

**Conclusion.** While recognizing that HIV testing is important, IMRs surveyed displayed a lack of knowledge of PrEP, most likely due to limited exposure in their medical education/training. Rotations on an HIV service appeared to increase PrEP knowledge as did planned entry into PC or ID. In order to increase PrEP knowledge and usage, enhanced PrEP education, and importantly exposure to high-risk patients should be incorporated into the curriculum of evidence-based prevention interventions during IMR training.

**Disclosures.** All authors: No reported disclosures.

**1448. How to Save a Failing Fellowship: Drexel Infectious Disease Improvement in ACGME Fellow Survey Results**

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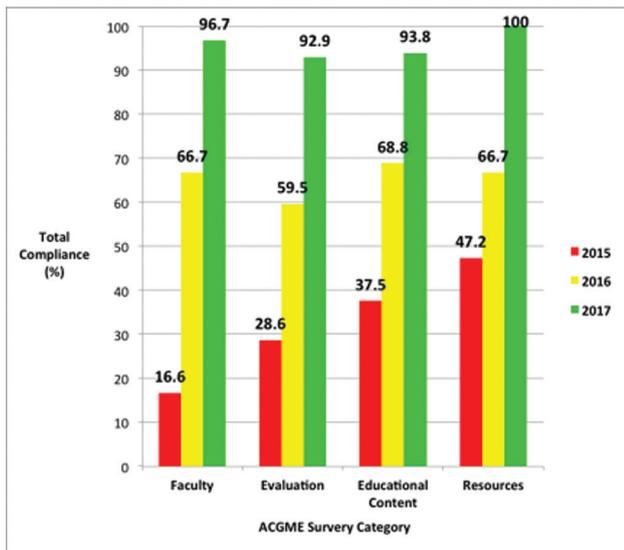
**Background.** Less than two-thirds of Infectious Disease Fellowship programs filled in the 2017 All-In match. The pressure to fill ID training programs with desirable candidates increases the need for programs to become both more robust and more attractive. Here, we describe the two-year experience of improving our program in each of the ACGME Fellow Survey categories.

**Methods.** After low scores on the 2015 ACGME Fellow Survey, faculty at Drexel University Division of Infectious Diseases in Philadelphia, PA completed an overhaul of the ID fellowship program over a two-year period. We reduced the number of weekend calls and restructured clinical time to make appreciable changes to duty hours and fellow workload. We initiated a culture shift in order to increase collegiality and respect, faculty conference attendance, and research mentorship. We revitalized our conference schedule to incorporate more didactic lectures by faculty, featuring a year-long Core Lecture Series, an interactive board review curriculum, and a new ID Grand Rounds speaker series. We provided our fellows educational resources including tablets, access to an online ID Board Review course, and protected time and funding to present their research at local, regional and national meetings. To quantify our efforts, we analyzed our ACGME Fellow Survey data for 2015–2017.

**Results.** Over a two-year period, we made improvements across all six of the ACGME survey categories. The ACGME reports data as Total Percentage Compliance, an average of fellow responses in each category measuring satisfaction on a one-to-five scale (with five being the highest). In the Faculty category, the 2015 Fellow Survey had a Total Percentage Compliance of 19.6. This improved to 66.7% in 2016, and 96.7% in 2017. In the Educational Content category, the 2015 Fellow Survey had a Total Compliance of 37.5% in 2015, 68.8% in 2016, and 93.8% in 2017. See Figure 1.

**Conclusion.** Although changing institutional culture is a slow process, we found that by making a series of changes to the structure of the program, collegiality between attendings and fellows, the content of conferences, and the educational resources available to fellows, we were able to transform our fellows' attitudes toward the Drexel ID Fellowship Program.

Figure 1. Drexel ID ACGME Fellow Survey Scores 2015–2017.



