

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Demographics, Training, and Longevity of Emergency Medicine Clerkship Directors: a National Survey

Permalink

<https://escholarship.org/uc/item/5mj379cj>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 25(3.1)

ISSN

1936-900X

Authors

Fernandez, Jorge
Soto, Daniel
Pott, Emily
[et al.](#)

Publication Date

2024-03-24

DOI

10.5811/westjem.20416

Supplemental Material

<https://escholarship.org/uc/item/5mj379cj#supplemental>

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

were less likely to get angry ($p = 0.046$) or interact differently with police after learning about such incidents ($p = 0.045$).

Conclusion: The presence of EUOF has been shown to impact the mental health of EM physicians in multiple ways. Those impacted reported differences in interactions with patients.

30 Minority Tax in Emergency Medicine Resident Physicians

Dalia Owda, Alexandra Hajduk, Edgardo Ordonez, Tanesha Beckford, Sarwat Chaudhry

Background: The minority tax is defined as the extra responsibilities placed on underrepresented minorities (URMs) to participate in diversity, equity and inclusion (DEI) efforts. In medical students and faculty, it has been associated with decreased wellness and promotion. Little is known about the minority tax experienced by resident physicians.

Objectives: To understand the minority tax experienced by emergency medicine (EM) residents. The primary aim is to compare the time spent on DEI work between URM and non-URM EM residents. The secondary aims are to describe the support received for DEI work and to describe experiences of mentorship, discrimination, and burnout between URMs and non-URMs.

Methods: This is a cross-sectional study of EM residents in U.S. ACGME accredited programs, with data collection from July to November 2023. Five domains were assessed: demographics, DEI involvement, mentorship, discrimination, and burnout. The survey was distributed via the EM Residents' Association (EMRA) newsletter, personal networks, and social media. We performed t-tests for comparisons of normally distributed continuous variables, Wilcoxon tests for ordinal/non-normally distributed continuous variables, and Chi-square for categorical comparisons.

Results: 101 EM residents including 66 URM and 35 non-URM completed the survey. URM residents reported a mean of 5.3 hours doing DEI work compared to 1.8 hours by non-URM ($p < 0.01$) per week. 58% received a titled role, 5% received compensation, and 9% received training for their DEI work. URMs reported less effective mentorship (17.5 vs 14, $p = 0.01$), higher experiences of discrimination (9 vs 6, $p = 0.02$), and similar burnout (7.5 vs 7, $p = 0.21$).

Conclusions: URM EM residents experience a minority tax through increased participation in DEI work and overall, low

compensation and training in this work. They also experience less effective mentorship and higher events of discrimination.

31 Demographics, Training, and Longevity of Emergency Medicine Clerkship Directors: a National Survey

Jorge Fernandez, Daniel Soto, Emily Pott, Nicole Dubosh, Doug Franzen, David Manthey, Brenna Hogue, Jaime Jordan

Background: Despite the expansion of medical schools and EM residencies, there is limited current data regarding the characteristics of emergency medicine (EM) clerkship directors (CDs) in the United States (US).

Objectives: To assess the characteristics, training, support, and longevity of US EM CDs directing 3rd and/or 4th year rotations.

Methods: We performed a cross-sectional study of EM CDs identified using publicly available data from medical school, residency program, and AAMC websites who were invited to complete a confidential, piloted, electronic survey consisting of multiple choice and completion items. Descriptive statistics were reported; categorical variables were compared with χ -squared tests and continuous variables with t-tests.

Results: 157 EM CDs (44%) responded representing all US regions. 35% were female. Average years since finishing residency was 10.9 (+/- 7.1, 1 SD) and as CD 5.5 (+/- 4.5), without significant gender difference. 20% earned a Masters or PhD degree, 24% completed fellowship training (14% in medical education or simulation), and 6% an educational certificate program. 58% hold additional leadership, educational or administrative roles. 35% aspire to another position in 5 years (mostly assistant or residency director or assistant/associate dean). Anticipated years remaining as CD are 2.5 (+/- 2.0). Nonfinancial rewards include positively impacting students, helping to select residents, and intellectual stimulation. Challenges include inadequate compensation for the administrative workload, excessive clinical duties, and managing/remediating struggling students, including those with professionalism issues.

Conclusions: EM CDs have a wide range of training and experience. <20% plan to stay in the role beyond 5 years. Many aspire to different leadership or administrative positions, possibly due to excessive clinical/administrative workload and inadequate support.

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	1	.6	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

Joseph Alex Thompson, Brittany Jonap, Josef Thundiylil

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

Alexandra Sappington, Brian Milman

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.