Session: P-54. Infectious Diseases Medical Education

Background. Accurate and rapid dissemination of clinical information is vital during pandemics, particularly with novel pathogens. To respond to the high volume and constantly evolving knowledge during the COVID-19 pandemic, the Infectious Diseases Society of America (IDSA) created an online educational COVID-19 Resource Center for frontline clinicians.

Methods. In February 2020, IDSA launched an online resource center for COVID-19, which housed relevant clinical guidance, institutional protocols, and clinical trials. Then, in September 2020, IDSA leveraged a CDC grant to transform the resource center into the COVID-19 Real Time Learning Network (RTLN), a user-friendly, up-to-date microsite that contains clinically focused original content, guidelines, resources, and multimedia (Figure 1). The RTLN is supported by a team consisting of a Medical Editor, Associate Editors, an Online Editor, and IDSA staff. As of June 2021, the RTLN housed 12 sections, 7 of which are comprised of original content; these 7 sections contain a total of 37 subsections. A Twitter account (@RealTimeCOVID19) was also created in October 2020 to share information from RTLN in real-time.

Results. As of June 2021, the most visited page of the RTLN was the Moderna Vaccine page, with 486,869 page views (Figure 2). Peak monthly page views are displayed in Figure 3. Between October 2020 and June 2021, the RTLN Twitter account had 2,911 followers, 2,135,783 impressions, and 41,793 engagements. The account had also hosted 2 Twitter Chats on COVID-19 vaccines; these chats resulted in 19 million and 5.3 million impressions, respectively. Twitter engagements by month are displayed in Figure 4.

Conclusion. A comprehensive educational microsite housing clinically relevant COVID-19 information had high uptake, and an accompanying Twitter account had significant engagement. Rapid curation is labor-intensive and required expansion of our editorial team. To ensure we continue to serve the needs of our users a qualitative survey is planned. Our experience launching the RTLN can serve as a roadmap for the development of accessible and nimble educational resources during future pandemics.

Disclosures. Varun Phadke, MD. Nothing to disclose

962. Essential Consultants’ Skills and Attitudes (Willing CONSULT): A Cross-Sectional Survey
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Background. There is an increasing number of studies that infectious diseases consultations improve patients’ outcomes, but few studies have investigated the quality of consultations. The aim of this study was to identify important skills and attitudes for consultants to improve the quality of consultations.

Methods. We conducted our research in two phases: a preliminary survey (May 1 to 14, 2020) and the main survey (June 1 to 14, 2020). As a preliminary survey, first-year postgraduate residents at St. Luke’s International Hospital in Tokyo, Japan, were first asked an open-ended question about the types of skills and attitudes that are important for consultants. After eliminating duplicate answers, there were 19 skills and attitudes in total. In the main survey with residents who completed their residency training at our institute, from 2014 to 2018, and current residents (2019–2020), we first asked them about their demographic characteristics (gender, years of postgraduate education, and type of specialty). Then, they answered how important each skill and attitude are for consultants. All 19 items were scored on a seven-point Likert scale that ranged from 0 (not at all) to 6 (totally agree) (Figure 1). Cronbach’s alpha confirmed the internal consistency of the questionnaire items. Principal component analysis and exploratory factor analysis were performed.

Conclusion. A comprehensive educational microsite housing clinically relevant COVID-19 information had high uptake, and an accompanying Twitter account had significant engagement. Rapid curation is labor-intensive and required expansion of our editorial team. To ensure we continue to serve the needs of our users a qualitative survey is planned. Our experience launching the RTLN can serve as a roadmap for the development of accessible and nimble educational resources during future pandemics.

Disclosures. Varun Phadke, MD. Nothing to disclose
Results. The survey included 107 individuals (61.1%, 175 potential participants). The median postgraduate years of education were four (interquartile range: 2-5), and 64.5% were men (n = 69). Seven key elements for consultants were identified and termed Willing CONSULT. These included (1) willingness (willingness to accept consultation requests), (2) contact (easy access to consultants), (3) needs (consideration of consultants' needs), (4) suggestions and support (providing clear recommendations and suggestions, following up on the patients, and supporting the consultants continuously), (5) urgency (considering the situation's urgency and responding appropriately), (6) learning opportunities (providing teaching points), and (7) text (writing medical records appropriately and quickly) (Figure 2).

Willing CONSULT for consultants

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?

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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.

Methods. In March 2021, a search on TikTok using the term “antibiotics” was performed and the top 300 consecutive videos were identified. Data collected included: number of likes, associated disease state, medications, educational aim, mention of COVID-19, and if performed by a healthcare professional (HCP). Non-English videos were excluded. The DISCERN score was used to evaluate all videos for reliability.

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 34,949 and a median of 2,482. 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 found to be more relevant (p < .0001), have clearer aims (p < .00001), and were found to be more relevant (p < .0001), have more detailed treatment recommendations (p < .00001) and be more balanced/uniased (p=.00188). Videos created by HCPs were more likely to have an educational focus (p < .0001). There was no difference between groups in clarity of sources utilized or risk/benefit discussions used in 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 antibiotics.

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

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Background. The COVID-19 pandemic obligated academic medical programs to substantially alter the traditional Internal Medicine (IM) rounding team 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.

Results. Two observers systematically recorded variables such as time spent on non-bedside versus bedside rounds, number of each team member type entering patient rooms for bedside teaching, and types of personal protective equipment (PPE) worn. Table 1 describes 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 total time discussing patients with or suspected to have COVID-19 compared to patients without COVID-19 (median 24 min versus 13 min, p < 0.0001).

Disclosures. All Authors: No reported disclosures

Table 1. Summary of Focus Group Discussions Comparing Rounding Practices Before and After March 2020

| Feature                        | Pre-COVID 19 | Post-COVID 19 |
|-------------------------------|--------------|---------------|
| Rounding Team Size            | 6.9 ± 2.5    | 8.2 ± 3.5     |
| Duration of Rounding          | 75 ± 20      | 60 ± 15       |
| Physical Distancing           | 80 ± 10      | 88 ± 20       |
| Bedside Education             | 20 ± 10      | 40 ± 20       |
| Non-Bedside Direct Education  | 80 ± 10      | 60 ± 15       |
| Patient Communication         | 70 ± 10      | 60 ± 15       |

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.

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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 helpful (figure 2). 91% (90) did not attend IDWeek annually due to various barriers, including lack of clinical coverage and cost associated with the conference (figure 3).