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gathered for the 2017-2024 application years. The first 3 years were defined as pre-COVID and the last 3 as post-COVID. The 2020-2021 academic year was excluded given the pandemic and elimination of most away rotations.

Results: Of the 13 EM programs surveyed, 11 (85%) responded representing 8 of the 9 SAEM regions. Pre-COVID, 95/384 (24.7%, 95%CI 20.5-29.4%) of interns completed a rotation at the residency program in which they matched. Post-COVID, this ratio decreased to 84/384 (21.9%, 95%CI 17.8-26.3%), p = 0.63. Focusing solely on "away" rotators, 48 matched interns completed a rotation at their residency program pre-COVID compared to 47 interns post-COVID (p = 0.819).

Conclusions: EM residency program match rates of interns who completed an in-person rotation remain unchanged despite the recent shift to virtual interviews.

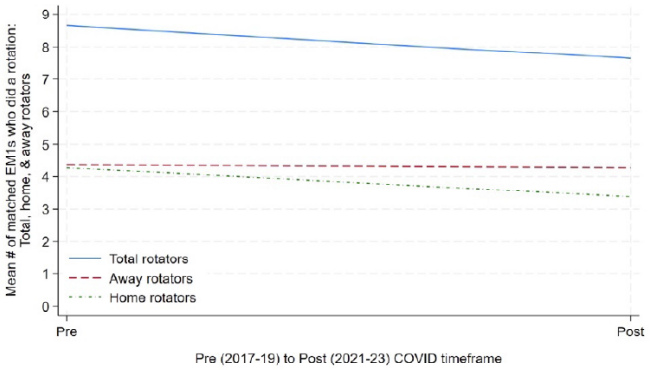

Figure 1. Pre- and post- COVID EM rotator match rates.

54 Development and Results of a Novel Emergency Medicine Residency Research Immersion Program

Kaitlin Ray, Catherine Burger, Alexander Clark, Emily Pauw, Wesley Self, Jesse Wrenn, Jin Ho Han, Michael Ward

Introduction: Barriers to emergency medicine (EM) resident research exist at the individual, program, and departmental levels.1 Given the demands of clinical residency, residents have difficulty completing scholarship as outlined per the ACGME requirement.2 Barriers to scholarly projects include lack of interest, time, mentoring, support, and skills.3 Implementation, interpretation, and quality of the scholarly project vary considerably among programs.4 To address these challenges, the Residency Leadership Team and Research Division collaborated to develop and implement a novel immersive research program.

Objectives: 1) Advance the quality of the resident scholarly activity through implementation of a sustainable immersive research program for first-year EM residents. 2) Assess residents' confidence in research methodology, interest in research, and perceived importance of research experience before and following the program.

Design: The year-long curriculum consists of five phases and four 1-hour didactic sessions. The phases included: 1) preparation; 2) study design and research question; 3) data collection; 4) analysis; and 5) scientific communication. Didactics were led by a senior EM resident with research faculty mentors in attendance. We utilized a 32-item survey to evaluate resident confidence in research methodology, interest in research, and importance of the research experience.

Table 1. Participant demographics from both first-year resident cohorts.

	Year 1 Cohort (2022-2023) N=12		Year 2 Cohort (2023-2024) N=13		Overall	
Variable	N	%	N	%	N	%
Prior research experience	10	83%	12	92%	22	88%
Type of Research Experience						
Clinical	6		7		13	
Basic Science	3		2		5	
Both	1		3		4	
Years of research experience, mean, SD	3.4	2.9	2.6	1.6	3.0	2.3
Additional graduate degree	3	25%	2	15%	5	20%
Prior formal course on statistical analysis	6	50%	5	38%	11	44%

Table 2. Survey questions to assess confidence in research methodology, emjoyment of research, interest in pursuing research during and after residency, and the perception of research importance using a 5-point Likert Scale.

Survey Questions	Pre-Curriculum Survey Response (n=25)	Post-Curriculum Survey Response (n=21)	Difference (95%CI)
Confidence in Research Knowledge – How confident are you in your ability to…			
appraise the quality of a scientific journal article?	2.48	2.81	0.33 (-0.19, 0.85)
to define research?	3.00	3.24	0.24 (-0.25, 0.73)
identify various types of research?	2.68	3.29	0.41 (-0.06, 0.89)
recognize stages of clinical/translational research?	2.32	3.00	0.68 (0.12, 1.24)*
to list different types of epidemiology studies?	2.17	2.57	0.40 (-0.19, 1.00)
to define key characteristics and limitations of cross-sectional studies?	2.56	2.86	0.30 (-0.30, 0.90)
define key characteristics and limitations of cohort studies?	2.52	2.86	0.34 (-0.25, 0.93)
Confidence in Research Skills - How confident are you in your ability to…			
identify an appropriate research mentor and to develop a research project?	2.56	2.67	0.11 (-0.52, 0.74)
identify steps of the scientific method?	3.24	3.43	0.19 (-0.39, 0.77)
use PubMed for literature searches?	3.32	3.52	0.20 (-0.46, 0.87)
use Google Scholar for literature searches?	3.16	3.43	0.27 (-0.40, 0.93)
identify resources for conducting an effective literature search?	3.20	3.38	0.18 (-0.47, 0.84)
list the various types of publications?	2.76	3.10	0.34 (-0.29, 0.96)
describe the elements of a manuscript?	3.00	3.57	0.57 (-0.09, 1.23)
describe an effective abstract?	2.68	3.10	0.22 (-0.42, 0.85)
list resources for improving one's writing skills?	2.44	2.90	0.46 (-0.17, 1.10)
describe the need for transparency and its impact on the research process?	3.00	3.48	0.48 (-0.08, 1.04)
describe the need for rigor and reproducibility and their impact on the research process?	3.12	3.48	0.36 (-0.26, 0.99)
identify approaches to enhance the transparency, rigor, and reproducibility of your research project?	2.68	3.29	0.61 (0.02, 1.19)*
list resources for study design and data analysis?	2.29	2.86	0.57 (0.00, 1.13)*
list venues for presenting research projects?	2.28	3.00	0.72 (0.07, 1.38)*
Interest in Research			
How much do you enjoy conducting research?^	2.36	1.95	-0.41 (-0.97, 0.15)
I am interested in pursuing research opportunities DURING residency.†	3.52	3.00	-0.52 (-1.16, 0.12)
I am interested in pursuing research opportunities AFTER residency.†	2.96	2.39	-0.58 (-1.29, 0.13)
Perception in Importance#			
Research experience is important to my residency training.	3.44	3.24	-0.20 (-0.76, 0.35)

