

Table 1. 157 US EM CDs (44% response rate).

Gender	Age/Inequity	Formal education	Checkup year	ED rotation type	Long-term plans
<ul style="list-style-type: none"> •55 female (35%) •98 male (62%) •4 no answer (3%) 	<ul style="list-style-type: none"> •Mean years since residency graduation: 10.9 (+/- 7.13 1 SD) •Mean years as EM CD: 5.53 (+/- 4.46SD) 	<ul style="list-style-type: none"> •30 (19%) with Masters degree •22 (14%) completed Med-ed/um fellowship •16 (10%) completed other fellowship •10 (6%) obtained a formal teaching certificate •7 (4%) with PhD 	<ul style="list-style-type: none"> •78 (50%) supervise only •8 (5%) medical students •71 (45%) supervise both 2nd and 4th year medical students •7 (5%) supervise only 3rd year medical students 	<ul style="list-style-type: none"> •103 (66%) University hospitals •79 (50%) Community hospitals •40 (26%) County hospitals •10 (6%) Rural hospitals •5 (3%) VA hospitals •60 (38%) include multiple sites 	<ul style="list-style-type: none"> •56 (36%) plan to change or add academic roles: •27 (17%) Assistant/Associate dean •18 (11%) AFD or PD •14 (9%) National leadership position •11 (7%) Reserve of medical school course •11 (7%) Vice chair or education •9 (6%) Clinical director/Administrative leadership •6 (4%) Direct additional EM or SOM courses •5 (3%) Departmental chair •1 (1%) Researcher

Table 2. EM CD long-term plans.

In how many years do you plan to change or add roles?			For how many more years do you plan to act as a CD?		
# of years	# CDs	% of all survey respondents	# of years	# CDs	% of survey respondents
0	5	3.2	0	13	8.3
1	14	8.9	1	15	9.6
2	12	7.6	2	24	15.4
3	7	4.5	3	17	10.9
4	5	3.2	4	5	3.2
5	12	7.6	5	55	35.3
6	1	.6	6	1	.6
8	1	.6	8	2	1.3
10	1	.6	10	16	10.3
Total	53	33.8	12	1	.6
			15	4	2.6
			18	1	.6
			20	1	.6
			25	1	.6
			Total	156	100.0

Median 2 (IQR 4)
Mean 2.7 +/- SD 2.145

Median 2 (IQR 4)
Mean 2.45 +/- 2.025

32 Characteristics of Residency Applicants Choosing Virtual versus In Person Interviews

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Background: The COVID pandemic changed the way in which residency interviews are conducted with many programs now utilizing virtual interviews. There appears to be demand for in person or hybrid interviews, but it is not clear what factors may affect this choice and whether this may cause an inherent bias in the interview process.

Objectives: We sought to determine the applicant characteristics that were associated with choosing in person (IP) versus virtual (V) interviews over the past two application cycles.

Methods: This case control study was conducted at a single PGY1-3 EM program with 54 residents. For the past two application cycles, applicants were offered a choice between IP or V interviews. We compared applicant characteristics including gender, self-reported race, preference signal status, proximity of medical school and hometown, and USMLE scores to evaluate for differences between the two groups. Rotating students were excluded from the analysis as they were asked to pick virtual interviews.

Results: 331 applicants were included in analysis with 241 (72.8%) choosing V and 90 (27.2%) choosing IP

interviews. Compared to V interviewers, IP were equally likely to be male (57.8%IP v 53.1%V), more likely to have given a preference signal (32.2% v 12.8%; OR=3.2(95%CI 1.8-5.6)), more likely to attend medical school in state (22.2% v 9.5%; OR=2.7(95%CI 1.4-5.1)), more likely to have their hometown in state (17.7% v 9.5% OR=2.0 (95%CI 1.1-4.0)), and less likely to be Black (4.4% v 7.1%). There was no difference amongst applicants who report race as white, Hispanic, or Asian. Mean USMLE Step 2 (V 251 vs. IP 250) scores were equal between groups.

Conclusions: There was no difference between test scores and gender amongst applicants who chose to interview IP compared to V. There were differences in race, proximity, and preference signals. This information can be useful for programs for future interview planning and for reducing bias when making their rank list.

33 Emergency Medicine Residency Website Wellness Pages

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Background: Resident wellness is a critical part of resident training. The COVID-19 pandemic impacted the way medical students seek residency positions. In 2020, ACGME advocated for virtual interviews. Most EM interviews in 2023 remain virtual. The virtual format for residency interviews will likely persist, causing medical students to rely heavily on the websites of prospective programs. Eliminating the in-person evaluation of perceived wellness amongst residents will require programs to be transparent about resident wellness on websites.

Objectives: To quantify the number of emergency medicine programs with wellness pages on their websites and identify themes portrayed on those pages.

Methods: We analyzed wellness pages from Emergency Medicine websites based on the 2022 NRMP program list. Wellness statements were coded by two authors independently through an inductive process. Codes were revised iteratively until consensus was achieved. Codes were organized into themes.

Results: 278 (100%) emergency medicine residency websites were identified. 57 (20.5%) had a wellness page, 45 (16.2%) linked to an institutional page that discussed wellness, 169 (60.8%) discussed wellness themes on their website, but did not have a dedicated page, and 69 (24.8%) had no direct mention of wellness anywhere on their website. Based on the programs that had a wellness page, the themes identified include community involvement, growth and development, nutrition and health, psychological well-being, social and relaxation activities, wellness culture and environment, wellness curriculum, wellness structure and resources, and work-life integration.