Treatments aimed at patients with mild to moderate COVID-19 offer an opportunity to improve rates of hospitalizations and progression to severe disease. The aim of this study was to assess the educational impact of a series of continuing medical education (CME) activities on the knowledge, competence, and confidence of primary care (PCP), infectious disease (ID), and critical care physicians regarding the management of COVID-19 with monoclonal antibody (mAb) therapy.

Methods. The educational series consisted of 9 online, CME activities in multiple formats. At the individual activity level, educational effect was assessed with a repeated pairs pre-/post-assessment study including a 3-item, multiple choice, knowledge/competence questionnaire and one confidence assessment question, with each participant serving as his/her own control. To assess changes in knowledge, competence, and confidence data from all clinicians who completed both pre- and post-questions were aggregated across activities and summarized for each theme.

Results. To date, the 9 activities have reached over 24,000 physicians. Selected improvements in knowledge and competence measured as relative % change in correct responses pre-/post education across the learning themes are reported here. (i) 45% improvement in PCPs and a 31% improvement in ID specialists' knowledge/competence in identifying patients who would benefit from mAbs. (ii) 83% improvement in PCPs and a 42% improvement in ID specialists' confidence in identifying patients who would benefit from mAbs. (iii) 15% improvement in ID specialists' knowledge/competence on the clinical data on mAbs for COVID-19 (P < .001). (iv) 82% improvement in PCPs' knowledge/competence in understanding the mechanism of action (MOA) of mAbs for COVID-19 (P < .001).

Conclusion. This series of online, CME-certified educational activities delivered in multiple formats resulted in significant improvements in knowledge and confidence regarding the management of patients with mild to moderate COVID-19. This analysis also uncovered remaining educational gaps; 55% of content related to identifying patients who would benefit from mAbs was not retained post-education.

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954. Resources Needed by Critical Access Hospitals to Address Identified Infection Prevention and Control Program Gaps

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Methods: A 49-question Research Electronic Data Capture (REDCap) survey was distributed via email to infection preventionists in Region VII CAHs. The survey had 4 sections with questions focused on IPC program infrastructure, competency-based training, audit and feedback, and identification and isolation of high-risk pathogens/serious communicable diseases. An IPC practice score was assigned to each CAH by totalizing yes responses. A "no" or "not sure" response was considered an IPC gap. Respondents who selected "no" were asked to identify resources that would assist in mitigating identified gaps. Descriptive analyses evaluated frequency of gaps and most cited resources. Welch t-test was used to study differences in IPC practice score between states.

Results. 50 CAHs (33 in NE, 16 in IA and 1 in KS) and 1 small NE hospital (not licensed as CAH but included in the analyses as CAH) participated in the survey. Majority (n=38) responded to all sections with IPC scores ranging from 13 to 48. There was no significant difference between IPC practice scores of CAHs in NE and IA (average score 33 vs 36; p = 0.38). Specific IPC practice gaps present in >50% of CAHs were related to audit and feedback practices (Table 1). Additional gaps included lack of drug diversion program, absence of input from IPC team prior to purchasing equipment and failure to conduct risk assessment for the laboratory. Most CAHs cited resources needed by CAHs to strengthen their IPC program, a mitigation strategy for the laboratory. Most CAHs related to audit and feedback practices (Table 1). Additional gaps included lack of drug diversion program, absence of input from IPC team prior to purchasing equipment and failure to conduct risk assessment for the laboratory. Most CAHs cited resources needed by CAHs to strengthen their IPC program, a mitigation strategy for the laboratory.
Table 1. Needs/Resources for the identified Infection Prevention and Control Gaps.

| Identified IPC Gaps                                      | Needs/Resources                                                                 |
|--------------------------------------------------------|---------------------------------------------------------------------------------|
| Lack of IPC infrastructure for the submitted abstract  | Funding from Merck & Co. Inc.                                                    |
| Lack of IPC infrastructure for academic change         | Support, I have received grant funding for a investigator initiated research project from Merck & Con. Inc. However, I do not see any direct conflict of interest related to the submitted abstract |

Conclusion. Major IPC gaps exist in CAHs with many of them related to implementing audit and feedback practices that are an essential component of a successful IPC program. Focus should be directed on developing resources to mitigate identified IPC gaps.