Impact: In two cohorts, 25 first-year residents completed the program and met the scholarly project requirement by the end of their first year. Two conference abstracts and one peer-reviewed publication were accepted for publication, and one is currently under review. Survey responses indicated there was an increase in residents' perceived confidence of research methodology across 4 of 21 elements, but this was limited by the small sample size. There was no significant change in likelihood to pursue research during and after residency or perceived importance of research experience for their residency training. This novel resident research curriculum demonstrated a standardized, reproducible, and sustainable approach to provide residents with an immersive research experience and improve quality of scholarship produced by EM residents.

55 Diverging Paths: Examining Initial Career Choices of Chief Residents in Emergency Medicine!

Abagayle Bierowski, Erin Hoag, Casey Morrone, Ridhima Ghei, Peter Tomaselli, Kelly Kehm, Carlos Rodriguez

Introduction: The career trajectories of emergency medicine physicians can be influenced by various factors, including residency leadership roles. Previous research exploring chief resident career outcomes has yielded mixed results. This study aims to investigate whether serving as a chief resident influences the likelihood of pursuing academic or fellowship positions.

Objective: To determine if emergency medicine physicians who served as chief residents are more likely to pursue academic or fellowship positions in their first post-residency jobs compared to their non-chief resident peers.

Methods: We examined data from a single academic emergency medicine residency program from 2013 to 2024, encompassing 170 total residents (35 chief residents, 135 non-chief residents). The post-residency positions of each graduate were analyzed. Chi-square tests were performed to compare the frequencies of career outcomes between chief and non-chief residents, and effect sizes were calculated to determine the strength of the associations.

Results: Of 35 chief residents, 9 pursued fellowship (25.71%), 7 accepted an academic position (20%), and 19 obtained a community position (54.29%). Fifteen non-chiefs pursued fellowship (11.11%), while 13 accepted an academic position (9.63%), and 107 obtained a community position (79.26%). Chief residents were statistically more likely to pursue fellowship positions (χ^2: 5.19, p = 0.028) compared to non-chief residents. Though chief residents were twice as likely to accept an academic position compared to their non-chief colleagues, this result was not statistically significant (χ^2: 3.14, p = 0.0766). Non-chief residents were statistically more likely to pursue community positions (χ^2: 8.87, p = 0.0029).

Conclusions: Although multiple factors influence career decisions, this study suggests that serving as a chief resident in emergency medicine may increase the likelihood of pursuing fellowship or academic positions. Chief residents were statistically more likely to pursue fellowships, indicating that leadership roles during residency could encourage further specialization. The implications of these findings could extend to other GME programs, highlighting the potential influence of residency leadership roles in shaping future career trajectories.

56 Unpacking Diversity: LGBTQIA+ Representation among Emergency Medicine Residents

Lea Moujaes, Kayla Luliucci, David Rudolph, Blake Denley, P. Logan Weygandt

Introduction: There are limited data on LGBTQIA+ representation in EM trainees. While diversity impacts rank lists, it is often generalized in surveys without disaggregated data exploring subpopulations of LGBTQIA+ individuals. To better assess LGBTQIA+ representation, we analyzed cross-sectional demographic information, including LGBTQIA+ identities, age, program location, and race/ethnicity among PGY1-4 EM residents.

Methods: From February 27 to March 2, 2024, 9,485 residents took the ABEM In-Training Exam and completed the post-examination survey. The survey collected data including age, gender, program location and duration, sexual orientation, and ethnicity. 7,859 (82.9%) answered questions regarding their LGBTQIA+ status. We used descriptive statistics and Chi-Square analysis to examine associations between LGBTQIA+ status and demographic information.

Results: The mean age of residents was 30.6 years. Of the 7,859 respondents, 929 (11.8%) identified as LGBTQIA+. A total of 3,366 (42.9%) identified as female, 4,421 (56.4%) identified as male, and 56 (0.7%) identified as non-binary. There were 42 (0.5%) asexual, 329 (4.2%) bisexual, 317 (4%) gay or lesbian, 6,930 (88.2%) heterosexual/straight, 42 (0.5%) pansexual, 97 (1.2%) queer, and 102 (1.3%) "other" sexual orientations. In the study, the Northeast had the largest proportion of LGBTQIA+ residents (14.0%) (Figure 1). Additionally, the majority (59.6%) of LGBTQIA+ residents identified as white with varying proportions by race/ethnicity (Figure 2).

Conclusions: There is a wide breadth of unexplored diversity among LGBTQIA+ residents, emphasizing the need to better characterize this underrepresented group in EM. Future research should explore trends in LGBTQIA+