

## 25 Gender Disparities in Emergency Medicine Faculty Evaluations by Residents

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**Background:** Faculty evaluations are needed for professional development. Multiple studies have shown gender implicit biases in these processes across multiple specialties, affecting advancement. No studies to date have examined Emergency Medicine (EM) faculty evaluations for gender-based differences.

**Objectives:** In this study, we sought to determine if faculty evaluations in MedHub by residents had any gender-based differences across all categories including teaching, availability, patient care, systems-based practice, and overall performance.

**Methods:** We performed a retrospective, cross-sectional study at a single, 3-year EM training program in a high-volume, urban, academic medical center. The study was approved by the Institutional Review Board with waiver of written informed consent. The study examined 567 evaluations of 30 residency core faculty members by 56 EM residents between July 1, 2019 to July 1, 2021. The population was defined as EM core faculty members. The primary outcome was faculty rating on a 5-level scale across 5 domains: teaching, availability, patient care and professionalism, systems-based practice, and overall rating. The main predictor was the gender of the faculty member being evaluated. We used logistic regression to measure association between faculty gender and rating score, dichotomized as low (score of 1-3) and high (score of 4-5).

**Results:** Female faculty scored lower than male faculty for every evaluation question, except “places the patient’s

**Table 1.** Frequency and percentage of female versus male faculty scoring 4 or 5 by category.

Category	Subcategory	Male		Female		Univariate OR	95%CI	p-value
		Freq	%	Freq	%			
Teaching	Habits enthusiasm and interest in teaching resident?	251	87.15	180	74.77	0.44	0.27-0.69	<0.05
	Willing to explain thought process behind workup/treatment/diagnosis decisions?	281	97.57	198	92.52	0.31	0.12-0.76	<0.05
	Asks questions in a non-threatening way?	242	84.03	157	73.38	0.52	0.34-0.81	<0.05
	Uses bedside teaching to demonstrate history-taking and physical exam skills?	339	82.99	157	73.38	0.58	0.37-0.87	<0.05
	Provides references or other materials that stimulated me to read, research, and review pertinent topics?	252	87.5	149	69.63	0.33	0.21-0.52	<0.05
Availability	The faculty makes him or herself openly available for discussion, questions and cross-business about various aspects of Emergency Medicine?	258	89.58	187	78.04	0.41	0.25-0.68	<0.05
	Encourages active housestaff participation?	282	90.97	170	79.44	0.38	0.23-0.65	<0.05
Patient Care	Places the patient's interests first?	285	92.01	187	87.38	0.6	0.33-1.08	0.087
	Treats each team member in a courteous and respectful manner?	239	89.93	161	75.23	0.34	0.21-0.56	<0.05
	Demonstrates a thorough understanding of emergency medicine including policies, procedures and patient care?	270	93.75	181	84.58	0.47	0.28-0.87	<0.05
Systems-Based Practice	Provides useful feedback including constructive criticism to team members?	239	82.99	154	71.96	0.53	0.34-0.81	<0.05
	Balances service responsibilities and teaching functions?	353	87.5	184	76.84	0.47	0.28-0.75	<0.05
	Overall rating of attending performance.	256	88.89	159	74.3	0.36	0.22-0.58	<0.05

interest first” for which there was no difference (p-value <0.05). When compared with males, females have 0.36 times the odds of being scored a 4 or 5 on their overall rating, on average.

**Conclusions:** Female faculty were more likely to score lower than males for nearly every evaluation question by residents, including overall performance. More studies are needed to understand the reasons for these differences and address any potential implicit biases.

## 26 Hands On Training Lateral Canthotomy and Inferior Cantholysis Using Three-Dimensional Model

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**Background:** Orbital compartment syndrome (OCS) is due to an acute rise of intraocular pressure and has a high risk of permanent vision loss if not treated promptly.

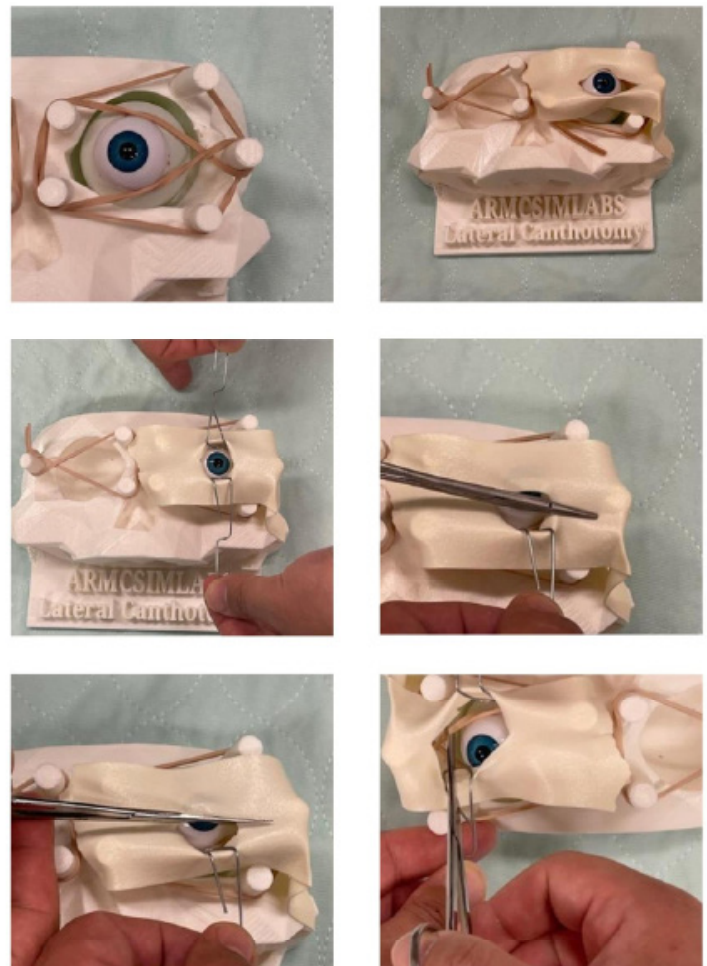


Figure 1.