

**Results:** 62 responses were included: 41/79 trainees (31 residents, 10 fellows) and 31/110 faculty (Figure 1). Most trainees agreed upon the need for proficiency in GEBT tube placement by training completion (4.8/5). Faculty agreed they should possess procedural proficiency (4.47/5) as most faculty expected to place a GEBT tube (4.4/5). Trainees had limited experience placing GEBT tubes in clinical practice (25% placed  $\geq 1$ ). Faculty had more experience (70% placed  $\geq 1$ ). Both faculty and trainees reported similar rates of prior simulation training (20% of trainees and 37% of faculty). Self-confidence with GEBT tube placement was low across all groups (trainees: 2.05/5; faculty: 3.28/5). Most respondents desired more training opportunities (trainees: 4.4/5; faculty: 3.8/5). The most desirable training modality was simulation-based training (trainees: 4.65/5; faculty: 3.86/5).

**Conclusion:** GEBT is an infrequently performed procedure and clinical exposure in emergency medicine training is insufficient to gain proficiency. Trainees and faculty within EM have minimal experience, low procedural confidence, and highly desire a simulation-based training.

Survey Question	Likert scale (1-5)	Mean Likert score (1-5)	
		Trainee	Faculty
I expect to place at least one GEBT tube during my career.	Strongly disagree (1) - Strongly Agree (5)	4.63	4.43
Trainees in my field should be proficient in GEBT tube placement upon completion of training program.	Strongly disagree (1) - Strongly Agree (5)	4.82	-
Faculty/attendings in my field should be proficient in GEBT tube placement.	Strongly disagree (1) - Strongly Agree (5)	-	4.47
Confidence placing GEBT tube without error.	Not confident (1) - Completely confident (5)	2.05	3.28
Confidence with management and troubleshooting of GEBT tube following placement.	Not confident (1) - Completely confident (5)	1.83	2.52
Confidence with instructing others how to properly place GEBT tube.	Not confident (1) - Completely confident (5)	1.91	3.06
I wish my current program had more training available.	Strongly disagree (1) - Strongly Agree (5)	4.4	3.83
How desirable is asynchronous video training.	Not desired (1) - Very desired (5)	2.7	3.89
How desirable is case-based training.	Not desired (1) - Very desired (5)	3.24	2.29
How desirable is simulation-based training.	Not desired (1) - Very desired (5)	4.59	3.86

Figure 1. Selected needs assessment questions with aggregated responses for emergency medicine (EM) faculty and trainees (residents and fellows).

## 24 Gender and Racial Distribution of Emergency Medicine Bound Medical Student Membership in Professional Honor Societies

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**Background:** Gender and racial inequities exist in medicine and medical education. Previous literature has evaluated disparities in race or gender on AΩA and GHHS membership. These studies have been limited to single

institutions and none have evaluated ΣΣΦ.

**Objectives:** Our study aimed to evaluate EM applicants honor society selection in AΩA, GHHS, and ΣΣΦ based on gender and/or underrepresented in medicine (URM) status.

**Methods:** We performed a multi-institution, cross-sectional study of applicants to three United States (US) EM residency programs during the 2019-2020 application cycle. Abstractors recorded the following: self-identified gender, self-identified race/ethnicity as URM, and membership in AΩA, GHHS, and ΣΣΦ. We calculated the odds ratio with 95% CI by gender and URM identity for the professional honor societies.

**Results:** A total of 2,168 unique applicants were identified, representing 66.3% of all US EM applicants for the 2019-2020 cycle. With respect to gender, 1336 (61.6%) identified as men, 829 (38%) as women, and 3 (0.1%) did not self-identify. With respect to race and ethnicity, 1675 (77.3%) identified as non-URM, 397 (18.3%) as URM, and 96 (4.4%) did not self-identify. We identified women being proportionally representation in GHHS [OR 1.33; 95% CI 0.96 - 1.84] and overrepresented in AΩA [odds ratio (OR) 1.47; 95% CI 1.09 - 1.98;] and ΣΣΦ [OR 1.49; 95% CI 1.01 - 2.22] compared to men. We identified URM applicants being proportionally represented in AΩA [OR 1.16; 95% CI 0.81 - 1.65], ΣΣΦ [OR 0.73; 95% CI 0.38 - 1.42], and GHHS [OR 0.80; 95% CI 0.51 - 1.24] compared to non-URM applicants.

**Conclusions:** During the 2019-2020 academic year, women Emergency medicine applicants were overrepresented proportionally in GHHS, and overrepresented in AΩA and ΣΣΦ. During the same time period, URM applicants were found to be represented in similar proportions in GHHS, ΣΣΦ, and AΩA honor societies to non-URM applicants.

Table 1. Total AΩA, ΣΦΣ, and GHHS membership for gender and URM identity

Group	Men/Women	URM/non-URM
All Applicants	Men (1336) - 61.6%	URM (397) - 18.3%
	Women (829) - 38%	Non-URM (1675) - 77.3%
AΩA/MD	Men (104) - 52.3%	URM (47) - 23.6%
	Women (95) - 47.7%	Non-URM (146) - 73.4%
ΣΣΦ/DO	Men (76) - 57.1%	URM (12) - 9.0%
	Women (56) - 42.1%	Non-URM (117) - 88.0%
GHHS	Men (88) - 55.3%	URM (25) - 15.7%
	Women (71) - 44.7%	Non-URM (130) - 81.8%