

major deterrents. Respondents suggested earlier exposure to the opportunities of ID may be a recruiting tool. Further studies are needed to determine what may influence residents during their last 2 years of training to consider pursuing ID.

**Disclosures.** H. Yun, American Board of Internal Medicine, Infectious Disease Board: Board Member, travel reimbursement, honorarium

**1440. Effect of Experience of Internal Medicine Residents during Infectious Disease Elective on Future Infectious Disease Fellowship Application**

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**Background.** Over 55% of trainees change career plans at least once during residency, but the factors that drive these decisions are undefined. Since 2008 at our institution, internal medicine (IM) residents have been required to do a four-week inpatient ID rotation as an intern. Timing of this rotation was randomly assigned. We evaluated the effect of IM interns' experiences on their ID rotation on future application to ID fellowship.

**Methods.** Categorical IM interns rotating at Brooke Army Medical Center between July 2008 and June 2015 were included. Interns were grouped by eventual application to ID fellowship (IDA) and non-application (non-IDA). A review of schedules for the interns, faculty, and fellows was completed. Consult types seen during the interns' electives as tracked by fellow case logs were categorized into 18 topics by two ID staff. Up to two different categories could be coded for each consult. Data on trainee/fellow/faculty gender, branch of service, and years of experience, were obtained.

**Results.** Between July 2008 and June 2015, 143 IM interns rotated through ID. Ten (7%) were IDA. Gender, military branch of service, year, and number of co-rotating trainees didn't affect future fellowship application. However, 90% of IDA compared with 46% of non-IDA rotated in block 1-7 (June-January) ( $P < 0.01$ ). IDA was not associated with rotating with program leadership or with the level of experience of fellows or faculty. There was a median of 34 and 33 consults seen during the rotation of IDA and non-IDA respectively. A median of 8 skin and skin structure infection consults were seen during months with IDA compared with 5 by non-IDA ( $P = 0.02$ ). There was also a trend towards more BSI and CNS infections seen during rotations with IDA ( $P < 0.1$ ). Otherwise there was no difference in consult types seen during their rotation.

**Conclusion.** During a seven-year period when all interns were required to rotate on ID, there were minimal differences in consult type on the ID rotation amongst IDA and non-IDA. However, those randomly assigned to rotate on ID in the first six months of their intern year were more likely to become future ID applicants. This supports prior self-reported survey studies that early exposure to the field of ID may impact future career choice.

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**1441. How Did the Zika Virus Outbreak Impact Residency and Fellowship Recruitment in Miami, FL?**

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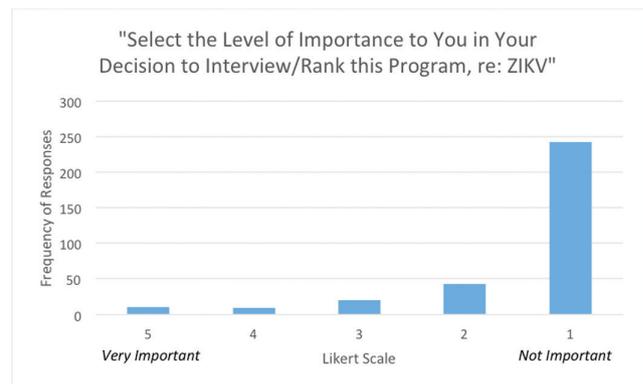
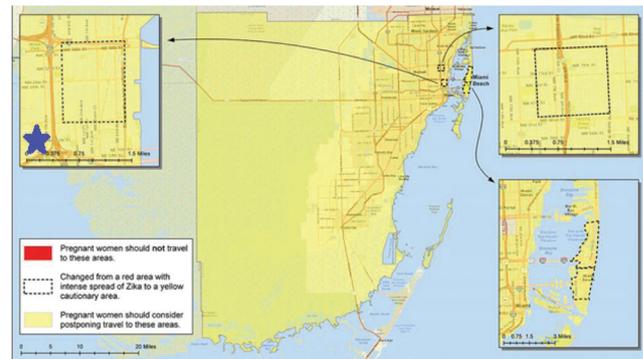
**Background.** In July 2016 South Florida experienced a Zika Virus (ZIKV) outbreak as part of the introduction of the flavivirus in the Americas. At the same time, the National Residency recruiting season was held. The affected area was a mile away from the residency/fellowship training programs of Jackson Memorial Hospital (JMH) and University of Miami Miller School of Medicine (UM). The population at risk for severe ZIKV complications include pregnant women. Many of the applicants were women at reproductive age. The factors influencing residency applicants' choice of training program have been reported. However, no study has analyzed how a local outbreak with proximity to the area of training affects applicants' choice of programs.

