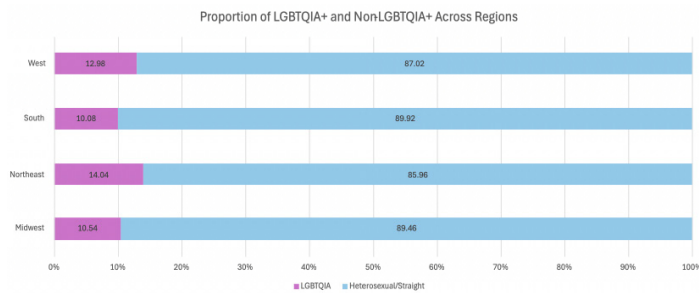


representation and highlight areas in which residency programs can support LGBTQIA+ populations. Future LGBTQIA+ surveys should include specific information on gender identity diversity that is not reflected in this data set.



57 Through the Prism: Shining Light on LGBTQIA+ Applicant Identities and Influences

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Introduction: Program diversity impacts rank list creation for EM-bound applicants, but how LGBTQIA+ identities influence residency selection is unknown. This study investigates general trends in EM applicant LGBTQIA+ identities, disclosure of those identities, and how LGBTQIA+ factors influence residency selection.

Methods: We surveyed 2,287 EM-bound US MD/DO applicants who applied to one of five EM programs via Qualtrics from May 16 to June 30, 2024. Participants did not provide their names or programs attended to maintain confidentiality. The survey included binary, multiple choice, open-ended, and Likert scale questions. Descriptive statistics and chi-square tests were used.

Results: Of 445 respondents (19.45%), 59 (13.26%) identified as LGBTQIA+. Gender identities included 173 cis men (38.88%), 254 cis women (57.08%), 1 trans man (0.22%), 1 trans woman (0.22%), 4 non-binary (0.90%), 1 genderqueer (0.22%), and 7 preferred not to answer (1.57%). Applicant sexual orientation is shown in Figure 1. Among LGBTQIA+ respondents, 7 (11.86%) disclosed their status during the application, 9 (15.25%) during the interview, 18 (30.51%) in

both, and 25 (42.37%) did not disclose. Among 56 respondents, 36 (64.29%) supported adding LGBTQIA+ status to the residency application; 20 (35.71%) did not. Of program factors considered, program diversity and commitment to underserved communities were significantly more important, while proximity to partner(s) was less important for LGBTQIA+ applicants compared to non-LGBTQIA+ applicants. Multiple additional factors influenced LGBTQIA+ applicants' rank list creation as shown in Figure 2.

Conclusion: Many LGBTQIA+ applicants do not disclose their identities when applying for residency. LGBTQIA+ respondents value program diversity, commitment to underserved communities, and LGBTQIA+-specific factors. These insights can inform residency programs and recruitment practices

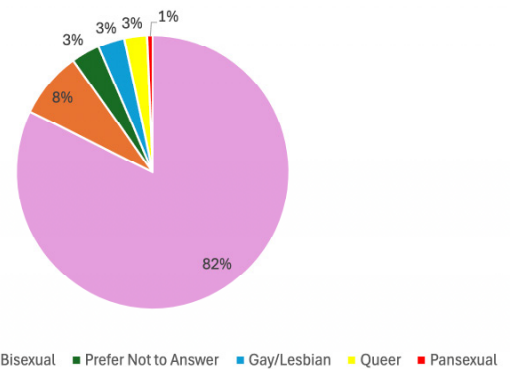


Figure 1. Sexual identities of EM applicants.

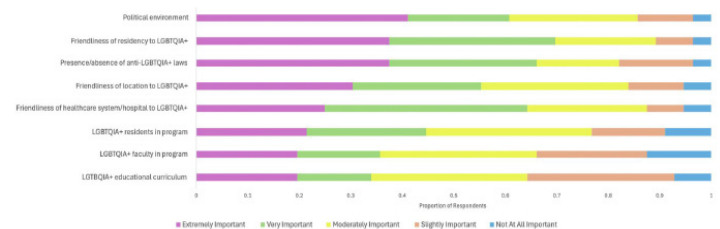


Figure 2. LGBTQIA+ factors that influence EM applicants.

58 Billable Student Documentation in Emergency Medicine: Implementation, Experience, and Outcomes

Mark Olaf, Jennifer Spinozzi, Devon Bremer

Introduction: The development of documentation skills is a necessary part of medical training but students receive limited documentation feedback. Billable student documentation has been allowed by CMS since 2018 and offers an opportunity to develop these skills but the financial impact has not been studied. We implemented student billable notes in our ED in 2022.