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Unpacking Diversity: LGBTQIA+ Representation among Emergency Medicine Residents

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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

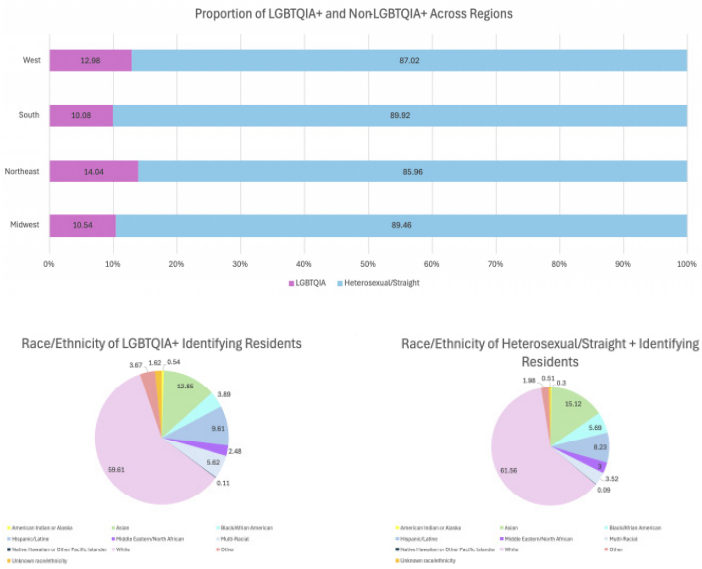
Introduction: There are limited data on LGBTQIA+ representation in EM trainees. While diversity impacts rank lists, it is often generalized in surveys without disaggregated data exploring subpopulations of LGBTQIA+ individuals. To better assess LGBTQIA+ representation, we analyzed cross-sectional demographic 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+

representation and highlight areas in which residency programs can support LGBTQIA+ populations. Future LGBTQIA+ surveys should include specific information on gender identity diversity that is not reflected in this data set.



57 Through the Prism: Shining Light on LGBTQIA+ Applicant Identities and Influences

Kayla Luliucci, Lea Moujaes, David Rudolph, Blake Denley, Samuel Paskin, Jaime Jordan, Edgardo Ordonez, Laura Smylie, Simiao Li-Sauerwine, P. Logan Weygandt, Arlene Chung

Introduction: Program diversity impacts rank list creation for EM-bound applicants, but how LGBTQIA+ identities influence residency selection is unknown. This study investigates general trends in EM applicant LGBTQIA+ identities, disclosure of those identities, and how LGBTQIA+ factors influence residency selection.

Methods: We surveyed 2,287 EM-bound US MD/DO applicants who applied to one of five EM programs via Qualtrics from May 16 to June 30, 2024. Participants did not provide their names or programs attended to maintain confidentiality. The survey included binary, multiple choice, open-ended, and Likert scale questions. Descriptive statistics and chi-square tests were used.

Results: Of 445 respondents (19.45%), 59 (13.26%) identified as LGBTQIA+. Gender identities included 173 cis men (38.88%), 254 cis women (57.08%), 1 trans man (0.22%), 1 trans woman (0.22%), 4 non-binary (0.90%), 1 genderqueer (0.22%), and 7 preferred not to answer (1.57%). Applicant sexual orientation is shown in Figure 1. Among LGBTQIA+ respondents, 7 (11.86%) disclosed their status during the application, 9 (15.25%) during the interview, 18 (30.51%) in both, and 25 (42.37%) did not disclose. Among 56 respondents, 36 (64.29%) supported adding LGBTQIA+ status to the residency application; 20 (35.71%) did not. Of program factors considered, program diversity and commitment to underserved communities were significantly more important, while proximity to partner(s) was less important for LGBTQIA+ applicants compared to non-LGBTQIA+ applicants. Multiple additional factors influenced LGBTQIA+ applicants' rank list creation as shown in Figure 2.

Conclusion: Many LGBTQIA+ applicants do not disclose their identities when applying for residency. LGBTQIA+ respondents value program diversity, commitment to underserved communities, and LGBTQIA+-specific factors. These insights can inform residency programs and recruitment practices

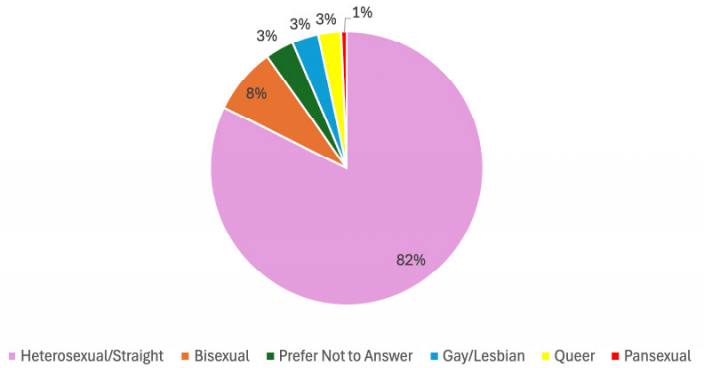


Figure 1. Sexual identities of EM applicants.

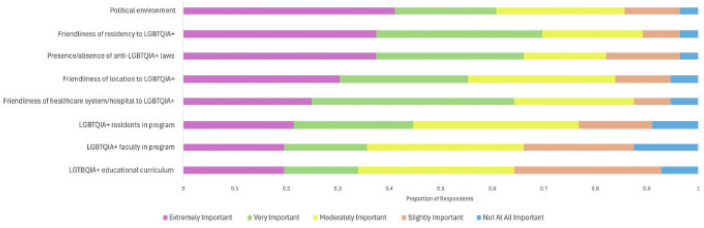


Figure 2. LGBTQIA+ factors that influence EM applicants.

58 Billable Student Documentation in Emergency Medicine: Implementation, Experience, and Outcomes

Mark Olaf, Jennifer Spinozzi, Devon Bremer

Introduction: The development of documentation skills is a necessary part of medical training but students receive limited documentation feedback. Billable student documentation has been allowed by CMS since 2018 and offers an opportunity to develop these skills but the financial impact has not been studied. We implemented student billable notes in our ED in 2022.