

Methods: This was a cross-sectional survey of recent graduates of 17 EM residency programs. Content validity evidence was developed via literature review and expert involvement. Response process validity evidence was developed by piloting with think-aloud resting. Programs represent a diverse sample of national residencies. Each program contact sent 3 weekly emails to their recently graduated residents. IRB approval was obtained from St. Luke’s Hospital. Descriptive statistics were used to summarize the data, and a chi-squared analysis was done to compare 3- and 4-year programs.

Results: 88 out of a possible 195 respondents answered (45%). Respondents were from both 3-year (46/114 from 11 programs) and 4-year programs (42/81 from 6 programs). 5/88 (6%) reported their simulation curriculum was inadequate, 34/88 (39%) reported it was adequate, 43/88 (49%) reported it was superb, and 6/88 (7%) reported it was superfluous. The most common procedure requiring simulation to graduate was cricothyrotomy (78/88; 89%), followed by pericardiocentesis (77/88, 88%), and lateral canthotomy (64/88, 73%). Of procedures in 4 year programs, 531/601 (88%) were done without simulation; while 580/782 (76%) of procedures in 3 year programs were done without simulation ($p < 0.05$).

Discussion: Simulation plays an important role in resident education. Participation in simulation was a graduation requirement at every surveyed program. In addition, for each unique procedure, we found at least one instance of a graduate relying upon simulation to supplement their minimum procedure numbers. Most residents report their simulation training is at least adequate. Graduates of 4-year programs indicated less reliance on simulation. This study adds to literature supporting robust simulation training to fill gaps in procedural clinical opportunity. More work is needed to guide timing of trainings, and assessment of competency through non-numerical methods.

48 Resuscitation Leadership Performance in Emergency Medicine Residents

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Introduction: Numerous studies have shown that effective leadership during resuscitations significantly improves patient outcomes. However, few EM residency programs incorporate formal resuscitation leadership training into their curricula. To address this gap and work toward the development of learning objectives for a standardized resuscitation leadership curriculum, we conducted a targeted needs assessment through bedside evaluation during live resuscitations.

Objectives: The goal of this study was to assess EM

resident resuscitation leadership knowledge and skills.

Methods: Resuscitation leadership behaviors of EM residents were assessed during the Spring and Summer of 2024 at a single tertiary academic medical center. Attending physicians used the Leadership Behavior Description Questionnaire (LBDQ) to evaluate residents’ leadership during medical resuscitations. Attendings completed the LBDQ immediately after each resuscitation. Residents were evaluated through convenience sampling when a volunteer resident or medical student was available to distribute forms to EM attendings. Results: 244 LBDQ forms were completed, with 39 of 42 residents being assessed at least once. To quantify the LBDQ results, 2 points were equated to “performed”, 1 point for “partially performed”, and 0 points for “not performed.” Figure 1 demonstrates average scores per LBDQ question for all residents and postgraduate year (PGY).

Conclusion: Resuscitation leadership skills improved in our resident cohort with seniority. Residents demonstrated proficiency in adhering to resuscitation guidelines, maintaining a positive team atmosphere, and making decisions on resuscitation interventions. Areas for improvement include enhancing team communication, particularly in clearly defining team roles and articulating plans to foster a shared mental model. Further research across additional residency programs is necessary to validate these findings

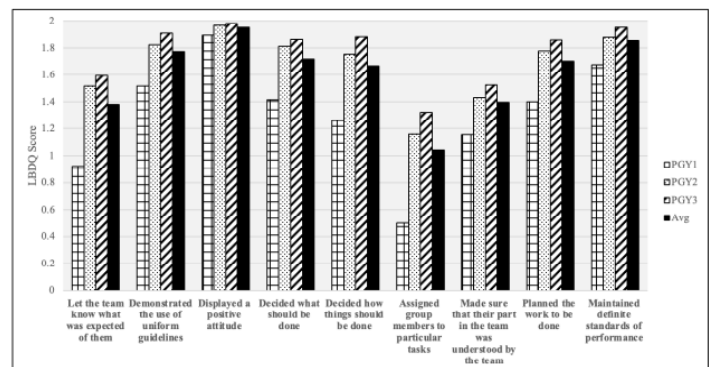


Figure 1. Average scores per question of the Leadership Behavior Description Questionnaire averaged across all residents and per postgraduate year class.

49 Factors Influencing Applicants’ Decisions to Not Pursue Emergency Medicine Residency in 2023: A National Survey

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Introduction: A sharp decline in the number of applicants to emergency medicine residency programs has been observed in recent years. This study describes the factors of concern and their relative influence in recent residency applicant decisions to consider, but not apply to the field of emergency medicine (EM).