Conclusion. In summary, we found differences between faculty and trainees regarding two important aspects of medical education: setting expectations and providing feedback. While most faculty feel that conversations regarding these topics occur invariably, trainees do not always share this perception. Trainees felt less comfortable voicing concerns and giving feedback to faculty than they perceived them to be. Overall, the data suggest that there is room for improvement to ensure that both faculty and trainees are operating from a shared mental model regarding setting team expectations and providing/receiving feedback.

Disclosures. All Authors: No reported disclosures

110. Optimizing Use of COVID-19 Personal Protective Equipment among Resident Physicians at a Veterans Affairs Hospital
Ronald M. Beaulieu, III, MD,1 Joanna Kimball, MD;2 Samuel S. Bailin, MD;3 Michael Lowery, MD;1 Jennifer A. Werthman, PhD, MBA, RN;4 Erin Gettler, MD;1 Chelsea Gorsline, MD;1 Kelly Lumpkins, MD;1 Bin Ni, MD,PhD;5 Karen Volpe, MD;1 Bryan Harris, MD;1 Todd Hulgand, MD, MPH;1 Anna K. Person, MD;1 Christina Fiske, MD, MPH;1 Milner Staub, MD,1 1Vanderbilt University Medical Center, Nashville, District of Columbia; 2VA Tennessee Valley Healthcare System, Nashville, Tennessee; 3Vanderbilt University Medical Center, Nashville, Tennessee; 4Vanderbilt University School of Medicine, Nashville, Tennessee; 5VHA Tennessee Valley Healthcare System, Geriatric Research Education and Clinical Center and Vanderbilt University Medical Center, Nashville, Tennessee

Session: P-50. Infectious Diseases Medical Education

Background. Correct personal protective equipment (PPE) use is key to preventing infection. Observations on a single unit at the Veterans Affairs Hospital (VA) Tennessee Valley Healthcare System (TVHS) prior to COVID-19 (October 2019-February 2020) showed low rates of correct PPE use among healthcare workers (HCWs) (Figure 1). In response to the COVID-19 epidemic, the VA implemented new PPE protocols. Based on our initial observations, we were concerned that incorrect use of PPE may increase the risk of COVID-19 exposure among HCWs. Resident physicians, who work at many sites, may be at high-risk for incorrect PPE use due to rapid turnover and limited site-specific PPE training. We aimed to assess and improve COVID-19 PPE use among internal medicine residents rotating at the VA TVHS.

Figure 1: Pre-COVID-19 Observations of Adherence to Contact Precarent Protocols at the Veterans Affairs Tennessee Valley Healthcare System

Methods. We used the plan, do, study, act (PDSA) model. Prior to starting VA rotations, residents were emailed PPE education to review. We implemented a 1-hour video conference PPE protocol review at rotation start followed by in-person PPE use evaluations for residents performed by infectious diseases fellows on day 2 and day 5-6 post-observation to provide just-in-time educational intervention. Errors at each PPE donning/doffing step were tracked. Correct PPE use data from both observations were compared using McNemar’s test. Baseline and post-implementation resident surveys assessed PPE knowledge and comfort.

Results. Pre-implementation survey response rate was 72% (21/29); 19/21(91%) reported knowing which PPE to use and 16/21(76%) reported knowing how to safely don/doff PPE. Twenty of 29 (69%) residents completed both observations. Errors decreased by 55% (p=0.0045) from 17/20 (85%) to 6/20 (30%) between initial and follow-up observations. Errors in hand hygiene, inclusion of all donning/doffing steps, and PPE reuse decreased, but PPE don/doff order errors increased (Figure 2). Post-project survey response rate was 16/29 (55%). All 16 reported knowing which PPE to use and how to safely don/doff PPE, and 11/16 (69%) residents felt both online and in-person interventions were helpful.

Figure 2: COVID-19 PPE Errors and Correction Types by Observation

Conclusion. Correct COVID-19 PPE use is essential to protect HCWs and patients. Just-in-time education intervention for PPE training may yield higher correct use compared to pre-recorded or online training.

Disclosures. All Authors: No reported disclosures

113. Point-of-Care Interactive Decision Support Tool Demonstrates Discordance Between Healthcare Practitioner Approaches and AASLD Guideline Recommendations in the Management of HBV Infection
Tiffany Henley-McBain, JSD,1 Zachary Schwarze, MSC, Els;2 Jennifer Blanchette, PhD;1 Jenny Schulz, PhD;1 Edward King, MA;2 Paul Kwo, MD;1 1Clinical Care Options, Reston, Virginia; 2Clinical Care Options, LLC, Reston, VA

Session: P-50. Infectious Diseases Medical Education

Background. The AASLD HBV management guidelines were updated in 2018 to include new recommendations. Patient variables that inform HBV treatment candidacy and treatment selection are complex and interconnected. To aid healthcare practitioners (HCPS) in aligning management decisions with practice guidance, we developed a Web- and app-based decision support tool, Hep B Consult.

Methods. The tool enables users to specify a guideline (AASLD, EASL, or APASL) and prompts them to enter patient variables: HBV DNA/ALT levels, liver fibrosis, extrahepatic manifestations, family history of HCC or cirrhosis, pregnancy status, confection, and comorbidities. Users select their intended approach for the case, after which the tool displays guideline recommendations specific to that case. Cases entered from January 2019-April 2020 by users who specified AASLD guidance (N = 7106) were assessed.

