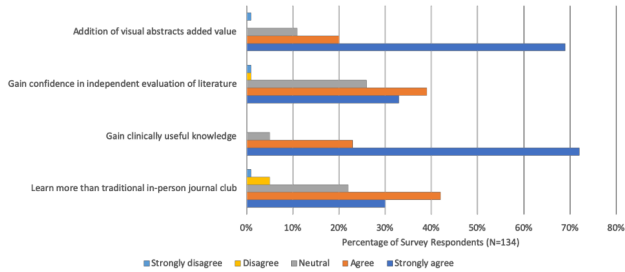
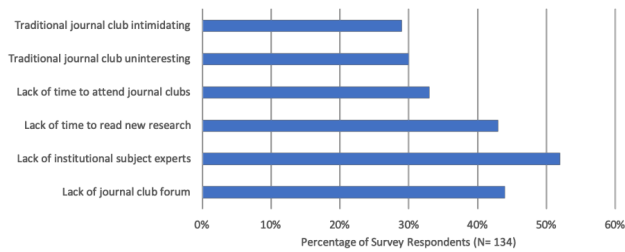


Figure 3: Survey of Educational Value of #IDJClub Sessions



Conclusion: #IDJClub is an effective platform for virtual journal club, providing an engaging, open-access tool for critical appraisal of ID literature. This innovation in medical education overcomes several barriers to traditional journal clubs while fostering professional relationships within the global ID community.

Figure 4. Survey of Barriers Addressed by #IDJClub Format



Disclosures: Todd P. McCarty, MD, Amplyx (Scientific Research Study Investigator)/Cidara (Scientific Research Study Investigator)

136. In Their Own words: a Qualitative Analysis of Factors Contributing to Gender Bias in Academic Advancement in Infectious Disease

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Session: O-26. ID Medical Education

Background: Large and persistent inequities in academic advancement exist between men and women faculty in academic Infectious Diseases (ID). To identify and characterize beliefs about why these inequities persist in ID, we asked ID faculty members to share their thoughts and experiences with the advancement process.

Characteristics of Focus Group Participants

Gender and Career Level	Number of Focus Group Participants	AASPC Region	ES Years	Publications in Infectious Diseases	Male	Female
Assistant Professor - Women	11	1 NE, 10 South	4-10	0-10	0	11
Assistant Professor - Men	11	1 NE, 10 South	4-10	0-10	11	0
Full Professor - Women	11	1 NE, 10 South	11-15	11-15	0	11
Full Professor - Men	11	1 NE, 10 South	11-15	11-15	11	0

Summary of Main Emergent Themes from Focus Group Analysis

Theme
Barriers to academic advancement of women in ID
Gender bias as a barrier to academic advancement of women in ID
Sexual harassment and predatory mentoring
Work-life balance and family demands
Implicit bias and unconscious bias
Policy change and institutional support
Advancing and supporting women's careers
Openness to change and innovation
Women's professional development

Methods: We conducted four 60-minute focus groups with ID faculty members during IDWeek 2019. We enrolled women that were diverse geographically and in academic rank (i.e., Instructor/Assistant, Associate, Full Professor). We assigned women to focus groups by rank to minimize social desirability bias across rank. Our fourth focus group included only men who were Full Professors, to capture additional perspectives about barriers to advancement and solutions. (Table 1) We analyzed focus group discussion transcripts using content analysis.

Results: We identified nine main themes regarding inequities in academic advancement of women in ID. (Table 2) In all 4 focus groups, gender bias as a barrier to academic advancement was a major theme. Women Full Professors emphasized explicit gender bias such as sexual harassment and “predatory mentoring,” whereas women Instructors/Assistant Professors more frequently cited barriers related to implicit bias, such as obscure maternity leave policies and divisional meetings scheduled during childcare hours. Women Associate Professors cited implicit and explicit gender bias, while men Full Professors focused primarily on implicit bias. Women Instructors/Assistant Professors experienced the greatest difficulty in balancing demands of family with career, though this was a prominent theme in all groups. The perception that women less often utilize negotiation to advance themselves was a dominant theme for women Associate Professors, though all groups raised examples of this theme.

Conclusion: Gender bias, both implicit and explicit, is an important and ongoing barrier to equitable academic advancement of women in ID. Difficulty balancing demands of family with career and gender differences in professional negotiation are also perceived barriers that can be targeted by innovative programs and interventions to address gender disparities in academic advancement.

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137. Applying Gamification to Microbiology Core Curriculum in Undergraduate Medical Education

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Session: O-26. ID Medical Education

Background: Gamification uses elements of game design to enhance learner engagement. We introduced a microbiology “trivia game” for first year medical students (MS1), leveraging principles of gamification (self-efficacy, points, leaderboards, etc.) to enhance participation. We hypothesized this would engage learners and improve course performance.

Methods: We created a “microbiology trivia game” using Kaizen-Education, a software platform (Kaizen) developed by our Center for Clinical and Translational Science. All MS1 in the Microbiology course at the University of Alabama at Birmingham (Fall 2019) were invited to participate by downloading the smartphone app. We created 56 questions emphasizing high yield concepts and their clinical application. Participation was voluntary during the Microbiology course (3 weeks). We collected app utilization and test performance data in this IRB approved investigation. We completed descriptive analyses of student engagement including a Player Efficiency Rating (PER). The PER is a student-level composite measure of student accuracy, play frequency and question completion. We calculated Spearman rank correlation of mean exam scores and PER. At course completion students received a survey about their experience.

Results: 181 (96%) of 189 Microbiology students answered ≥ 1 question. Across those 181 students, 161 (89%) completed all questions (table 1). An average of 67 students answered questions each day. Collectively, students answered 96% of all published questions (n=10,136; 56 questions x 181 students). A total of 49% of questions were answered < 24H from publication. Survey response rate was 34% (n=61), and our teaching innovation was positively received (table 2).

Final exam performance increased from 80% (2018) to 87% (2019) among students in the gamification enhanced Microbiology course. A correlation between higher PER and better exam scores was found (0.34; p \leq 0.0001).