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Methods: A cross-sectional survey of full Association of Academic Chairs in Emergency Medicine (AACEM) members was administered in summer 2025. The 20-item survey included categorical, numeric, and Likert-scale questions. Data were analyzed using descriptive statistics and nonparametric tests (Wilcoxon signed-rank and Friedman).

Results: Of 135 full AACEM members, 48% (66) responded. 70% (46/66) hire for nonacademic sites, and 95% (44/46) employ faculty who work in both settings. Among these chairs, median faculty percentages were 15% (IQR 6–28%) nonacademic only, 20% (10–64%) blended, and 40% (18–73%) academic only. Estimated five-year hiring distributions were at median percentages of 25% (IQR 10–50%) nonacademic, 40% (15–70%) blended, and 10% (0–45%) academic (Figure 1). There was a significant increase in the percentage of nonacademic roles, decrease in percentage of academic roles, and no significant change in the percentage of blended roles. All chairs rated fellowship importance when hiring (Figure 2), with the highest importance ratings for academic roles, followed by blended, then nonacademic ($p < .001$).

Conclusions: Academic EM increasingly includes nonacademic clinical work, and academic chairs hiring for both settings project a greater proportion of nonacademic work in the future. This shows the need for EM training to

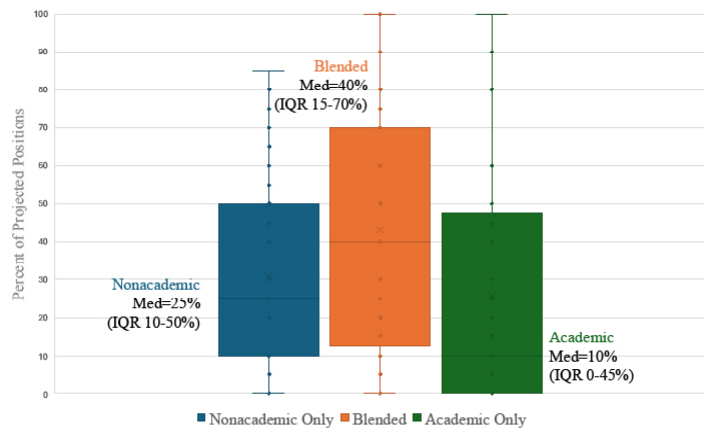


Figure 1. Projected five-year faculty hiring distribution by role type among academic EM chairs who hire for both academic and nonacademic sites.

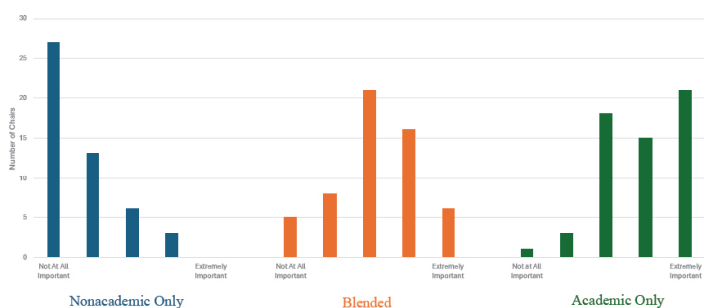


Figure 2. Importance of fellowship training by faculty role type, as rated by academic EM chairs on a 5-point Likert scale

prepare all graduates - including those on academic paths - for diverse clinical environments. Fellowship training is most valued for academic roles and an important consideration for those pursuing academic EM. These findings provide a snapshot of the current landscape as EM looks toward future changes in residency training.

75 A Stakeholder-Driven Intervention to Combat Gender-Based Discrimination in the Emergency Department

Julia Schiff, Emma Rogers, Victoria Zhou, Mira Mamtani, Madison McKee, Frances Shofer, Emily Kaplan, Megan Gillespie, Chioma Elechi

Background: Women-identifying physicians in the emergency department experience bias and discrimination, which negatively impacts career satisfaction and advancement. This grant-funded project sought to reduce gender-based discrimination through a sustainable stakeholder-driven approach.

Objectives: To design, implement, and evaluate an intervention that addresses gender bias and microaggressions in the emergency department.

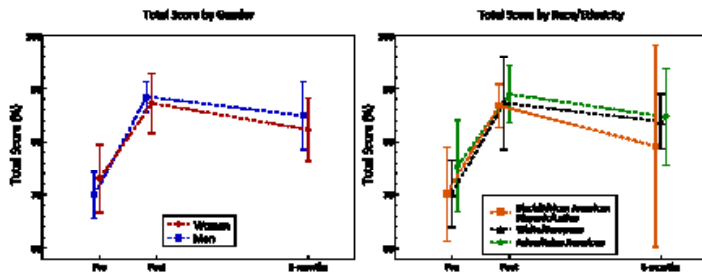
Methods: Using a mixed-methods design, we conducted two focus groups ($n=7$) with women-identifying residents, fellows, and attendings in a single urban emergency department. A multi-stage deductive coding process with thematic analysis informed the development of an in-person scenario-based training session where participants practiced recognizing and responding to microaggressions using role-playing. Participants completed 14-item Likert surveys pre-, post-, and 6-months-post intervention assessing comfort addressing microaggressions and bias. Survey scores were analyzed using a linear mixed effects model.