Disclosures. M. Salman Ashraf, MBBS, Merck & Co. Inc (Grant/Research Support, I have received grant funding for an investigator initiated research project from Merck & Con. Inc. However, I do not see any direct conflict of interest related to the submitted abstract)

955. Trends in Top COVID-19 Questions Among a National Audience of Primary Care Clinicians

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Session: P-54. Infectious Diseases Medical Education

Background. As COVID-19 took the world by storm, primary care clinicians (PCCs) played a critical role in identification and management of this disease. Yet, knowledge around COVID-19 is constantly evolving, leaving clinicians with many unanswered questions. We sought to examine what questions PCCs had about COVID-19 and whether there were any trends over time.

Methods. We sought to examine what questions PCCs had about COVID-19 and whether there were any trends over time. We collected questions from PCCs during 4 live virtual 60-minute continuing medical education (CME) panel discussions on COVID-19 led by infectious disease experts from November 2020 to February 2021. Questions were independently sorted and analyzed by 2 MDs using constant-comparison and tie-break methodology.

Results. A total of 600 questions pertaining to COVID-19 were collected across 4 sessions. Top questions asked by PCCs ranked in descending order related to the following topics, with most common themes listed in parentheses: 1. Vaccines (efficacy, safety in pregnancy, indications/contraindications, timing of administration, side effects/adverse events) 2. Medication-Specific Treatment (monoclonal antibodies, ivermectin, steroids, convalescent plasma, supplements [vitamin D, zinc, vitamin c]) 3. Testing (false positive/false negatives, use in travel, quarantine, and gatherings) 4. Other Management (role of anticoagulation, use of chronic medications, guidelines) 5. Personal Protective Equipment (masks, eye protection, post-vaccination, use in travel). [Table 1] The percentage of questions around vaccination increased from 5% of total questions in October 2020 to 67% in February 2021. Questions related to Treatment declined from 20% to 6%. Testing declined from 21% to 3%. Other Management declined from 6% to 1% and PPE increased from 3% to 8% during this period.

Table 1. Top 5 topics of questions listed in descending order of frequency across all 4 COVID-19 panel sessions.

| Question Topic | Share of Questions |
|----------------|--------------------|
| vaccine        | 39.0%              |
| treatment      | 11.7%              |
| testing        | 9.0%               |
| management     | 7.7%               |
| PPE            | 4.7%               |

956. Neurosurgical Infectious Disease Curriculum for Infectious Disease Fellows and Application of a Novel Surgical Infectious Disease Framework

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Session: P-54. Infectious Diseases Medical Education

Background. Infectious disease (ID) consultations from surgical services account for 30-41% of all ID consults at academic medical centers. However, adult ID fellows in the United States complete residency training in Internal Medicine and may have limited prior exposure to patients on surgical services. We surveyed 16 first and second-year fellows of the combined Massachusetts General Hospital/Brigham and Women’s Hospital ID Fellowship to evaluate their self-perceived ability to approach ID consults from surgical services. While 75% self-reported confidence in their ability to approach general surgery consultations, only 33% reported confidence with neurosurgical consults.

Methods. We created a novel framework for approaching surgical ID consults (Figure 1). We then developed two interactive case-based discussion sessions for first-year fellows to address common neurosurgical consult scenarios (post craniotomy/ craniectomy surgical site infections and cerebral spinal fluid shunt infections). The session materials, including images of common surgical approaches and risk factors for infection, were reviewed by a neurosurgeon content expert. An ID faculty member facilitated the discussions. Each discussion took place during a 30-minute teleconference. The learners then completed a self-assessment survey to evaluate the extent to which they could meet the educational objectives (Table 1) using a 1-5 Likert scale.

Figure 1. Surgical Infectious Diseases Framework

Table 2. Percentage of questions in the top 5 topics for each of the 4 COVID-19 panel sessions, with associated trendline.

| Rank (all time) | Topic of Question | Trends |
|----------------|-------------------|--------|
| 1              | vaccine           | 4.9%   |
| 2              | Med-Specific treatment | 20.4% |
| 3              | testing           | 21.4% |
| 4              | other management  | 5.8%   |
| 5              | PPE               | 2.9%   |

Share of Asked Questions by Pri-Med Activity Date

| Pri-Med Activity Date: | Trends |
|-----------------------|--------|
| Week 1                | 4.9%   |
| Week 2                | 36.9%  |
| Week 3                | 27.4%  |
| Week 4                | 6.6%   |

Conclusion. PCCs nationally have gaps in knowledge around COVID-19 which can impact clinical decision-making. Based on our analysis of questions submitted by PCCs to infectious disease experts in a CME setting, the greatest gaps in knowledge were around vaccination, treatment, and testing with vaccination showing the greatest shift in interest over time.

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