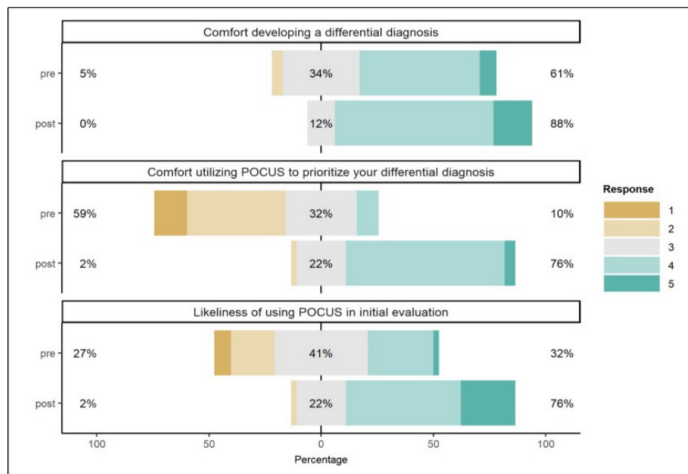


medical students to use POCUS during their clinical clerkship.

Figure 1: A Likert plot of comfort with using POCUS and likelihood to use in the future



Conclusions: Individualized, real-time performance feedback was well received by emergency medicine residents and was associated with self-reported improvements in workflow efficiency without adverse emotional effects. Incorporating individualized performance metrics into residency education may serve as a tool to enhance resident development and operational awareness within the emergency department.

73 Emergency Medicine Resident Perceptions of Their Own Throughput Metrics

Vanessa Cardenas, Christian Cochran, Ross Sinicrope, Joseph Ray, Ariel Vera, David Lebowitz

Background: Timeliness and efficiency are critical quality domains in emergency medicine, directly affecting patient satisfaction, departmental throughput, and resident education. Providing residents with objective feedback on performance metrics may enhance clinical efficiency and promote self-directed improvement. However, there is also concern that receiving this feedback could impact resident workflow behaviors and well-being.

Objectives: To evaluate emergency medicine residents' perceptions of receiving weekly individualized performance metrics and to assess whether these reports influenced self-reported efficiency, workflow behaviors, and emotional well-being.

Methods: This pre- and post-survey study included 14 emergency medicine residents (PGY-1 to PGY-3) at a single academic community training program. Participants received weekly individualized reports summarizing their emergency department throughput and efficiency metrics. Surveys administered before and after the intervention assessed perceived effects on clinical workflow, task-switching ability, and emotional well-being.

Results: Among 14 participants, 50% reported that reviewing their metrics led to changes in their clinical practice, and 40% indicated that they continuously adjusted their workflow to improve throughput after receiving feedback. 70% expressed interest in continuing to receive individualized metrics, while 60% reported no stress, anxiety, or negative emotional impact associated with the feedback process.



74 Redefining the Academic-Community Divide: Faculty Hiring Trends from a Survey of Academic Emergency Medicine Chairs

McKenna Knych, Shannon Burke, Clara Olson

Background: Prior EM studies have used residency graduate data to classify physicians entering academic or community practice. As health systems consolidate and academic departments expand into nonacademic sites, this distinction has blurred, creating blended faculty who work in both settings. Academic EM chairs provide direct insight into hiring and evolving roles.

Objectives: Characterize faculty working clinically at academic only, nonacademic only, or both (blended) sites within academic EM departments; describe projected hiring distributions; and assess how chairs rate fellowship importance when hiring.

Methods: A cross-sectional survey of full Association of Academic Chairs in Emergency Medicine (AACEM) members was administered in summer 2025. The 20-item survey included categorical, numeric, and Likert-scale questions. Data were analyzed using descriptive statistics and nonparametric tests (Wilcoxon signed-rank and Friedman).

Results: Of 135 full AACEM members, 48% (66) responded. 70% (46/66) hire for nonacademic sites, and 95% (44/46) employ faculty who work in both settings. Among these chairs, median faculty percentages were 15% (IQR 6–28%) nonacademic only, 20% (10–64%) blended, and 40% (18–73%) academic only. Estimated five-year hiring distributions were at median percentages of 25% (IQR 10–50%) nonacademic, 40% (15–70%) blended, and 10% (0–45%) academic (Figure 1). There was a significant increase in the percentage of nonacademic roles, decrease in percentage of academic roles, and no significant change in the percentage of blended roles. All chairs rated fellowship importance when hiring (Figure 2), with the highest importance ratings for academic roles, followed by blended, then nonacademic ($p < .001$).

