

**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.

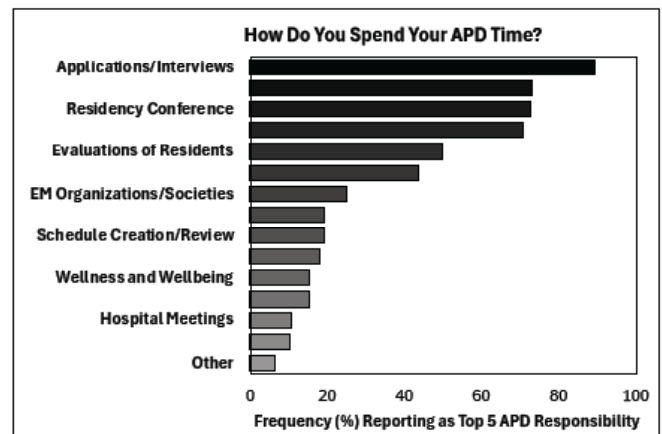
**Objectives:** We surveyed EM APDs on responsibilities, support, challenges, and perceptions to frame the professional landscape and expose areas for improvement.

**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

work has demonstrated that end-of-shift assessments often overestimate proficiency. There is a lack of literature regarding the role of consistent portfolio assessments by the Clinical Competency Committee (CCC) in real-time to establish milestone rankings expediently.

**Objectives:** We developed an assessment tool to generate improved real-time milestone-based feedback for EM residents and program leadership.

**Methods:** We developed an end-of-block (EOB) assessment to be completed at the end of every block by core faculty trained in milestone assessment in the 2022-2023 academic year at a single institution. This assessment evaluated 20 of the 22 current sub-competencies in EM. Every core faculty member assessed each resident they clinically worked with in the preceding block and assessed their performance in simulated settings, didactic presentations, and other interactions. The sub-competencies were averaged and reported to the CCC as a baseline dataset. We analyzed differences in the average of the assessment compared to the ultimate milestone rating assigned by the CCC.

**Results:** Faculty completed 399 EOB assessments, resulting in 960 independent milestone averages. The intraclass coefficient was 0.976 for single measures and 0.9888 for average measures. These correlations were strongest in postgraduate year (PGY)-3 class but less for PGY-2 residents.

**Conclusions:** While this study was conducted at a single site and in a specific specialty, which may limit the generalizability of the results, our results indicate that a CCC can utilize EOB assessments as an assessment tool for milestone determinations. The shorter interval assessment allows for immediate review of resident performance and can be used in real-time by residents to track their progression through the milestones.

## 52 Not so Soporific: 3 Years of Stimulating Sleep Curricula

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**Introduction:** The ACGME requires EM residency programs to provide education on recognizing signs of fatigue, managing alertness, and mitigating fatigue. This is critical for EM trainees due to frequent night shifts and circadian disruptions. While sleep and wellness education positively impacts learners, programs often struggle with presenting this material in an engaging way that avoids tedium.

**Educational Objectives:** Learners will be able to: Describe strategies for maintaining sleep and mitigating fatigue in an engaging format. Contrast positive and negative sleep patterns, including the effects of substances on sleep.

**Curricular Design:** Modules were delivered annually within the conference curriculum. The first module was presented virtually in pajamas from bed, incorporating visual cues to encourage healthy sleep habits. The session included recent sleep research, audience polls, and interviews with attendings on night shift strategies. The second in-person module reviewed substance influence on sleep and literature on fatigue impact during driving and test-taking. Residents rotated through small group sessions using sleep masks and a modified “heads up, 7 up” game, to reinforce learning. The third module was a virtual flipped classroom. Residents tracked their sleep, exercise, and substance use in NIH sleep diaries prior to the session, and reviewed their tracking in small groups, followed by a large group debrief. Residents provided written anonymous feedback to faculty on sessions 2 and 3.

**Impact:** This curriculum meets ACGME requirements while promoting healthy sleep. For session 2, residents appreciated the small, rotating groups and interactive elements. For session 3, residents liked the journaling exercise and the opportunity to discuss shared challenges. Suggestions for improvement included offering a checklist of tips and holding all sessions in person. The curriculum will be repeated every three years with ongoing refinement for engagement.

## 53 Impact of the Away Rotation on Program Match Rates in Era of Virtual Residency Recruitment

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**Introduction:** Since the COVID-19 pandemic, many EM residencies have transitioned to virtual interviews, providing less in-person exposure for applicants. Away rotations offer applicants the opportunity to gain in-person exposure to EM programs beyond the virtual interview environment. Whether or not the away rotation is more important now and leads to higher rotator match rates in the virtual recruitment era remains unclear and warrants investigation.

**Objectives:** The aim of this study was to determine the percentage of EM interns who completed an in-person rotation with the residency program in which they matched and compare this to pre-COVID match rates.

**Methods:** This was a multicenter study of EM residency programs. Surveys were distributed via email from August to September 2024 to a convenience sample of programs representing the 9 SAEM US geographic regions. Only programs that shifted to virtual interviews post-pandemic were included. Respondents answered questions regarding the number of matched interns who completed an in-person rotation in their respective ED and the number of matched interns who were “home” versus “away” rotators. Data was