1323. Implementation and Effectiveness of the Asia Pacific HIV Practice Course: Building Capacity of Healthcare Workers in the Region

Jessica Michaels, Bachelor of Social Work, Masters of Policy Studies; 
Dariusz Olejnyka, MD, PHD; 
Sumita Banerjee, MA Social Sciences, MSc 
Health Policy; 
Scott McGill, Masters Clinical Psychology; 
ing Yi Lin, Bachelor of Social Work; 
Hwa Lin Law, MD, Clinical Pharmacy; 
Np Yong, MSc 
Pharmacy; 
Nicole Wong, Bachelor of Social Work; 
Cheng Chuan Lee, MD and 
Sophia Archuleta, MD; 
Division of Infectious Diseases, University Medicine 
Cluster, National University Hospital, Singapore; 
Singapore; 
Department of Medicine, National University Hospital, Singapore; 
Singapore; 
Action for AIDS, Singapore, Singapore; 
Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine, Sydney, 
Australia; 
Institute of Infectious Diseases and Epidemiology, Tan Tock Seng Hospital, Singapore, 
Singapore; 
Department of Medicine, National University Hospital, Singapore; 
Singapore; 
Department of Medicine, Yong Loo Lin School of Medicine, National University, Singapore; 
Singapore

Session: 143. Medical Education 
Friday, October 5, 2018: 12:30 PM

Background. To mitigate the HIV pandemic and increasing outbreaks of infec- 
tious diseases, sub-Saharan African countries need increased healthcare worker cap- 
acity to address this growing need. In response, the need for advanced HIV clinical expertise in Zambia, UNZA, and UTH and挽回ed in 2008 to create a 1-year Postgraduate Diploma in HIV Medicine. The consortium extended this to an 18-month Master of Science in HIV Medicine to better align with existing professional advancement schema. In 2012, UNZA and UMB started a 4-year Master of Medicine in infectious diseases (MMedID), which was then expanded to a 5-year training program combin- 
ing internal medicine and infectious disease (MMed IM/ID) in order to produce a cadre with wider expertise in internal medicine and infectious diseases. Instruction consists of bedside teaching, didactic lectures, case conferences, and journal clubs. The bulk of teaching came from UMB clinical faculty with expertise in HIV and ID; faculty are either based in Zambia or visit from the United States.

Results. The MSc HIV program trained 27 physicians; of these, 24 (89%) are in health leadership positions in Zambia, with 17 (65%) directly involved in clinical care (mostly in the public sector), while 7 (15%) work for international implementing partners in Zambia. 1 physician emigrated to another African country, another one died and the third is in clinical nonleadership position in Zambia. The MMed ID program has enrolled 14 physicians. The first two graduates of the program completed the program in 2017 and were in health leadership positions within the MOH as well as teaching positions at UNZA.

Conclusion. Educational collaborations embedded within local institutions and structures can provide advanced healthcare expertise within resource-limited settings. The UNZA/UMB MMed IM/ID collaboration is a model example of a successful university partner- 
ship that has resulted in retaining health leadership and clinical care expertise in Zambia and the University of Maryland School of Medicine.

Disclosures. 1. Hachaamba, Centers for Disease Control and Prevention (CDC): Cooperative Agreement to Institution, Financial support for the work described in this abstract was made possible by a cooperative agreement award from the Centers for Disease Control and Prevention (CDC) to the University of Zambia and to the University of Maryland School of Medicine.

1322. Impact of Hospital Medicine on Trends in Infectious Diseases and Other Subspecialty Fellowship Applications

Lekshmi Santhosh, MD, Medicine' and Jennifer Babik, MD, PhD; UCSD Medical Center, San Francisco, California; Department of Medicine, Division of Infectious Diseases, University of California, San Francisco, San Francisco, California

Session: 143. Medical Education 
Friday, October 5, 2018: 12:30 PM

Background. Over the last decade, the rapid growth of hospital medicine has raised concerns that fewer graduating internal medicine (IM) residents might be pursu- ing fellowship, including in ID.1,2 We analyzed national trends in applications to subspecialty fellowships over the last 10 years to examine the potential impact of hospital medicine on subspecialty fellowship choices.

