

surplus was a significant factor in the unusually high number of unfilled residency positions in recent NRMP Match cycles. Current data show a rebound in applications for the 2025 Match and an overall optimistic view among trainees about EM job opportunities. However, limited data exist on actual job placement and satisfaction of graduates.

Objectives: This study aimed to (1) characterize career paths of EM graduates, (2) assess residents' job placement satisfaction perceived by program directors (PDs), and (3) evaluate the feasibility of gathering comprehensive job placement data from EM residency PDs.

Methods: A cross-sectional feasibility study was conducted by surveying EM residency PDs using purposive sampling. Program characteristics (ERAS region, program length, site type, staffing model, and establishment date) and resident outcomes (fellowship or job type, geographic preference, employment model, and satisfaction) were collected. Descriptive statistics were used for quantitative analysis.

Results: Thirty-one PDs (68.9% response rate) participated. PDs reported their residents obtained jobs (67.2%) or fellowships (32.1%) prior to graduation, with high satisfaction levels (92%). Most graduates (98%) secured employment in their desired geographic area and practice setting. Barriers to job placement included geographical restrictions and limited job openings in specific cities.

Conclusions: The findings indicate high job placement satisfaction among recent EM graduates. This study demonstrates the feasibility of using PD-reported data to track job market outcomes and suggests further studies could improve understanding of regional job availability and hiring barriers for EM graduates. Collecting longitudinal data will be essential to accurately predict future workforce trends

43 Feasibility of a Performance Benchmark System Using Emergency Medicine Resident End-Of-Shift Assessments

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Background: Early identification of residents at risk of underperformance is essential for effective intervention. Periodic performance assessments may not detect subtle or sudden declines in progress. Competency-based end-of-shift assessments have recently been introduced within EM residencies, but it is not known whether data from these assessments can establish predictive benchmarks for resident progress to facilitate early detection of underperformance.

Objective: This study aims to determine the feasibility of creating benchmarks for EM resident performance using multi-year data from EM resident end-of-shift assessments.

Methods: An end-of-shift assessment using 22 EM

entrustable professional activities (EPAs) was implemented within a three-year residency program at an urban tertiary care hospital. Faculty members assessed level of required supervision on a scale of 1 to 5, from "I had to do it" to "I did not need to be there at all." Assessments were collected from February 2023 to September 2024 and then separated by the residents' month in training. The 25th percentile was calculated for each month, along with combined mean entrustment level (EL) and standard deviation (SD). Individual resident mean ELs were compared to these benchmarks.

Results: A total of 5,441 assessments were completed for 70 residents during the period. The number of assessments per resident ranged from 4 to 161. The median assessments per resident was 91 and the mean was 77.7 (SD 47.6). Mean EL ranged from 2.7 (month 2) to 4.9 (month 36), with SD ranging from 0.40 (month 36) to 0.94 (month 5) (Figure 1). Nineteen residents had at least one month with a mean EL below the 25th percentile, 4 had 2 consecutive months, and 1 had 4 consecutive months (Table 1).

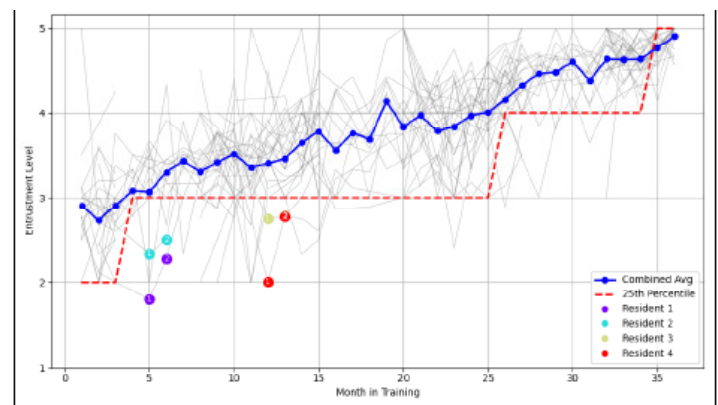


Figure 1. Individual and combined mean entrustment levels by month in training. Residents are flagged if their average entrustment level falls below the 25th percentile for two consecutive months, ignoring months 35 and 36, or months with 2 or fewer assessments.

Table 1. Number of residents with consecutive months in the bottom quartile.

Months in Bottom Quartile	Number of Residents
1	19
2	4
3	1
4	1

Conclusion: It is feasible to use the data generated by EPA-based end-of-shift assessments to establish benchmarks that identify residents at risk of underperformance. Further study is needed to evaluate if these benchmarks aid program interventions.