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**1449. What Are They Here to Learn? Meeting the Needs of Medical Students and Residents on an Infectious Disease Service**

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**Background.** Medical students and residents rotating on an infectious disease (ID) service present both challenges and opportunities. The reasons these learners choose to spend elective time in the ID world has not been clearly elucidated. Prior research has suggested that an excellent experience with ID in medical school or residency is correlated with choosing a career in ID, which is currently a matter of significant concern. However, teaching curricular content to such learners is often challenging, given time constraints on both faculty and learners. On-service teaching frequently takes the form of case-based, “What you see is what you get” experiences. However, in the whirlwind of service obligations, such learning risks missing the broader picture and a thorough review of evidence-based management to core topics in ID. Core-curriculum learning material on ID topics that promotes active learning and that can be done on a learner’s individual timeframe offers significant benefits.

**Methods.** Medical students and residents at a single large tertiary care center were surveyed as to what they wanted from an ID elective. Concurrently, a series of self-driven, active-learning modules on topics in ID were created and assessed. The modules cover the topics of infectious endocarditis, antibiotics, antifungals, HIV and HAART, CAP, HAP/VAP, tickborne illness, TB, and febrile neutropenia. These modules are freely available and learners were asked to complete them. Pre- and post-module tests assessed efficacy of learning.

**Results.** The survey was completed by 75 learners, and by far the main reason for choosing an ID elective was to increase knowledge in the field (91%). Learners viewed the core-curriculum modules favorably (95%), and post-module test scores had improved significantly over pre-module test scores (70.3% vs. 90.0%; P < 0.01).

**Conclusion.** The predominant reason medical students and residents choose an ID elective is to gain knowledge in the field. Via exposure to newly created, self-driven, active-learning modules in ID, which augment the traditional case-based experience, learners demonstrated improved knowledge in the field. These modules are freely available to the broader ID community.

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**1450. Foundational Science Instruction for Clerkship-Phase Medical Students through Integrated Clinical Experience in Transplantation, Transplant Infectious Diseases, and Immunodeficiency**

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**Background.** Foundational science instruction is frequently provided during the preclinical phase of undergraduate medical education. Two of the eight key competencies from the 2009 AAMC-HHMI Report on Scientific Foundations for Future Physicians address the application of microorganism biology and cellular/molecular host defense in mechanisms of health and disease. Given the emphasis in these competencies on application of foundational science in the clinical context, significant benefit to the learner may be achieved by providing foundational infectious diseases and immunology teaching in the clerkship phase of undergraduate medical education. The practice of transplant and immunocompromised host (ICH) infectious disease medicine offers an opportunity in which to apply these foundational topics.

**Methods.** ‘Immunity and Infections in the Immune-compromised Host’, an Integrated Science course (ISC) situated within the third and fourth-year Immersion Phase of the Vanderbilt School of Medicine (VUSM) Curriculum 2.0 was offered 6 times total during the 2015–2015 and 2016–2017 academic years. During each course, didactic and small-group instruction was integrated with four week-long clinical rotations in infectious disease, transplant, or immunology-related subspecialty settings.

**Results.** Thirty-two students participated across the six course offerings. Standardized post-course feedback was provided by 81.2% of students. Of the students providing course review, 92.3% were satisfied or very satisfied with the quality of the course content and 100% were satisfied or very satisfied with the clinical relevance of the course content. One-hundred percent of the students agreed or strongly agreed that the course was well-integrated with other elements of the curriculum, motivated them to continue learning in this area, and supported their learning.

**Conclusion.** Clerkship-phase instruction in foundational infectious diseases and immunology integrated with clinical experience that applies these foundational concepts is well-received by third and fourth year medical students. Infectious disease physicians are uniquely situated to provide key instruction in the foundational sciences.

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**1451. Interpersonal and Communication Skills Competency Assessment in ID programs**

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**Background.** There has been an increased emphasis over the past decade on quality metrics and competency assessment in healthcare. With the advent of the Next Accreditation System (NAS), assessment is imperative in order to meet ACGME requirements. As the ACGME defined the six physician in training competencies,