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Baby Fever: Availability and Quality of Parental Leave Policies on Emergency Medicine Residency Websites

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Table 1. A-B. Characteristics of study groups.**A. Number of SLOEs per category**

Annual SLOE Volume	Individual	Group	Total
1 SLOE	986	1,007	1,993
2-9 SLOEs	641	669	1,310
10+ SLOEs	353	930	1,283
Total	1,980	2,606	4,586

B. Average ratings and differences in ratings by group and volume*

Annual SLOE Volume	Individual	Group	Difference	p**
1 SLOE	3.1	2.8	0.32	<0.01
2-9 SLOEs	2.9	2.7	0.27	<0.01
10+ SLOEs	2.7	2.6	0.12	<0.01
Difference	0.40	0.19		
p***	<0.01	<0.01		

* 1 = Lower 1/3, 2 = Middle 1/3, 3 = Top 1/3, 4 = Top 10%

** two-sided t-test

*** one-way ANOVA

4 Burnout Among LGBTQIA+ EM Trainees: It's Not All Sunshine and Rainbows

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

Background: Burnout continues to be a serious problem among EM residents. Prior studies suggest that minority groups in medicine, including LGBTQIA+ persons, have higher rates of burnout due to unique challenges such as identity concealment, discrimination, and lack of institutional support.

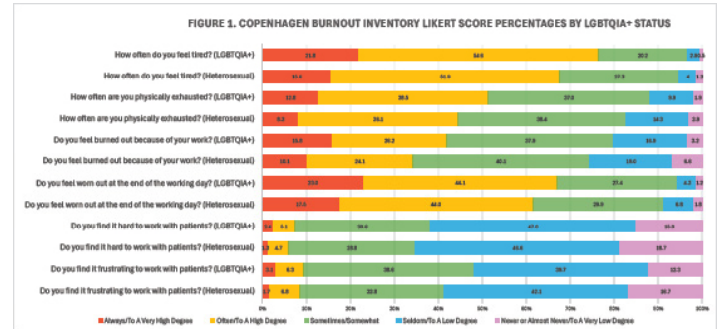
Objectives: This study investigates the prevalence of burnout of LGBTQIA+ EM residents compared to their heterosexual peers. We hypothesized that LGBTQIA+ residents would be more likely to experience burnout.

Methods: The 2024 In-Training Exam (ITE) was administered to 9,485 residents from February 27 March 2 and included an optional post-ITE survey. The survey gathered demographic information, including gender and sexual orientation, and employed a validated 6-item abbreviated Copenhagen Burnout Inventory (CBI) to assess burnout among EM residents. Burnout was measured on a 5-point Likert scale across three domains: personal, work-related, and patient-related. Chi-square tests were used to analyze associations between LGBTQIA+ status and burnout. The CBI averages responses, ranging from "Always" (100) to "Never" (0), for each burnout subscale.

Results: Of the 9,485 residents surveyed, 6,815 to 6,849 (71.9%-72.2%) responded to the burnout questions. Burnout rates were higher among LGBTQIA+ residents compared to heterosexual peers (Figure 1), with mean CBI score differences of 4.4 (95% CI 3.0-5.9), 4.6 (95%CI 2.93-6.2), and 2.9 (95%CI 1.36-4.42) for personal, work-related, and patient-related burnout, respectively (Figure 2). The total

burnout difference was 3.9 (95%CI 2.60-5.25).

Conclusions: LGBTQIA+ EM residents had statistically significantly higher levels of burnout compared to heterosexual EM residents across all CBI domains. While these findings highlight the disproportionate burnout experienced by LGBTQIA+ EM residents, the practical and clinical impact of these differences needs further exploration.



5 Baby Fever: Availability and Quality of Parental Leave Policies on Emergency Medicine Residency Websites

Abagayle Bierowski, Erin Hoag, Danielle Haussner, Casey Morrone, Danielle Melisiotis

Background: Parental leave (PL) and maternity policies are important considerations that can influence prospective residents' selection of residency programs, yet little research has explored their transparency on program websites, often the first contact point for applicants. Accessibility is vital as policies vary widely, and related inquiries have traditionally been stigmatized.

Objectives: This study aimed to evaluate the availability and quality of parental leave and pregnancy accommodation information provided on the websites of EM residency programs and their related GME sites.

Methods: Descriptive statistics from 285 EM residency and GME websites were collected in July 2024. Chi-square tests were performed to assess associations between the availability of PL information and program director (PD) gender, program size, and program age.