Conclusions: Academic EM increasingly includes nonacademic clinical work, and academic chairs hiring for both settings project a greater proportion of nonacademic work in the future. This shows the need for EM training to

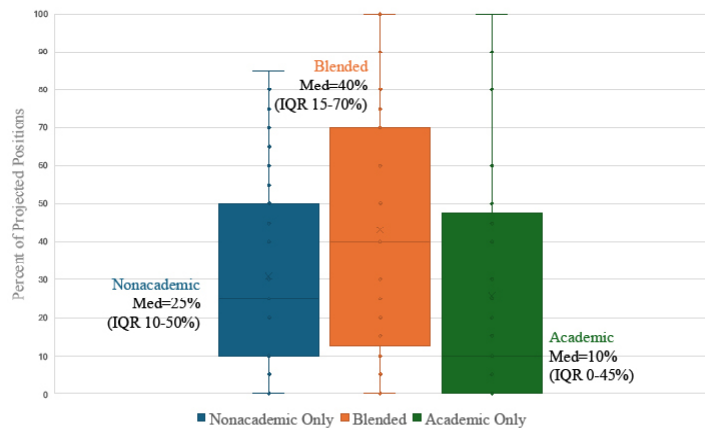


Figure 1. Projected five-year faculty hiring distribution by role type among academic EM chairs who hire for both academic and nonacademic sites.

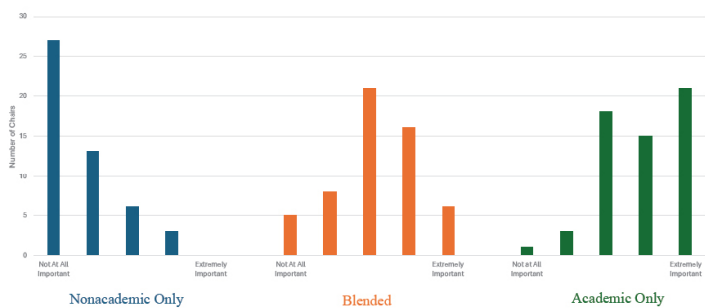


Figure 2. Importance of fellowship training by faculty role type, as rated by academic EM chairs on a 5-point Likert scale

prepare all graduates - including those on academic paths - for diverse clinical environments. Fellowship training is most valued for academic roles and an important consideration for those pursuing academic EM. These findings provide a snapshot of the current landscape as EM looks toward future changes in residency training.

75 A Stakeholder-Driven Intervention to Combat Gender-Based Discrimination in the Emergency Department

Julia Schiff, Emma Rogers, Victoria Zhou, Mira Mamtani, Madison McKee, Frances Shofer, Emily Kaplan, Megan Gillespie, Chioma Elechi

Background: Women-identifying physicians in the emergency department experience bias and discrimination, which negatively impacts career satisfaction and advancement. This grant-funded project sought to reduce gender-based discrimination through a sustainable stakeholder-driven approach.

Objectives: To design, implement, and evaluate an intervention that addresses gender bias and microaggressions in the emergency department.

Methods: Using a mixed-methods design, we conducted two focus groups ($n=7$) with women-identifying residents, fellows, and attendings in a single urban emergency department. A multi-stage deductive coding process with thematic analysis informed the development of an in-person scenario-based training session where participants practiced recognizing and responding to microaggressions using role-playing. Participants completed 14-item Likert surveys pre-, post-, and 6-months-post intervention assessing comfort addressing microaggressions and bias. Survey scores were analyzed using a linear mixed effects model.

Results: Qualitative themes included microaggressions, communication challenges, exclusion, and family planning concerns. Participants favored small-group interventions emphasizing dialogue and verbal de-escalation. Quantitative results showed significant sustained improvement in comfort dismantling bias: pre-training mean 72 (95%CI 11–19,

| Outcome | Time | Mean | Difference: Post - Pre | | Difference: 6-month - Pre | |
|-------------------|---------------|------|------------------------|---------------|---------------------------|--------------|
| | | | mean | 95% CI | mean | 95% CI |
| Total score | Pre-training | 71.8 | 15.4 | (11.5 - 19.3) | 9.4 | (5.2 - 13.7) |
| | Post-training | 87.1 | | | | |
| | 6-Month F/U | 81.2 | | | | |
| Gender bias | Pre-training | 66.9 | 21.4 | (15.5 - 27.4) | 14.9 | (8.4 - 21.3) |
| | Post-training | 88.3 | | | | |
| | 6-Month F/U | 81.7 | | | | |
| Sexual harassment | Pre-training | 70.8 | 18.5 | (11.2 - 25.8) | 16.3 | (8.4 - 24.2) |
| | Post-training | 89.2 | | | | |
| | 6-Month F/U | 87.0 | | | | |
| Micro-aggressions | Pre-training | 64.3 | 25.0 | (17.1 - 33.0) | 17.9 | (9.2 - 26.5) |
| | Post-training | 89.3 | | | | |
| | 6-Month F/U | 82.2 | | | | |

All differences $p < 0.0001$