58 Development and National Validation of an Original Assistant/Associate Program Director Perceptions and Satisfaction Scale

Mary McLean, Alina Tsyrulnik, Geoffrey Comp, Leigh McLean

Background: Assistant/Associate Program Directors (APDs) are critical to emergency medicine (EM) residencies, yet standardized tools assessing their role perceptions and satisfaction are lacking.

Objectives: We aimed to explore EM APD role perceptions and satisfaction by developing and validating an original, standardized APD Perceptions and Satisfaction (APDPS) scale.

Methods: The CORD APD Community of Practice (COP) developed an 8-item APDPS tool using systematic survey methodology. Pilot testing was conducted with the 32 COP members, 23 (72%) of whom responded. The pilot utilized preparatory psychometric analysis methodology to assess variance, internal consistency, factor structure, and convergent validity against a previously published Provider Engagement Scale (PES). Specifically, pilot analysis included Cronbach's alpha, McDonald's omega, principal components analysis, and Pearson correlations. The final APDPS was distributed to all 493 United States EM APDs designated on the CORD Member Directory, from 4/2024–10/2024.

Results: Pilot analysis demonstrated adequate variance and high internal consistency (Cronbach's alpha 0.81, McDonald's omega 0.79). Strong convergent validity with the PES was observed ($r = 0.68$, $p < 0.001$). One item loaded poorly (0.25) and was removed. The revised 7-item APDPS showed improved properties (Cronbach's alpha 0.83, McDonald's omega 0.81) with loadings from 0.57 to 0.85. Final distribution to 493 APDs yielded 362 respondents (73.4% overall response rate). On final analysis of the nationally-distributed survey, mean APDPS score was 3.57 (95%CI 3.51-3.64), indicating moderately positive perceptions.

Conclusions: The APDPS scale demonstrates strong psychometric properties as a validated, standardized tool for measuring APD role perceptions and satisfaction. Overall scale scores are skewed positive but there is wide variation in these role perceptions and satisfaction. Limitations include likely response bias, as respondents were not required to answer any single survey question. Future directions will utilize this tool to explore demographic and institutional factor correlations with APD perceptions and role satisfaction.

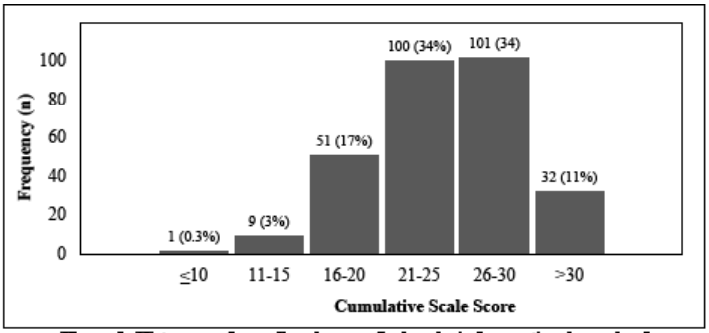

Figure 1: Histogram of overall scale score final analysis from national sample of Assistant/Associate Program Directors. A Likert scale from 1 (strongly disagree) to 5 (strongly agree) was used for individual items, yielding possible summative scores from 10 to 35 across the final 7-item scale. No single item was required, and only the survey respondents answering all scale items were included (n=294).

Table 1: Original Assistant/Associate Program Director (APD) Perceptions and Satisfaction scale and final national data analysis. Likert scores from 1 (strongly disagree) to 5 (strongly agree) were used. No items were required, and item-level n (%) of the 362 total survey respondents is included.

Item	n (%)	Mean	SD
1. I am satisfied with my role as an APD	296 (81.8%)	4.03	0.86
2. I have overall institutional support for my APD role	296 (81.8%)	3.86	0.99
3. My core faculty is engaged with the residency	296 (81.8%)	3.55	1.05
4. I have the financial support I need for my APD hours	296 (81.8%)	3.39	1.99
5. I do too much busy work in my role as an APD*	296 (81.8%)	3.22	1.09
6. My program has enough APDs for the amount of work	294 (81.2%)	3.61	1.03
7. My program has enough administrative support (coordinators)	296 (81.8%)	3.33	1.22
I often feel overwhelmed in my role as an APD†	*n/a*	*n/a*	*n/a*

*This item's Likert score data was reversed for final analysis, but is provided in raw form in the table.
†This item was removed after pilot analysis, as it exhibited poor factor loading, showed evidence of not contributing meaningfully to the scale, and pilot metrics improved with its removal.