Results: Qualitative themes included microaggressions, communication challenges, exclusion, and family planning concerns. Participants favored small-group interventions emphasizing dialogue and verbal de-escalation. Quantitative results showed significant sustained improvement in comfort dismantling bias: pre-training mean 72 (95%CI 11–19,

Outcome	Time	Mean	Difference: Post - Pre		Difference: 6-month - Pre	
			mean	95% CI	mean	95% CI
Total score	Pre-training	71.8				
	Post-training	87.1	15.4	(11.5 - 19.3)	9.4	(5.2 - 13.7)
	6-Month F/U	81.2				
Gender bias	Pre-training	66.9				
	Post-training	88.3	21.4	(15.5 - 27.4)	14.9	(8.4 - 21.3)
	6-Month F/U	81.7				
Sexual harassment	Pre-training	70.8				
	Post-training	89.2	18.5	(11.2 - 25.8)	16.3	(8.4 - 24.2)
	6-Month F/U	87.0				
Micro-aggressions	Pre-training	64.3				
	Post-training	89.3	25.0	(17.1 - 33.0)	17.9	(9.2 - 26.5)
	6-Month F/U	82.2				
All differences $p < 0.0001$						

$p<.001$), post-training mean 81 (95%CI 5–14, $p<.001$), and 6-months mean 81 (95%CI -10 to -2, $p=.007$). No significant differences were observed by gender or race.

Conclusion: Our stakeholder-driven intervention improved comfort addressing microaggressions and discrimination in the emergency department, with sustained effects at 6 months. This model highlights the value of participatory design and targeted training to foster equity in emergency medicine.



76 A Free Smartphone Application Teaches the Motor Skills of the Head Impulse Test

Jacob Lenning, Samuel Westendorf, Ryan Luedtke, Jeffrey Kline, Anne Messman

Background: The accuracy of the HINTS (head impulse test, nystagmus, and test of skew) exam is limited by the difficult head impulse test (HIT), which requires head turns of 10-15 degrees at >100 degrees/second. Feedback training with expensive video-oculography (VOG) devices and virtual simulators has been used for motor skill development.

Objective: Determine if visual feedback from the free PhyPhox smartphone application displaying rotational velocity can teach the motor skills of the HIT.

Methods: A convenience sample of twenty inexperienced medical students performed 20 HITs on a mannequin model before, immediately after, and 2-weeks following a training session. A VOG device without feedback recorded successful head turns (Figure 1). Participants were randomly assigned to perform 100 training attempts with VOG auditory feedback ($n=10$) or smartphone application visual feedback ($n=10$; Figure 1). Aggregate learning curves were constructed from the training sessions (Figure 2). Plateaus were determined by linear regression. Group success rates (total successes per attempts) were compared with Pearson's chi-square tests ($df=1$, $n=400$).

Results: Learning curves plateaued at 43 attempts for the smartphone group and 60 for the VOG group with no statistical differences in the success rates at any number of attempts (Figure 2). Success rates improved from before to immediately after training for the smartphone (0.14 [0.10, 0.20]; 0.47 [0.40, 0.54]; $p<0.01$) and VOG (0.06 [0.03, 0.10]; 0.38 [0.40, 0.54]; $p<0.01$) groups. Success rates between groups differed before and after training ($p<0.01$), though absolute differences were small in this limited sample size.

The success rate was worse at the 2-week follow-up (0.25 [0.20, 0.31]) than immediately after training (0.47 [0.40, 0.54]; $p<0.01$) for the smartphone group, but unchanged for the VOG group (0.40 [0.33, 0.47]; 0.38 [0.32, 0.45]; $p=0.68$).

Conclusion: Students learned the motor skills of the HIT with similar speed and proficiency using either a smartphone application or VOG, but had better skill retention with video-oculography. The results demonstrate teaching potential for a low cost, specialized smartphone application that can provide rotational velocity feedback to support development of the motor skills needed to perform the head impulse test.



Figure 1. (A) Training model with video-oculography (VOG) device and smartphone placement. (B) Interface of the smartphone application displaying rotational velocity.

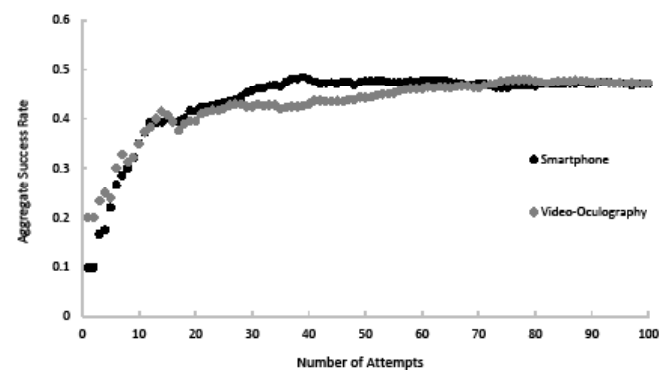


Figure 2. Aggregate head impulse test learning curve for the free PhyPhox smartphone application group ($n=10$) and the video-oculography (VOG) group ($n=10$).

77 Reimagining Resident Research: A Qualitative Study of Residents who Struggled to Complete Their Scholarly Project

Ridhima Ghei, Jeremy Shin, Lynn Jiang, Jaime Jordan, Keith Willner

Background: The scholarly activity requirement by the ACGME is broad and variably applied by residency programs. Guidance in the literature includes a systematic review that encapsulates the initiatives used by GME programs to increase scholarly activity. Additionally, a qualitative study interviewed EM residents who excelled in scholarship to discern the factors leading to success. To date, no qualitative studies have explored the perspectives of residents who struggle to meet this requirement.