Methods. We examined 2009–2018 data from the National Resident Matching Program Specialties Matching Service® for applicants to eight IM specialties. The number of third year residents (R3s) was obtained from the American Board of Internal Medicine Resident Workforce Data.3

Results. The number of matched applicants increased significantly over the last 10 years from 2,889 to 3,640 (P < 0.0001) and was highly correlated with the increase in number of R3s (r = 0.93, P < 0.001). All subspecialties saw a significant increase in matched applicants over time except ID and nephrology, which both saw initial decreases that reversed after converting to an “all-in” match. In 2018, ID had its highest number of matched applicants in the last 10 years.

Conclusion. Despite concerns that the growth in hospital medicine would lead to fewer IM residents pursuing subspecialty fellowship, the number of matched appli- cants for subspecialty fellowships has actually increased over the last 10 years, and has kept pace with the growth in R3s over this time. Initial decreases in the number of matched applicants in ID have now reversed after conversion to the “all-in” match, and the next few years will be critical to determine whether this trend continues.

References
1. Santhosh L, Babik J, Looney MR, Hollander H. Whither the pulmonary ward attendance? Preserving subspecialty exposure in United States IM residency training. Ann Am Thorac Soc. 2017;14(4):565–568.
2. Bours M, Armstrong WS. Increasing subspecialization in the field of infec- tious diseases: Evaluating challenges and strategies to move forward. J Infect Dis. 2017;216(Suppl 5):S594–S599.
3. National Resident Matching Program. Results and Data: Specialties Matching Service. 2009–2018. Available at: https://www.nrmp.org. Accessed: 2018. 
4. American Board of Internal Medicine. Resident and Fellow Workforce Data. 2018.

Disclosures. All authors: No reported disclosures.
Conclusion. HIV-ASSIST is a patient-centric tool to improve patient outcomes through real-time ARV decision support and enhance knowledge of evidence-based HIV care guidelines.

Disclosures. All authors: No reported disclosures.

1325. HIV, Aging, and Comorbid Conditions: Case-Based, Online Education Improves HIV/ID Specialists’ Management Strategies
Semi Hurst, PhD, PA-C; 1 Archuleta, MD; 2 Olszyna, MD, PHD; 3 Smith, MN, PhD; 1 Medscape, LLC, New York, New York; 2 Medscape Education, New York, New York
Session: 143. Medical Education
Friday, October 5, 2018: 12:30 PM

Background. Over half of people living with HIV are over 50 years of age. Clinicians must balance HIV care with the management of age-related comorbidities such as, cardiovascular disease, diabetes, liver and kidney disease, and cancer.

Methods. To improve HIV/ID specialists’ ability to develop a comprehensive care strategy for aging men and women living with HIV, a CME/CE/CPE-certified educational intervention comprising two patient case scenarios was developed. It launched on a website dedicated to continuous professional development on March 23, 2018. The interactive, text-based, ‘‘test and teach’’ approach elicited cognitive dissonance; clinicians were presented with multiple-choice questions to evaluate their application of evidence-based recommendations. Each response was followed by detailed, referenced, feedback to teach. Educational effectiveness was assessed with a repeated pairs pre-/post-assessment study design, in which each individual served as his/her own control. Responses to three multiple-choice, knowledge questions, and one self-efficacy confidence question were evaluated. A chi-squared test assessed changes pre- to post-assessment. P values of <0.05 are statistically significant. Effect sizes were evaluated using Cramer’s V (0.05 modest; 0.15–0.15 noticeable effect; 0.16–0.26 considerable effect; >0.26 extreme effect). Data were collected through April 27, 2018.

Results. 4,130 HCPs, including 795 physicians, participated in the activity. Data from HIV/ID specialists (n = 76) who answered all pre-/post-assessment questions during the study period were analyzed. Significant improvements were observed overall (P < 0.001). In several specific areas of assessment (figure), following activity participation, the % of ID specialists who answered all assessment questions correctly increased dramatically: 9% (pre) vs. 88% (post). Additionally, 77% of HIV/ID specialists indicated a commitment to incorporate one or more changes into practice.

