1437. Let's Talk About Sex: Improving the Adoption of Pre-exposure Prophylaxis by Internal Medicine Resident Physicians in New Orleans

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Background. An estimated 1.2 million adults in the US have an indication for pre-exposure prophylaxis (PrEP). However, the practice of prescribing PrEP by primary care providers (PCPs) continues to be low and ranges from 17–35% in recent studies. PCPs are best positioned to provide PrEP as a prevention tool before referral to an HIV specialist. New Orleans has the third highest incidence of HIV in the US; therefore, PCPs need to be adequately trained in providing PrEP. We implemented a resident-led quality improvement project to evaluate knowledge of PrEP and implement a training program to increase adoption of PrEP in internal medicine resident clinics.

Methods. An anonymous, online survey to assess PrEP knowledge and practices was conducted among resident and attending physicians in an internal medicine training program in New Orleans, Louisiana in 2017. We used SAS 9.4 for descriptive analyses and to evaluate variables associated with higher survey scores.

Results. We received 111 responses out of 153 (72.5%) physicians invited to participate, 100/140 (71.4%) of resident physicians and 11/13 (84.6%) of attending physicians. 93.6% of respondents had heard of PrEP and 75.2% were aware of published guidelines. Few had discussed (41.4%) or prescribed (14.4%) PrEP with at least 1 patient and 62.5% of those prescribing had done so only within an infectious disease clinic rotation (Figure 1). 50 (45.9%) respondents reported only taking a sexual history when in relation to a patient's chief complaint and 9 (8.3%) rarely asked about sexual history. Being unsure of patient eligibility, medication management, monitoring requirements and limitations in clinic were cited as barriers to adoption of PrEP (Figure 2). Respondents scored an average of 7.9 out of a possible 13 points (61%) regarding knowledge about PrEP based on CDC prescribing guidelines. There was a significant association between reported familiarity with PrEP ($P < 0.01$) and survey score.

Conclusion. Few internal medicine resident physicians who practice in New Orleans, a high-risk community for HIV, have experience prescribing PrEP, and there are opportunities to address gaps in knowledge that are the reported barriers to prescribing.

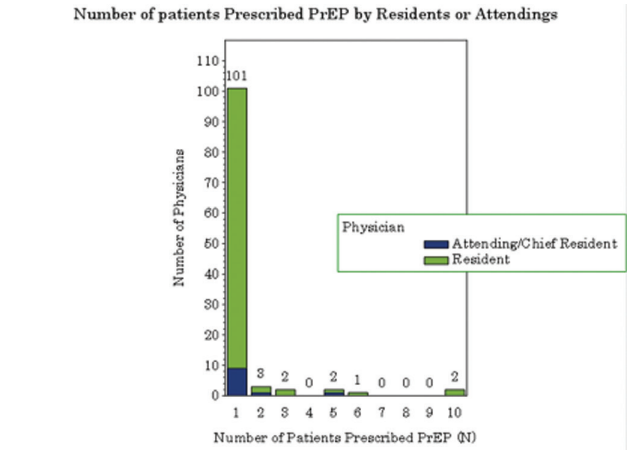
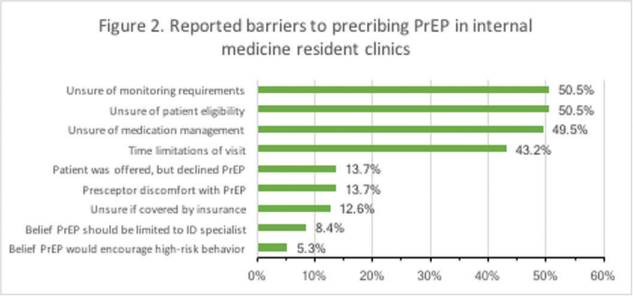


Figure 1



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1438. Spotting Sepsis: Blended Learning to Assess Student Recognition and Management

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Background. Program directors have expressed concern that some medical school graduates are unprepared for residency. Trainees should be able to perform the AAMC's Entrustable Professional Activities (EPAs) without supervision on day 1. We describe an innovative approach for evaluating performance in EPA 4 (orders and prescriptions) within a flipped, blended "Ready 4 Residency" (R4R) course. We assessed fourth year medical students' recognition and management of sepsis in an online case.

Methods. Students took R4R in March or April of 2017. R4R included two sepsis workshops and a simulation involving a septic patient. In the online component a patient presented with sepsis from soft-tissue infection. After receiving history and exam findings, 141 students submitted order sets. In March, 35% of students engaged in the training before the order set due date, while all April students engaged in these activities beforehand. Orders were assessed for entrustment using a rubric guided by the AAMC's description of EPA 4. Each criterion (4.1–4.4) was scored as "not entrustable", "developing entrustment", or "entrustable", and given an overall rating. We recorded which components of the sepsis bundle were included. Two reviewers independently assessed the de-identified data. Data analysis included the t-test, significant at α=0.05.

Results. Overall, 50% of students recognized sepsis (42% in March vs. 57% in April), 74% ordered blood cultures (74% vs. 75%), 62% ordered a lactate (58% vs. 66%), 60% ordered appropriate antibiotics (63% vs. 57%), and 40% ordered adequate fluid resuscitation (30% vs. 50%, P = 0.02). Entrustment was different by month (March vs. April) but was not significant: 70% vs. 54% were not entrustable, 18% vs. 28% were developing entrustment, 12% vs. 18% were entrustable.

Conclusion. A flipped, blended residency preparedness course is an innovative approach to assessing entrustment prior to residency. Virtual online patients can help educators identify knowledge gaps in recognizing and managing emergent conditions (i.e., sepsis). Students had difficulties with sepsis recognition and management, particularly with fluid resuscitation and antibiotic choice. We will bolster the curriculum to develop students' abilities to detect and manage sepsis to improve patient safety and outcomes.

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1439. Factors Impacting Selection of Infectious Disease Training for Military Internal Medicine Residents

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Background. Applications to infectious disease (ID) fellowships have declined recently; however, the military has not noticed this trend. In the past 5 years, 3 US military programs had 47 applicants for 40 slots. Differences in military fellowships include tropical medicine emphasis, a required overseas experience, higher fellowship salary, and a 3 year Army training program. Practicing internists are also frequent applicants. A national survey of graduating internal medicine (IM) residents identified factors influencing career choice, including mentorship and salary. This study examines military IM residents to identify any differences.

Methods. The prior survey tool was adapted to include questions unique to the training and practice of military medicine and uploaded onto an on-line survey platform. Program directors from 11 military IM residencies were asked to distribute survey links to their PGY-3s in Dec 16 – Jan 17. Data were categorized by ID interest and analyzed with Pearson's chi square or Fisher's exact as appropriate.

Results. Response rate was 51% (n = 68). 7% of respondents were ID applicants, 40% considered ID but reconsidered, and 53% were uninterested. No difference among the categories was seen with residency characteristics, length of military commitment, when interest in their field developed, or in timing of first ID rotation. 73% of those who considered ID changed their mind in their PGY-2/3 years. Primary deterrents from ID were salary (22%), lack of procedures (18%), and training length (18%). 60% of ID applicants were most drawn to global health or military ID. 12 respondents free texted that earlier exposure to the opportunities in ID may impact their decision.

Conclusion. Despite differences in context of training and practice among military trainees compared with civilian colleagues, similar factors impact their career choice selection and decision to go into ID. Salary continues to be identified as a deterrent. Military residents also identified length of training and lack of procedures as