Results. For 32.3% of cases, the user selected “unknown” for a variable necessary to reach a guideline recommendation (Fig 1). The information most often missing was the level of fibrosis/inflammation (unknown in 16.3% of cases). HCPS intended management approaches matched the guidelines in 61.3% of cases for which a guideline recommendation was possible (Fig 2; n = 3742). Cases in which the HCP chose to monitor when treatment was indicated (11.6%) and those in which the HCP was unsure (12.2%) represented the largest discrepancies. Certain types of cases demonstrated higher discordance (Fig 3). The intended approach did not match the guidelines for 49.2% of immune-tolerant cases (n = 128). We also identified patterns important for patient health. In 20.0% of cases with compensated cirrhosis or moderate/severe inflammation or fibrosis (n = 345) and 12.5% of cases with decompensated cirrhosis (n = 72), the HCP intended to monitor although treatment was indicated.

Figure 1. Recommendation outcomes of cases entered for AASLD guidance.

Disclosures. All Authors: No reported disclosures

117. Discordance Between Provider and AASLD Guidelines in the Management of Cirrhosis
Jennifer A. Ni;3 Anna K. Person, MD,PhD;3 Karen Volpe, MD;1 Cory Hulgan, MD;1 Jennifer Blanchette, PhD;1 Jenny Schulz, PhD;1 Edward King, MA;2 Paul Kwo, MD;1 1Clinical Care Options, Reston, Virginia; 2Clinical Care Options, LLC, Reston, VA; 3Stanford University School of Medicine, Palo Alto, California

Session: P-50. Infectious Diseases Medical Education

Background. The AASLD HBV management guidelines were updated in 2018 to include new recommendations. Patient variables that inform HBV treatment candidacy and treatment selection are complex and interconnected. To aid healthcare practitioners (HCPS) in aligning management decisions with practice guidance, we developed a Web- and app-based decision support tool, Hep B Consult.

Methods. The tool enables users to specify a guideline (AASLD, EASL, or APASL) and prompts them to enter patient variables: HBV DNA/ALT levels, liver fibrosis, extrahepatic manifestations, family history of HCC or cirrhosis, pregnancy status, confection, and comorbidities. Users select their intended approach for the case, after which the tool displays guideline recommendations specific to that case. Cases entered from January 2019-April 2020 by users who specified AASLD guidance (N = 7106) were assessed.

Results. For 32.3% of cases, the user selected “unknown” for a variable necessary to reach a guideline recommendation (Fig 1). The information most often missing was the level of fibrosis/inflammation (unknown in 16.3% of cases). HCPS intended management approaches matched the guidelines in 61.3% of cases for which a guideline recommendation was possible (Fig 2; n = 3742). Cases in which the HCP chose to monitor when treatment was indicated (11.6%) and those in which the HCP was unsure (12.2%) represented the largest discrepancies. Certain types of cases demonstrated higher discordance (Fig 3). The intended approach did not match the guidelines for 49.2% of immune-tolerant cases (n = 128). We also identified patterns important for patient health. In 20.0% of cases with compensated cirrhosis or moderate/severe inflammation or fibrosis (n = 345) and 12.5% of cases with decompensated cirrhosis (n = 72), the HCP intended to monitor although treatment was indicated.

Figure 1. Recommendation outcomes of cases entered for AASLD guideline.

Disclosures. All Authors: No reported disclosures
1132. Professional Development Curriculum for Fellows in Infectious Diseases

**Session:** P-50. Infectious Diseases Medical Education

**Background.** ID fellowship training demands that fellows must learn a wealth of information to master ID content and become experts in the field. As such, there is often a limited amount of formal curricular time devoted to career development and to the business of medicine. We designed and implemented a professional development educational series for ID fellows.

**Table. Professional Development Curriculum Content Overview**

| Title                  | Format                      |
|------------------------|-----------------------------|
| Careers in ID Part 1   | Lecture with Q & A          |
| Careers in ID Part 2   | Small group discussion      |
| Physician Contracts    | Guest speaker with Q & A    |
| Compensation Models    | Small group discussion      |
| Job Search Elements Part 1 | Small group discussion  |
| Job Search Elements Part 2 | Guest speaker with Q & A |

**Methods.** Surveys of fellowship graduates indicated an increased need for training on the business aspects of medicine and careers in ID during fellowship. The primary aim of this project was to develop a professional development curriculum to meet identified needs while still being feasible to implement given all the other topic areas about which fellows must learn. We developed a 6-part series comprised of: careers in ID, physician contracts, compensation models, and job search (Table). Each of the 6 educational activities included pre-reading and a 1-hour small group activity. Outside speakers were utilized in 2 of the sessions. Fellows completed surveys pre- and post-curriculum implementation and also provided formative assessments of curricular activities throughout the year.

**Results.** All (n=6) ID fellows completed the curriculum. All 6 (100%) reported an increased understanding of careers in ID, physician contracts, and resources for continued learning on career paths. All fellows reported that this was a meaningful addition to the existing curriculum. Strengths of the curriculum as identified by fellows were the general topic areas and the interactive format. Fellows identified areas for improvement for upcoming years: expand the session on compensation models, include more information on careers in industry, and add billing and coding workshops.

**Conclusion.** The professional development curriculum was a valuable addition to our existing ID fellowship training program. Implementing a professional development curriculum for ID fellows is feasible.

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