

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

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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.

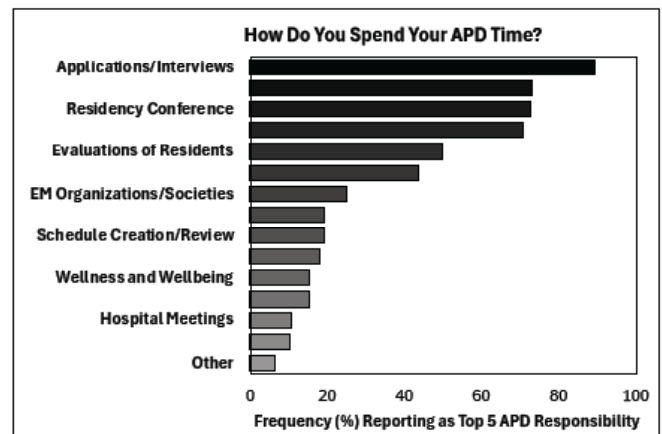


Figure 1. Frequency distribution of responses to top 5 time-consuming APD responsibilities. Categories are sorted from most frequently cited (top) to least frequently cited (bottom). Participants utilizing the “Other (Specify)” category reported additional responsibilities: management of educational 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

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