

Impact: In two cohorts, 25 first-year residents completed the program and met the scholarly project requirement by the end of their first year. Two conference abstracts and one peer-reviewed publication were accepted for publication, and one is currently under review. Survey responses indicated there was an increase in residents' perceived confidence of research methodology across 4 of 21 elements, but this was limited by the small sample size. There was no significant change in likelihood to pursue research during and after residency or perceived importance of research experience for their residency training. This novel resident research curriculum demonstrated a standardized, reproducible, and sustainable approach to provide residents with an immersive research experience and improve quality of scholarship produced by EM residents.

55 Diverging Paths: Examining Initial Career Choices of Chief Residents in Emergency Medicine!

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Introduction: The career trajectories of emergency medicine physicians can be influenced by various factors, including residency leadership roles. Previous research exploring chief resident career outcomes has yielded mixed results. This study aims to investigate whether serving as a chief resident influences the likelihood of pursuing academic or fellowship positions.

Objective: To determine if emergency medicine physicians who served as chief residents are more likely to pursue academic or fellowship positions in their first post-residency jobs compared to their non-chief resident peers.

Methods: We examined data from a single academic emergency medicine residency program from 2013 to 2024, encompassing 170 total residents (35 chief residents, 135 non-chief residents). The post-residency positions of each graduate were analyzed. Chi-square tests were performed to compare the frequencies of career outcomes between chief and non-chief residents, and effect sizes were calculated to determine the strength of the associations.

Results: Of 35 chief residents, 9 pursued fellowship (25.71%), 7 accepted an academic position (20%), and 19 obtained a community position (54.29%). Fifteen non-chiefs pursued fellowship (11.11%), while 13 accepted an academic position (9.63%), and 107 obtained a community position (79.26%). Chief residents were statistically more likely to pursue fellowship positions (χ^2 : 5.19, $p = 0.028$) compared to non-chief residents. Though chief residents were twice as likely to accept an academic position compared to their non-chief colleagues, this result was not statistically significant

(χ^2 : 3.14, $p = 0.0766$). Non-chief residents were statistically more likely to pursue community positions (χ^2 : 8.87, $p = 0.0029$).

Conclusions: Although multiple factors influence career decisions, this study suggests that serving as a chief resident in emergency medicine may increase the likelihood of pursuing fellowship or academic positions. Chief residents were statistically more likely to pursue fellowships, indicating that leadership roles during residency could encourage further specialization. The implications of these findings could extend to other GME programs, highlighting the potential influence of residency leadership roles in shaping future career trajectories.

56 Unpacking Diversity: LGBTQIA+ Representation among Emergency Medicine Residents

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Introduction: There are limited data on LGBTQIA+ representation in EM trainees. While diversity impacts rank lists, it is often generalized in surveys without disaggregated data exploring subpopulations of LGBTQIA+ individuals. To better assess LGBTQIA+ representation, we analyzed cross-sectional demographic information, including LGBTQIA+ identities, age, program location, and race/ethnicity among PGY1-4 EM residents.

Methods: From February 27 to March 2, 2024, 9,485 residents took the ABEM In-Training Exam and completed the post-examination survey. The survey collected data including age, gender, program location and duration, sexual orientation, and ethnicity. 7,859 (82.9%) answered questions regarding their LGBTQIA+ status. We used descriptive statistics and Chi-Square analysis to examine associations between LGBTQIA+ status and demographic information.

Results: The mean age of residents was 30.6 years. Of the 7,859 respondents, 929 (11.8%) identified as LGBTQIA+. A total of 3,366 (42.9%) identified as female, 4,421 (56.4%) identified as male, and 56 (0.7%) identified as non-binary. There were 42 (0.5%) asexual, 329 (4.2%) bisexual, 317 (4%) gay or lesbian, 6,930 (88.2%) heterosexual/straight, 42 (0.5%) pansexual, 97 (1.2%) queer, and 102 (1.3%) "other" sexual orientations. In the study, the Northeast had the largest proportion of LGBTQIA+ residents (14.0%) (Figure 1). Additionally, the majority (59.6%) of LGBTQIA+ residents identified as white with varying proportions by race/ethnicity (Figure 2).

Conclusions: There is a wide breadth of unexplored diversity among LGBTQIA+ residents, emphasizing the need to better characterize this underrepresented group in EM. Future research should explore trends in LGBTQIA+