Table 3: Completeness of rationale for specific recommendations provided in the sign-out (n=134)

|                          | FULL | PARTIAL | NONE |
|--------------------------|------|---------|------|
| Directed Evaluation      | 10 (7%) | 46 (34%) | 78 (58%) |
| Antimicrobial Recommendations | 12 (9%) | 70 (52%) | 52 (39%) |

Disclosures. All authors: No reported disclosures.

2537. #IDDailyPearl: A Twitter Tool to Enhance Literature Engagement on Busy Infectious Diseases Consult Services
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Session: 266. Medical Education: Medical School to Practice
Saturday, October 5, 2019: 12:15 PM

Background. Social media platforms enable on-demand, open-access learning which is attractive for busy clinicians and trainees. Additionally, teaching that occurs in a clinically contextualized, case-based setting in real time has the potential to be more effective than traditional didactics. We piloted a teaching tool to enhance learning and engagement with the literature for fellows on the infectious diseases (ID) consult service.

Methods. During a clinical service rotation, ID faculty posted a brief daily teaching point on Twitter under the hashtag #IDDailyPearl with a link to the relevant article. Tweets were required to be related to a patient case, associated with an article, and could not include patient identifiers.

Results. Over a 3-month period, there were 134 tweets that met our criteria, with 103 tweets posted by UCSD faculty and 45 by faculty from other institutions. The most common topic was endocarditis and bacteremia (16.4%), followed by fungal infections (11%), tuberculosis (9.4%), and antimicrobials (9.4%) (Figure 1). Article types included review articles (21.6%), retrospective cohort studies (20.2%), case reports (13.5%), randomized controlled trials (12.1%), prospective cohort studies (9.4%), and guidelines (8.8%). Most articles cited were published after 2015 (61.6%), and were from infectious diseases journals (58.2%). The average journal impact factor was 13 (range 0.07–97), with Clinical Infectious Diseases as the most commonly mentioned journal (20.2%). Tweets were “liked” 14.5 times (range 0–80) and re-tweeted 4.6 times (range 0–33). The twitter engagement rate per tweet was 6.3% (range 2.2 to 12%) and article links were clicked 19 times (range 3–164). We are currently identifying Tweet characteristics associated with increased engagement rates.

Conclusion. Our study provides a snapshot of the literature used to teach while on the ID clinical service and lays the groundwork for identifying teaching points that receive the most engagement. This tool enables teaching points and high-yield articles to be shared within and across institutions. Future studies will examine the impact that this tool has on fellow and faculty learning, and engagement with and knowledge of the current literature.

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2539. Characterization of Infectious Diseases Advanced Pharmacy Practice Experiences at United States Colleges of Pharmacy
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Background. Antimicrobial resistance is a public health crisis. Experiential education about the appropriate use of antimicrobials is necessary to prevent the post-antibiotic era. The purpose of this study was to describe the learning experiences during infectious diseases (ID) advanced pharmacy practice experiences (APPEs) offered by ID pharmacy faculty.

Methods. A 18-item, cross-sectional, multi-center, electronic survey was distributed via e-mail to ID pharmacy faculty at 124 schools and colleges of pharmacy in the United States. Programs were identified via the Accreditation Council for Pharmacy Education directory. Data related to student learning experiences, preceptor credentials, and teaching opportunities offered to pharmacy students were collected.

Results. Seventy-two (58%) ID faculty responded to the survey and 64 (89%) offered an ID APPE. Forty-three (67%) preceptors completed a PGY-2 ID pharmacy residency and 17 (27%) completed an ID pharmacy fellowship. ID physicians served as co-preceptors for 52% of rotations but only 34% had other ID pharmacists as co-preceptors. Of the 64 APPEs offered, 45% were at an academic medical center. The majority of students participated in antimicrobial stewardship activities (84%) and ID consults (80%) in adults. Greater than 90% of APPEs included learning experiences related to bone and joint, cardiovascular, central nervous system, Clostridioides difficile, fungal, intra-abdominal, lower respiratory, skin and soft tissue, and urologic infections. Viral hepatitis (39%), travel medicine (13%), ophthalmologic (39%), parasitic (33%), and rickettsial (31%) infections were less commonly offered. Most students were required to present patient cases (92%), lead topic discussions (91%), present journal clubs (88%), conduct medication use evaluations (56%) and work on research projects (53%).

Conclusion. Pharmacy ID APPEs provide students with a broad range of experiences, particularly in adult populations. Students commonly participated in the management of core infectious syndromes. ID APPEs provide students additional training on the appropriate use of antimicrobials.

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