Conclusion. The HCW HIV Education Series is highly evaluated and well attended. Efforts to maintain and strengthen attendance across all modules is needed, the delivery of the modules over a 2-day period may be an effective way to achieve this. Research into the experiences of PHLV in healthcare facilities should also be considered.

Disclosures. All authors: No reported disclosures.

1327. Educational Intervention to Improve Communication With Patients Who Have Opioid Use Disorder
Colleen Kershaw, MD; 1 Wendy Steel, MD, MPH; 2 Christopher F. Rowley, MD/MPH; 3 Infectious Disease, Beth Israel Deaconess Medical Center, Boston, Massachusetts, 2 Infectious Diseases, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts, 3 Division of Infectious Diseases, Beth Israel Deaconess Medical Center, Boston, Massachusetts
Session: 143. Medical Education
Friday, October 5, 2018: 12:30 PM

Background. Infectious complications of opioid use disorder (OUD) have increased significantly in the last decade. Patients with OUD encounter stigma from healthcare providers, and providers have limited interactions with patients with OUD to be very challenging. At our teaching institution, anecdotal experience and objective data suggested clinician discomfort with communicating with OUD patients, as well as a ‘‘hidden curriculum’’ of stigma and bias around care of this group. We attempted to characterize this environment and created an intervention focusing on reduction of bias and stigma and improved communication with OUD patients.

Methods. General internal medicine faculty and residents completed a preintervention survey to measure knowledge and attitudes about OUD, as well as the institutional learning environment related to this issue. A workshop on communication, bias, and stigma in OUD was then administered to 78 faculty and residents. Immediately after participation, they completed a postintervention survey assessing concepts addressed in the session.

Results. The preintervention survey of 99 faculty and residents showed that 47% felt patients with OUD were difficult to work with. Faculty were more likely than residents to agree there was a negative hidden curriculum around OUD (70% vs. 43%, P < 0.001). This included witnessing other physicians using stigmatizing language (80%), minimizing time with OUD patients (49%), and choosing not to involve medical students with OUD patients (34%). Fifty participants completed the postintervention survey. Respondents identified a mean of 86% of stigmatizing words within patient scenarios, which improved from 60% before the intervention (P < 0.0001).

Conclusion. Clinicians reported negative attitudes and difficulty caring for patients with OUD. The majority identified a negative hidden curriculum around this disease, including stigmatizing language and avoidance of engagement with OUD patients. A workshop on communication, stigma, and bias improved scores on knowledge of stigmatizing language.

Disclosures. All authors: No reported disclosures.

1328. Medical Education in an Epidemic: Historical Lessons From the Early Days of HIV in America (1982–1986)
Maya Overby Koretsky, BA; History of Medicine, Johns Hopkins, Baltimore, Maryland
Session: 143. Medical Education
Friday, October 5, 2018: 12:30 PM

Background. Much historical work has investigated the impact of HIV on patient rights, American culture, and medical research; however, there is little scholarship on the institutional or policy context on medical education in this time period. Through the process of stigmatizing and labeling at the epicenter of an epidemic disease that was poorly understood, incurable, and contagious shaped a cohort of physicians’ experience of residency, beliefs about the role of the doctor in society, and their approach to practicing medicine.

Methods. Members of the University of California San Francisco (UCSF) internal medicine classes of 1982 and 1983 were interviewed, as well as individuals who were young faculty at San Francisco hospitals in the 1980s. Other sources included academic publications from the 1980s on HIV and medical education, archival documents, nursing and volunteer communications books from the SF General Hospital AIDS Ward, and patient ephemera such as thank you notes and obituaries.

Results. These interviews and documents highlight themes of commitment to care for HIV patients regardless of risk, lack of formal institutional support for residents engaged in HIV care, differences in professional norms that allowed nurses and volunteers access to modes of reflection that were unavailable to trainee physicians. For residents, the day to day experience of the HIV epidemic became an important locus for a narrative of medical professionalism and resilience that continues to animate medical education today. Provider narratives about the encounter with HIV served a parallel function to the creation of HIV clinics and public health