**Methods.** Following the Match 2017, an electronic survey was sent to 2,256 applicants to 19 JMH/UM graduate medical education (GME) programs (15 residency, 4 fellowship programs). We used quantitative and qualitative analyses to explore factors influencing candidates' decisions, including the ZIKV outbreak.

**Results.** Survey response rate was 15% (331/2256). The quantitative analysis identified factors that were Övery important to applicants Örated 4-5/5 (current resident satisfaction; relationship between faculty and residents; collegiality of current residents; location; quantity and quality of faculty content/mentoring; faculty teaching expertise; diversity of patients; diversity of types of procedures), consistent with prior research. In contrast, the presence of ZIKV in MDC was Önot importantÖ; average

score of 1.46/5. 10 respondents said that the presence of ZIKV was Övery importantÖ; 4 were female, 6 were male; 3/10 said ZIKV made the applicant less likely to accept the interview offer; all ultimately accepted the interview. 100% of respondents were aware that ZIKV was in Miami-Dade county. However, only 6 % (19) of respondents were provided information about ZIKV by their interviewed Program.

**Conclusion.** ZIKV outbreak was not a significant independent variable affecting likelihood to match at JMH/UM in Miami-Dade County. These results have important implications for the role of local disease outbreaks in affecting recruitment of medical trainees for residency and fellowship programs.



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**1442. The Impact of an Online, Episodic CME Strategy on Improving Physicians' Knowledge and Competence in the Care of Persons Living With HIV**

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**Background.** Despite the availability of effective treatment, nearly 7000 people in the United States die of HIV/AIDS every year. Gaps exist at every step of the care continuum.[3-5] and persons with an unsuppressed viral load have poor health outcomes and are more likely to transmit HIV to others. Recognizing and addressing the challenges that persons living with HIV (PLWH) face because of culture, gender, age, or life circumstance is key for HIV care providers seeking to deliver patient-centered care.

**Methods.** To address identified gaps, an online CME/CE/CPE educational initiative was developed. Comprising a series of 8 TV-like video commentaries featuring an HIV expert interviewed by a medical journalist, each episode addresses HIV care in the context of gaps in the care continuum (Episode 1); aging (Episode 2), HIV among adolescents (Episode 3), unique challenges among women (Episode 4), HIV primary care (Episode 5), substance abuse (Episode 6), and ethnicity (Episodes 7, 8). Episodes launched online between June 2016 and December 2016. Educational effectiveness was assessed using repeated question pairs in a pre-/post-study design that compared learners' responses to questions immediately before and after exposure to educational content. A chi-square test of independence determined if changes between pre- and post-assessment scores were statistically significant.

**Results.** As of April 28, 2017, a total of nearly 96,000 learners had participated across the 8 episodes; participation for each episode ranged from 7000 to more than 15,000. This initial analysis compared pre- and post-assessment scores from the subset of infectious disease (ID)/HIV physicians who answered questions during the first 2 months post-launch, and identified several areas of improvement (Figure).

**Conclusion.** Participation in this innovative online CME/CE/CPE initiative led to significant ( $P < .05$ ) improvements in physicians' knowledge and competence in the care of PLWH, particularly with respect to recognizing the risk for age-related disease, factors influencing HIV acquisition in Latinas, and addressing primary care needs.. The findings also uncovered ongoing gaps and educational needs that warrant further/additional interventions.