

were less likely to get angry ($p = 0.046$) or interact differently with police after learning about such incidents ($p = 0.045$).

Conclusion: The presence of EUOF has been shown to impact the mental health of EM physicians in multiple ways. Those impacted reported differences in interactions with patients.

30 Minority Tax in Emergency Medicine Resident Physicians

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Background: The minority tax is defined as the extra responsibilities placed on underrepresented minorities (URMs) to participate in diversity, equity and inclusion (DEI) efforts. In medical students and faculty, it has been associated with decreased wellness and promotion. Little is known about the minority tax experienced by resident physicians.

Objectives: To understand the minority tax experienced by emergency medicine (EM) residents. The primary aim is to compare the time spent on DEI work between URM and non-URM EM residents. The secondary aims are to describe the support received for DEI work and to describe experiences of mentorship, discrimination, and burnout between URMs and non-URMs.

Methods: This is a cross-sectional study of EM residents in U.S. ACGME accredited programs, with data collection from July to November 2023. Five domains were assessed: demographics, DEI involvement, mentorship, discrimination, and burnout. The survey was distributed via the EM Residents' Association (EMRA) newsletter, personal networks, and social media. We performed t-tests for comparisons of normally distributed continuous variables, Wilcoxon tests for ordinal/non-normally distributed continuous variables, and Chi-square for categorical comparisons.

Results: 101 EM residents including 66 URM and 35 non-URM completed the survey. URM residents reported a mean of 5.3 hours doing DEI work compared to 1.8 hours by non-URM ($p < 0.01$) per week. 58% received a titled role, 5% received compensation, and 9% received training for their DEI work. URMs reported less effective mentorship (17.5 vs 14, $p = 0.01$), higher experiences of discrimination (9 vs 6, $p = 0.02$), and similar burnout (7.5 vs 7, $p = 0.21$).

Conclusions: URM EM residents experience a minority tax through increased participation in DEI work and overall, low

compensation and training in this work. They also experience less effective mentorship and higher events of discrimination.

31 Demographics, Training, and Longevity of Emergency Medicine Clerkship Directors: a National Survey

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Background: Despite the expansion of medical schools and EM residencies, there is limited current data regarding the characteristics of emergency medicine (EM) clerkship directors (CDs) in the United States (US).

Objectives: To assess the characteristics, training, support, and longevity of US EM CDs directing 3rd and/or 4th year rotations.

Methods: We performed a cross-sectional study of EM CDs identified using publicly available data from medical school, residency program, and AAMC websites who were invited to complete a confidential, piloted, electronic survey consisting of multiple choice and completion items. Descriptive statistics were reported; categorical variables were compared with χ -squared tests and continuous variables with t-tests.

Results: 157 EM CDs (44%) responded representing all US regions. 35% were female. Average years since finishing residency was 10.9 (+/- 7.1, 1 SD) and as CD 5.5 (+/- 4.5), without significant gender difference. 20% earned a Masters or PhD degree, 24% completed fellowship training (14% in medical education or simulation), and 6% an educational certificate program. 58% hold additional leadership, educational or administrative roles. 35% aspire to another position in 5 years (mostly assistant or residency director or assistant/associate dean). Anticipated years remaining as CD are 2.5 (+/- 2.0). Nonfinancial rewards include positively impacting students, helping to select residents, and intellectual stimulation. Challenges include inadequate compensation for the administrative workload, excessive clinical duties, and managing/remediating struggling students, including those with professionalism issues.

Conclusions: EM CDs have a wide range of training and experience. <20% plan to stay in the role beyond 5 years. Many aspire to different leadership or administrative positions, possibly due to excessive clinical/administrative workload and inadequate support.