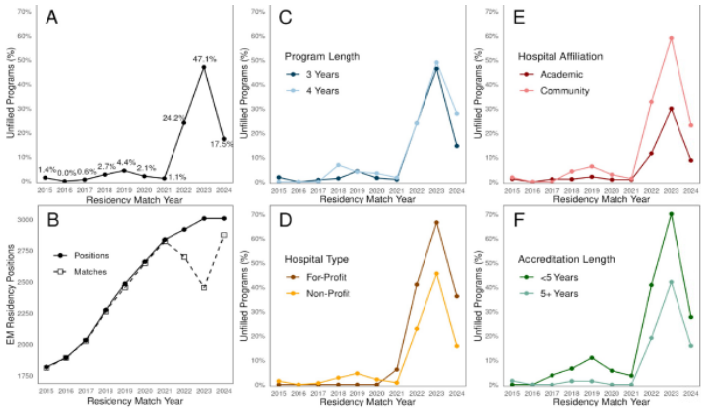
tremendous shifts in the residency landscape, including changes in available positions, match rates, and applicant characteristics. The 2021 EM Workforce Report, predicting a surplus of EM physicians by 2030, likely influenced these changes.

Objective: This study aimed to compare before and after the 2021 EM Workforce Report: the proportion of unfilled EM residency programs; characteristics of unfilled programs; and matched applicant characteristics. We hypothesized there would be significant differences in all three aims comparing the two time points.

Objective: We conducted a repeated cross-sectional study using publicly available data for the 2015-2024 match cycles. Outcomes were analyzed prior to the Supplemental Offer and Acceptance Program and compared pre- and post-report (2015-2021 vs 2022-2024). Rate ratios (RR) were calculated with 95% confidence intervals.

Results: Of 283 programs, the proportion of EM programs that went unfilled for at least one year increased significantly from 1.9% pre-report to 29.5% post-report (RR 15.7, 95%CI: 10.4-23.7) (Figure 1). Programs with less than five years of accreditation saw a more significant rise in unfilled positions (5.8% to 47.2%) compared to programs with longer accreditation (0.6% to 25.7%) (p=0.007). Post-report, the proportion of US-trained MDs among matched applicants decreased (72.9% vs 54.0%, RR 0.74, 95%CI: 0.71-0.77), while the proportions of Doctors of Osteopathy (21.1% vs 33.4%, RR 1.58, 95%CI: 1.50-1.66), US international medical graduates (IMGs) (4.6% vs 9.8%, RR 2.12, 95%CI: 1.92-2.34), and non-US IMGs (1.3% vs 2.8%, RR 2.23, 95%CI: 1.84-2.70) increased (Figure 2).

Table 1. Emergency Medicine residency program matches in the United States by match year, 2015-2024. (A) Percentage of unfilled EM programs per year; (B) Number of available EM residency positions and matches per year; (C) Percentage of unfilled EM programs by program length; (D) Percentage of unfilled programs by hospital type; (E) Percentage of unfilled programs by hospital affiliation; (F) Percentage of unfilled programs by unfilled programs by hospital accreditation length.



Conclusion: Since the 2021 EM Workforce Report, unfilled EM residency programs have risen, particularly among newer programs. There has been a shift in the composition of matched applicants, with fewer US-trained MDs entering EM. The magnitude to which these changes were directly attributable to the report is uncertain.

3 Standard Letter of Evaluation Rating Associations with Individual versus Group Authorship and Volume of Letters Written

Kalen Wright, Richard Sapp, Carolyn Commissaris, Derek Monette, Laura Welsh, David Peak, Daniel Egan, Eric Shappell

Background: Previous research suggests group SLOEs are trusted more than SLOEs authored by individuals. Whether individual SLOEs are associated with inflated ratings which may contribute to this perceived difference in trustworthiness is unknown. It is also unclear if inflated ratings are associated with volume of SLOEs written, thus impacting trustworthiness of SLOEs from individuals as individuals are less likely to author high volumes of SLOEs compared to groups.

Objectives: Quantify the association of average global assessment ratings with (1) individual vs group authorship and (2) volume of SLOEs written.

Methods: All SLOEs from 2016-2021 were included (n = 40,216). Number of SLOEs written and average global assessment ratings were calculated for unique author(s) each year, resulting in 4,586 observations. Group SLOEs were detected using a previously validated algorithm. SLOE volume was stratified into 3 groups targeting equal group size (Table 1A). Mean ratings were compared using t-tests and ANOVA.

Results: At all levels, mean ratings from individual SLOEs were higher than group-authored ratings; however, differences in ratings decreased as volume increased, and at the highest volume, the difference is of questionable practical significance (0.12, Table 1B). For both individual and group SLOEs, mean rating decreased as volume increased, though score differences across volume tiers were greater in individual SLOEs compared to group SLOEs (0.40 vs 0.19, Table 1B). The mean rating from high-volume individual SLOEs approximated ratings from moderate and high-volume group SLOEs (2.7 vs 2.7 and 2.6, respectively).

Conclusions: SLOEs from low-volume individual authors should be interpreted with the context that ratings from this group tend to be higher, which may represent grade inflation. Mean ratings from high-volume individual authors approximate those of moderate to high-volume group SLOEs and may be appropriate to consider similarly to ratings from these groups.

