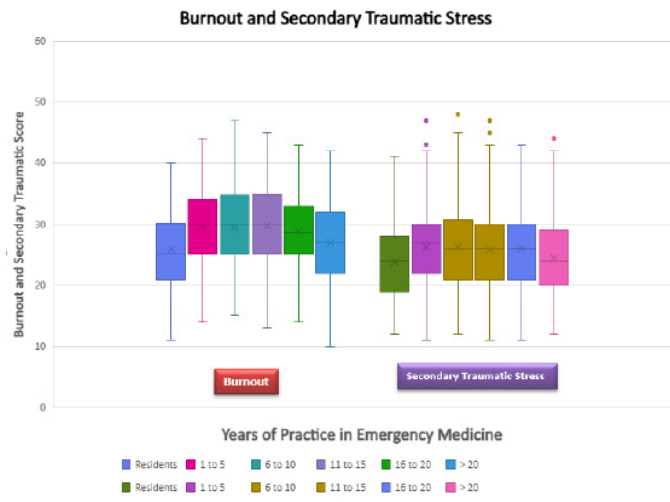


Discussion: Mid-career EPs appear most vulnerable to burnout and STS, potentially due to cumulative system pressures, increasing administrative responsibilities, evolving leadership roles, job transitions, and expanding clinical and non-clinical duties. In contrast, higher CS among residents and late-career EPs may reflect strong training environments, structured support systems, the development of long-term coping strategies, and more stable, established practice settings. These patterns suggest that the career stage plays a significant role in EP well-being. Targeted, career-specific wellness strategies—particularly those aimed at supporting mid-career physicians—may help mitigate burnout and enhance compassion satisfaction across the professional lifespan.



51 Embedded Palliative Care in the Emergency Department Enhances Resident Confidence and Competency

Aarsh Shah, Jacqueline Nicholas, Rahul Nayar, Erick Ferreras, Tracey Piparo, Paul Peng, Jonathan Briganti

Background: Early initiation of palliative care (PC) in the emergency department (ED) has been shown to improve patient-centered outcomes. However, barriers exist among emergency medicine residents, including limited education in PC and decreased confidence in serious illness symptom management and goals of care (GOC) discussions. No research has examined how an embedded-PC clinician providing on-site clinical guidance influences emergency medicine residents’ primary PC competencies.

Objectives: Evaluate residents’ PC knowledge, clinical competency in symptom management, and GOC discussions during exposure to an ED-embedded palliative care physician associate (PCPA).

Methods: Observational, qualitative study at an urban academic ED from January 1, 2025, to October 1, 2025, where a PCPA (intervention) was present during business hours. Residents

completed post-intervention surveys at 3 months and 9 months, assessing PC understanding and confidence with symptom management and GOC discussions. The nonparametric Wilcoxon signed-rank test was used to compare the two related groups.

Results: A total of 23 and 19 residents completed surveys at 3 and 9 months, respectively. After 9 months, statistically significant improvements were found across all three domains: PC knowledge ($p = 0.013$), self-reported comfort with pain and symptom management ($p = 0.035$), and GOC conversation confidence ($p < 0.001$) (Figure).

Conclusions: Integrating PCPA exposure into resident training significantly improved residents’ knowledge of PC and self-reported confidence in managing acute palliative symptoms and leading GOC discussions. This aligns with ACGME core competencies and addresses known educational gaps in resident training. Formalised PC integration should be considered as a necessary curriculum component to enhance patient-centred, compassionate care.

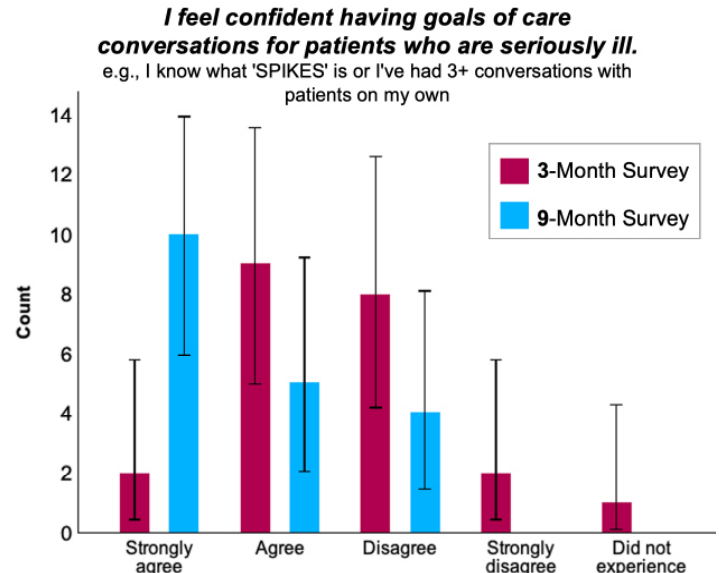


Figure. Confidence of residents to have GOC conversations at 3 months and 9 months

52 Training Gaps in Emergency Medicine Procedural Complication Management

Noah Huff, Manasa Jaishankar, Enola Okonkwo, Nicole Rettig, Rebecca Lipscomb, Steven Garay-Morales, Rahul Mhaskar, Shreya Narayanan, Jordan Beau

Background: Procedural complications are an inevitable part of EM practice, yet training in technical execution, risk communication, and psychosocial support is variable and understudied. Understanding formal and informal training’s impact on EM resident preparedness is critical for patient safety and clinician well-being.