Methods. A prospective study of CPG implementation for treatment in adult in-patients who had DFIs was conducted at surgical and orthopedics wards. The CPG was developed by the investigator team based on the data from our previous study (submitted to publish). CPG was presented monthly to train the orthopedic and vascular surgeons for 1 year. The empirical ATB regimens were prescribed by the responsible surgeon who was trained to use CPG. Demographic data, wound characteristics, microbiological data, ATB therapy, and clinical outcome were recorded. The appropriate empirical ATB treatment was determined by investigators whether CPG matched or microbiological matched. The adherence to CPG, the appropriate empirical ATB, and the unfavorable outcomes were analyzed. All findings were reported by descriptive and inferential statistics.

Results. A total of 85 DFIs patients were enrolled. The patients received the appropriate empirical ATB matched to CPG and matched to microbiological data, were 87% and 67%, respectively. The unfavorable outcome was 26% while previously was 72.4% (submitted to publish data) before CPG implementation. The independent factors associated with unfavorable outcomes were (1) inappropriate ATB and (2) infections with drug resistant pathogens (adjusted relative ratio: aRR 2.98; 95% CI: 1.36–6.55, \(P = 0.007\) and aRR 1.90; 95% CI: 1.05–3.45, \(P = 0.034\), respectively).

Conclusion. The current study demonstrated that mostly training of CPG result in the high adherence (87%) of CPG use and resulting in high rate of appropriate empirical ATB. Educational intervention insisted the responsible physician for administering the appropriate ATB with the improvement of unfavorable outcome in DFIs.

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1310. Improving Infectious Disease Electronic Medical Records Documentation: A Quality Improvement Study in an Academic Teaching Hospital
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Background. Pharmacists have a central role in infectious diseases (ID) and antimicrobial stewardship efforts across multiple healthcare settings. The demand for pharmacists to fill ID and stewardship-related careers will likely increase as institutions create antibiotic stewardship programs in response to the 2016 Joint Commission standard.

Objective of this study was to compare students’ perceptions of their school’s ID curriculum between students interested in an ID career and those who are not.

Methods. A cross-sectional survey study of students graduating from US pharmacy schools was conducted in September 2017. Students received the survey link from the ID faculty at participating schools.

Results. Five hundred thirty-seven students from 28 pharmacy schools completed surveys. Quality of ID didactic education was rated as Very Good by 220 (41%), Good by 219 (40%), Acceptable by 76 (14%), and Poor by 22 (4%) respondents. The most common career interests were ambulatory care (44%), community practice (38%), and infectious diseases (29%). The most common preferred practice settings for students with an interest in ID (n = 157) were inpatient/hospital (86%), inpatient stewardship (70%), and inpatient ID consult service (66%). Differences in responses about didactic ID education between students interested in an ID career and those who are not were significant: education of patients in ID (59% vs. 48%, \(P = 0.007\)), antimicrobial stewardship (38% vs. 22%, \(P = 0.034\)), and infection control (32% vs. 20%, \(P = 0.034\)).

Conclusion. Pharmacists will have an increasing role in ID education. The demand for pharmacists to fill ID and stewardship-related careers will likely increase as institutions create antibiotic stewardship programs in response to the 2016 Joint Commission standard.

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

| Question | Mean | SD | Min | Max |
|----------|------|----|-----|-----|
| Time spent on EMR documentation | 1.7 | 1.2 | 0.5 | 5.0 |
| Can interpret EMR documentation in real time | 3.3 | 1.0 | 1.0 | 5.0 |
| Sensitivity to EMR documentation | 3.2 | 1.1 | 1.0 | 5.0 |
| Completeness of EMR documentation | 3.4 | 1.0 | 1.0 | 5.0 |
| Completeness of EMR documentation in real time | 3.3 | 1.0 | 1.0 | 5.0 |
| Agreement with EMR documentation | 3.3 | 1.0 | 1.0 | 5.0 |
| Flexibility of EMR documentation | 3.2 | 1.1 | 1.0 | 5.0 |

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.

ID progress note efficiency scores

| Question | Mean | SD | Min | Max |
|----------|------|----|-----|-----|
| Time spent on EMR documentation | 1.7 | 1.2 | 0.5 | 5.0 |
| Can interpret EMR documentation in real time | 3.3 | 1.0 | 1.0 | 5.0 |
| Sensitivity to EMR documentation | 3.2 | 1.1 | 1.0 | 5.0 |
| Completeness of EMR documentation | 3.4 | 1.0 | 1.0 | 5.0 |
| Completeness of EMR documentation in real time | 3.3 | 1.0 | 1.0 | 5.0 |
| Agreement with EMR documentation | 3.3 | 1.0 | 1.0 | 5.0 |
| Flexibility of EMR documentation | 3.2 | 1.1 | 1.0 | 5.0 |

Figure 3: Results expressed as daily note efficiency score average. Note efficiency scores 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.

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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 IHR-approved surveys were distributed electronically to students; 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.

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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-resistant 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 who enjoyed the format 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.

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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. The sessions included “strongly recommend continuing this format” and “much better than regular case conference with more discussion and critical thinking.”

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.

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