Table 1. A-B. Characteristics of study groups.

A. Number of SLOEs per category

Annual SLOE Volume	Individual	Group	Total
1 SLOE	986	1,007	1,993
2-9 SLOEs	641	669	1,310
10+ SLOEs	353	930	1,283
Total	1,980	2,606	4,586

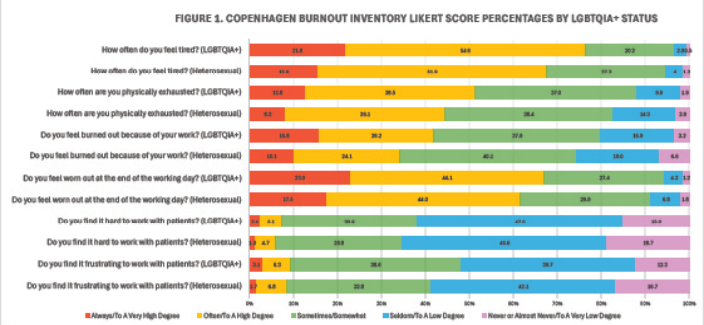
B. Average ratings and differences in ratings by group and volume*

Annual SLOE Volume	Individual	Group	Difference	p**
1 SLOE	3.1	2.8	0.32	<0.01
2-9 SLOEs	2.9	2.7	0.27	<0.01
10+ SLOEs	2.7	2.6	0.12	<0.01
Difference	0.40	0.19		
p***	<0.01	<0.01		

* 1 = Lower 1/3, 2 = Middle 1/3, 3 = Top 1/3, 4 = Top 10%
** two-sided t-test
*** one-way ANOVA

burnout difference was 3.9 (95%CI 2.60-5.25).

Conclusions: LGBTQIA+ EM residents had statistically significantly higher levels of burnout compared to heterosexual EM residents across all CBI domains. While these findings highlight the disproportionate burnout experienced by LGBTQIA+ EM residents, the practical and clinical impact of these differences needs further exploration.



4 Burnout Among LGBTQIA+ EM Trainees: It's Not All Sunshine and Rainbows

David Rudolph, Blake Denley, Kayla Luliucci, Lea Moujaes, Kirlos Haroun, P. Logan Weygandt

Background: Burnout continues to be a serious problem among EM residents. Prior studies suggest that minority groups in medicine, including LGBTQIA+ persons, have higher rates of burnout due to unique challenges such as identity concealment, discrimination, and lack of institutional support.

Objectives: This study investigates the prevalence of burnout of LGBTQIA+ EM residents compared to their heterosexual peers. We hypothesized that LGBTQIA+ residents would be more likely to experience burnout.

Methods: The 2024 In-Training Exam (ITE) was administered to 9,485 residents from February 27 March 2 and included an optional post-ITE survey. The survey gathered demographic information, including gender and sexual orientation, and employed a validated 6-item abbreviated Copenhagen Burnout Inventory (CBI) to assess burnout among EM residents. Burnout was measured on a 5-point Likert scale across three domains: personal, work-related, and patient-related. Chi-square tests were used to analyze associations between LGBTQIA+ status and burnout. The CBI averages responses, ranging from "Always" (100) to "Never" (0), for each burnout subscale.

Results: Of the 9,485 residents surveyed, 6,815 to 6,849 (71.9%-72.2%) responded to the burnout questions. Burnout rates were higher among LGBTQIA+ residents compared to heterosexual peers (Figure 1), with mean CBI score differences of 4.4 (95% CI 3.0-5.9), 4.6 (95%CI 2.93-6.2), and 2.9 (95%CI 1.36-4.42) for personal, work-related, and patient-related burnout, respectively (Figure 2). The total

5 Baby Fever: Availability and Quality of Parental Leave Policies on Emergency Medicine Residency Websites

Abagayle Bierowski, Erin Hoag, Danielle Haussner, Casey Morrone, Danielle Melisiotis

Background: Parental leave (PL) and maternity policies are important considerations that can influence prospective residents' selection of residency programs, yet little research has explored their transparency on program websites, often the first contact point for applicants. Accessibility is vital as policies vary widely, and related inquiries have traditionally been stigmatized.

Objectives: This study aimed to evaluate the availability and quality of parental leave and pregnancy accommodation information provided on the websites of EM residency programs and their related GME sites.

Methods: Descriptive statistics from 285 EM residency and GME websites were collected in July 2024. Chi-square tests were performed to assess associations between the availability of PL information and program director (PD) gender, program size, and program age.

Results: 29 EM program websites (10.2%) contained PL information: 16 (5.6%) detailed specific leave policies and 13 (4.6%) mentioned available PL. Two programs (0.7%) detailed accommodations for pregnant residents. 62 EM websites (21.8%) linked to a related GME website containing specific leave information. On their GME website, 149 programs (52.3%) had PL information: 54 mentioned leave while 94 gave detailed information about compensation and length of leave. 130 programs (37.5%) had no relevant information available on either site. Larger (>11 annual positions) and older (est. 2010 or earlier)