite completion of a computer-based training course on IPAC basics. We developed a 2-4 week IPAC elective (IPACe) rotation to address this gap to increase familiarity with key IPAC concepts, introduce learners to approaches to IPAC investigations, and develop understanding of common IPAC challenges and controversies.

**Methods.** Methodology followed Kerri’s 6-step approach. A reading list focusing on key areas in clinical medicine was developed. Instructional methods included flipped classroom, learner led discussions, performing tracers, and integration with the IPAC team. Key hospital processes including High Level Disinfection (HLD) and Sterile Processing Department (SPD) were reviewed in detail with and observed by learners. In addition to an IPACe, periodic required IPAC essay questions on real-world investigations as they arose were delivered to the learners. Learner Assessment: Learners were assessed on elements of IPAC consistent with the ACCME 6 core competencies at the end of their rotation. Program Assessment: Anonymous narrative feedback was solicited post rotation completion and at semi-annual program evaluations. Additionally, learners were asked to rate the elective on a 5 point Likert scale (1 lowest, 5 highest) and specific feedback was solicited for improvement. Finally, feedback was solicited from graduates in IPAC roles.

**Results.** 8 learners participated over from 2017-2021: 2 for 4 weeks, and 6 for 2 weeks. 4 of 8 surveys included a response to the questionnaire, all survey respondents (4/4) rated the elective 5: "rotation should be required of all trainees in the program." Narrative assessments revealed the elective was highly valuable. Graduates reported feeling well-prepared after the IPACe for their roles as IPAC leaders. Highlights identified were: exposure to interdisciplinary teamwork, participation in tracers in identifying gaps, and using real-world IPAC challenges as cognitive frameworks for outbreak investigation.

**Conclusion.** An IPACe was highly valued by fellow learners and narrative assessments identified key areas for further focus.

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

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**961. Experience, Lessons, and Strategies in Developing a High-Impact Real-Time Learning Network for Clinicians Caring for Patients with COVID-19 Infection**

Ravina Kullar, PharmD, MPH, FIDSA¹; Payal K. Patel, MD, MPH¹; Marjorie Connolly, BA, MA²; Coran Jallah, BS³; Gayle Levy, MS¹; Varun Phadke, MD³; Varun Phadke, MD³; Ethel weld, MD, PhD³; William Werbel, MD³; Andrea Weddle, MSW²; Dana Wollins, DrPH³; Natasha Chida, MD, MSPH¹; Expert Stewardship Inc., LA, California; University of Michigan and the Ann Arbor VA Healthcare System, Ann Arbor, MI; Humboldt University of Berlin, Berlin, Brandenburg, Germany; TDSA, Arlington, Virginia; Emory University, Atlanta, GA; Johns Hopkins, Baltimore, Maryland; Johns Hopkins University School of Medicine, Baltimore, Maryland

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**Background.** The incorporation of effective treatments is critical to improving patient care for COVID-19. We assessed the educational impact of a series of continuing medical education (CME) activities on knowledge, competence, and confidence changes in US and OUS physicians related to the use of monoclonal antibodies (mAbs) for COVID-19.

**Methods.** 10 online, CME-certified activities were delivered in multiple formats. For individual activities, educational effect was assessed with a repeated pairs pre-/post-assessment study including a 1 to 7-item, multiple choice, knowledge/competence questionnaire and one confidence assessment question. To assess changes in knowledge, competence, and confidence, data were aggregated across activities and stratified by learning theme. McNemar’s test or paired samples t-test (P < .05) assessed educational effect. The activities launched between November 2020 and May 2021; data were collected through May 2021.

**Results.** To date, the 10 activities have reached over 50,000 clinicians, including 24,627 physicians. Selected improvement/reinforcement in knowledge/competence measured as relative % change in correct responses pre/post education across the learning themes are reported. (i) 89% improvement/reinforcement among US ID specialists in knowledge/competence incorporating mAbs into patient care and 83% improvement among outside the US (OUS) ID specialists (P < .001). (ii) 70% improvement/reinforcement among US PCPs in knowledge/competence incorporating mAbs into patient care and 55% improvement among OUS PCPs (P < .001). (iii) 52% improvement/reinforcement in knowledge/competence among US ID specialists regarding clinical data for mAbs and 44% among OUS PCPs (P < .001). (iv) 42% of US ID specialists and 29% of OUS ID specialists had a measurable improvement in confidence in identifying patients who would benefit from mAbs (P < .001).

**Conclusion.** This series of online, CME-certified educational activities resulted in significant improvements in knowledge, competence, and confidence and appropriate use of mAbs for SARS-CoV-2 in clinical practice. These results demonstrate the effectiveness of global curriculum-based education for clinicians designed to address specific gaps in care.

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