Results: 29 EM program websites (10.2%) contained PL information: 16 (5.6%) detailed specific leave policies and 13 (4.6%) mentioned available PL. Two programs (0.7%) detailed accommodations for pregnant residents. 62 EM websites (21.8%) linked to a related GME website containing specific leave information. On their GME website, 149 programs (52.3%) had PL information: 54 mentioned leave while 94 gave detailed information about compensation and length of leave. 130 programs (37.5%) had no relevant information available on either site. Larger (>11 annual positions) and older (est. 2010 or earlier)

programs were more likely to provide PL information on their websites [$\chi^2(1, N = 285) = 5.91, p = 0.015$; $\chi^2(1, N = 285) = 5.95, p = 0.015$]. We found no significant association between PD gender, program length, or program region and the presence of PL information.

Conclusions: Our findings reveal substantial gaps in parental leave and pregnancy accommodation information on EM and GME websites, highlighting the need for greater transparency to support prospective residents who may hesitate to ask about these policies during interviews.

6 Beyond the Bedside: Exploring Social Determinants of Health through the Eyes of Emergency Medicine Clerkship Students

Mark Olaf, Keith Willner, Devon Bremer, Jennifer Spinozzi

Background: Social Determinants of Health (SDH) are critical elements in the effective delivery of value-based care. The ED presents a unique opportunity for medical students to understand the impact of SDH on the delivery of care. Published curricula exist to address SDH undergraduate education in the ED but may be resource intensive.

Educational Objectives: We aimed to develop clinically based, EM-centered, constructive learning opportunity to emphasize and teach students about SDH principles and to assess its efficacy through a qualitative approach.

Curricular Design: Using a constructivist learning theory framework, we instituted a SDH shift into our clinical curriculum and asked students to reflect on their experiences. Students identified a patient in the ED whose visit was related to SDH factors, interviewed the patient, and worked with a social worker or care manager to address those needs during that visit. Students then submitted reflections about SDH factors and resources based on these experiences. We then performed a qualitative analysis using a constructivist learning theory framework using phenomenological methods adapted to the reflections provided by this experience.

Impact/Effectiveness: 115 students completed the exercise and all responses were analyzed. Identified themes included the effects of poverty including housing instability identification, access to healthcare, financial constraints, and cultural and language barriers to the delivery of care; stigma around substance use and mental health conditions; as well as the impact of location on care rendered. The development of this curricular content appears to have generated thoughtful insight into elements of SDH in the clinical environment. Future work should focus on integrating these experiences with SDH principles learned elsewhere in their medical school curricula, and to further develop undergraduate curricula that incorporate SDH principles and experience while measuring patient centered outcomes based on such curricula.

7 From Data to Development: Formative Feedback via Electronic Health Record-Derived Metrics

Ashley Rider, Josh Hughes, Loretta Matheson, Luke Morris, Sara Krzyzaniak

Introduction: Residents benefit from diverse feedback sources to guide their clinical progression. Traditionally, feedback comes from a convenience sample of attendings after a given shift, which can introduce bias and subjectivity. In contrast, Electronic Health Record (EHR)-derived clinical metrics provide longitudinal, quantitative performance data based on thousands of data points.

Objectives: 1. Provide supplementary feedback on resident efficiency and breadth of exposure. 2. Familiarize residents with clinical metrics they may encounter as attendings. 3. Extract and deliver data in a responsible and psychologically safe manner.

Curricular Design: Metrics were selected based on literature, industry standards, and stakeholder input. The metrics

Resident Report: NAME HERE

Dates of Report

Resident year: PGY X. Total residents in cohort: X

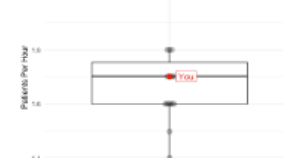
Patient Figures

Patients per hour (pph)

Your pph: 1.7

RY median: 1.7

RY IQR: 1.6 - 1.8



Minutes from patient roomed to resident registration

Your median room-to-reg: 426

RY median room-to-reg: 406

RY IQR for room-to-reg: 345.8 - 476.5



Minutes from resident registration to first disposition

Your median reg-to-dispo: 152.2

RY median reg-to-dispo: 152.2

RY IQR for reg-to-dispo: 132.8 - 196



Image 1. Example of a Partial Metrics Report (acuity, procedures, consults, total patients, total hours, and 72-hour return visits not included).