

**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

Michael Sobin, Brett Todd, Peter Prescott, David Berger, Danielle Turner-Lawrence

**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

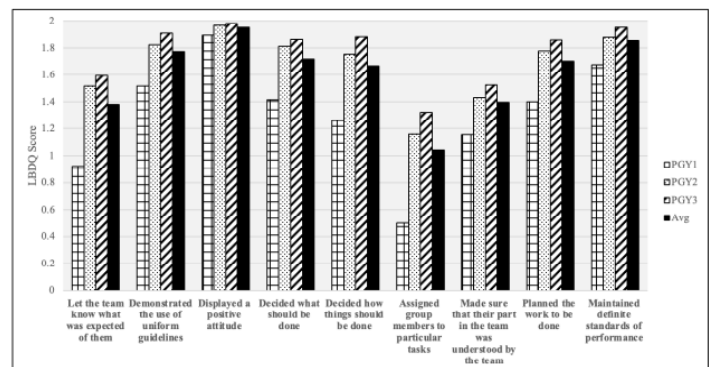


Figure 1. Average scores per question of the Leadership Behavior Description Questionnaire averaged across all residents and per postgraduate year class.

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

Hannah Sodergren, Martin Wegman, Jennifer Chapman

**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).

**Methods:** We conducted a cross-sectional survey during the spring of 2023 of all newly matched applicants to first-year post-graduate programs amongst the largest sponsor for United States graduate medical education. Respondents differentiated between whether they matched into, or considered, but did not match into, EM and were asked to rank factors influencing their decision-making. Knowledge of EM workforce projections and source of information regarding the potential for limited availability of EM jobs was also ascertained. The analysis included comparing differences in influence between the main study groups.

**Results:** 1336 newly matched applicants completed at least one question in the survey. Of these, 326 considered EM but pursued alternative specialties, and 138 pursued EM. Relative to those pursuing EM, there was disproportionately more influence for concerns regarding relatively high rates of burnout and the limited number of future jobs available and disproportionately less influence for concerns regarding boarding, compensation, and corporatization. The most common source of information regarding an EM physician surplus were fellow medical students whereas deans, advisors, and mentors were the least.

**Conclusion:** Concerns regarding burnout and job availability appear to have been the most substantial influences in deciding not to apply to EM residency among those considering the specialty. These findings inform efforts to engage prospective applicants and address larger systemic issues affecting the field.

## 50 The State of the Profession: A National Survey of Emergency Medicine Assistant/Associate Program Directors

Mary McLean, Alina Tsyrlunik, Geoffrey Comp, Richard Wilkerson, Justin Holmes, Cynthia Price, Elspeth Pearce, Leah Bralow, Kristen Whitworth, Anna von Reinhart, Leigh McLean

**Introduction:** Associate/Assistant Program Directors (APDs) are crucial for residency programs to function, but there is no standard definition for the EM APD role. This may lead to discrepancies in expectations, responsibilities, and support. No literature exists specifically defining the EM APD role.

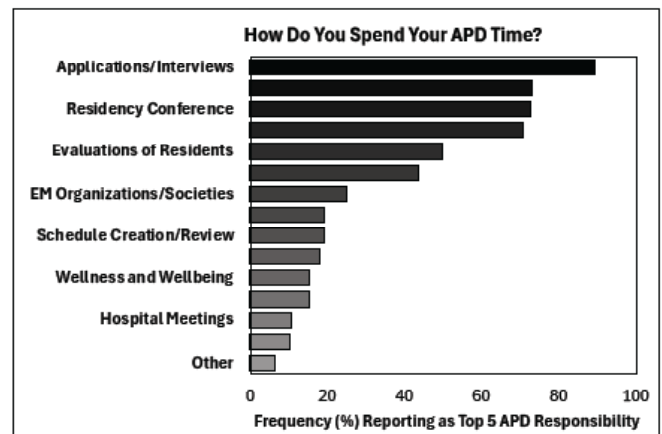
**Objectives:** We surveyed EM APDs on responsibilities, support, challenges, and perceptions to frame the professional landscape and expose areas for improvement.

**Methods:** A cross-sectional observational study was conducted. The CORD APD Community of Practice developed, validated, and administered an electronic survey to EM APDs in the United States from 4/8/24–10/31/24. Participants were identified via CORD’s Member Directory, filtered for APD designation. Likert scale data were normally distributed and analyzed with means and 95% confidence intervals. Frequency distributions and descriptive statistics

were used for other data.

**Results:** Of 493 potential subjects, 362 consented and participated (73.4% overall response rate). Of participants providing item-level data for preliminary analyses, 147/286 (51.4%) were men, 205/285 (71.9%) were White, 248/287 (86.7%) were less than 50 years old, 248/289 (85.8%) were allopathic graduates, 171/289 (59.2%) had been chief residents, 165/286 (57.7%) were Assistant Professors, 184/329 (55.9%) were Associate Program Directors, and 145/329 (44.1%) were Assistant Program Directors. Participants reported widely varied resident-to-APD ratios (from 4:1–32:1), annual scholarly works (mean 6, SD 7), and years from residency graduation to becoming an APD (mean 5.3, SD 5.1). On Likert scales items, rated from 1 (worst/lowest agreement) to 5 (best/highest agreement), respondents reported a mean work engagement score of 3.90 (95%CI 3.80-4.00) and mean role satisfaction of 3.57 (95%CI 3.51-3.64).

**Conclusions:** The wide variations described in this study highlight the need for transparency and greater consistency across APD role descriptions, expectations, and institutional support structures.



**Figure 1.** Frequency distribution of responses to top 5 time-consuming APD responsibilities. Categories are sorted from most frequently cited (top) to least frequently cited (bottom). Participants utilizing the “Other (Specify)” category reported additional responsibilities: management of educational and simulation curricula, journal clubs, scholarly tracks, elective rotations, board exam preparation, intern orientation and boot camps, residency interviews and recruitment, and residency events and retreats.

## 51 Use of End-Of-Block Milestone Assessments by Clinical Competency Committee to Generate Real-Time Milestone Ratings

Dami Sharon Kim, Richard Austin, Kristin Delfino, Robert Tennill, James Waymack

**Introduction:** Emergency medicine (EM) milestones were first published in 2013 and updated in 2021. Previous