59 Senior Resident Transition to Attending Curriculum: A Local Needs Assessment

Carolyn Commissaris, Derek Monette, Eric Shappell, Daniel Egan

Objectives: The transition from senior resident to independently practicing attending physician in EM presents substantial non-clinical challenges. Prior qualitative work has described difficulties in leadership, supervision, legal knowledge, and system navigation, yet no U.S.-based needs assessment has evaluated how best to prepare senior EM residents for this transition. This study aims to assess the perceived value, priority content, preferred format, and ideal duration of a senior resident–specific "transition to practice" (TTP) curriculum.

Methods: We conducted a single-site, cross-sectional survey of senior residents, recent graduates (≤5 years), and junior EM faculty at a four-year academic EM residency. The survey included Likert-scale, multiple-choice, and open-ended items addressing perceived curriculum value, preferred educational approaches, key topic domains, and optimal timeline. Descriptive statistics were used for quantitative data, and thematic analysis was applied to free-text responses.

Results: Forty-six participants (36% response rate)—18 residents, 21 alumni, and 7 junior faculty—completed the survey. Support for a PGY-4 curriculum was high (mean 4.44/5), with residents rating its value more strongly than attendings. Nearly half of respondents (48%) endorsed a 4–6-month curriculum. Small-group discussion (82%) and panel discussion (74%) were the preferred instructional methods. High-priority topics included ED documentation, malpractice and liability, billing and coding, and supervision

of residents and advanced practice providers. Differences emerged across groups: residents emphasized job search skills, whereas attendings highlighted interhospital transfers. Open-ended responses reflected anxiety regarding solo coverage, legal responsibility, and unfamiliar systems.

Conclusions: This needs assessment demonstrates strong support for a structured, senior resident–focused TTP curriculum in EM. Respondents favored interactive, practice-relevant instruction targeting legal, supervisory, and administrative competencies. These findings provide a foundation for curriculum design and underscore the importance of tailoring training to prepare EM residents for the demands of independent practice.

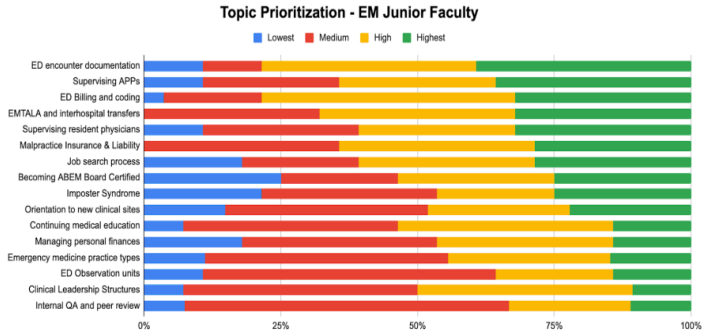

Figure 2: Overall agreement in value of PGY 4 curriculum

60 Bridging Training to Practice: How Simulation Shapes Procedural Confidence in EM Graduates

Holly Stankewicz, Andrew Mittelman, Shaila Quazi

Background: The ACGME defines procedural competency using minimum numbers of index procedures, but clinical opportunities to perform these procedures are inconsistent. Simulation-based training has been increasingly used to address experiential gaps, though resources and curricula vary widely, and standardized approaches are limited.

Objective: To examine the self-reported effect of simulation-based training on Emergency Medicine (EM) residents' procedural confidence at or soon after graduation.

Methods: A 25-item survey was administered in 2024–2025 to senior residents and recent graduates from a convenience sample of U.S. residency programs. Question items targeted the impact of simulation on each of the ACGME procedures as well as procedural training as a whole.

Results: Responses were received from 175 residents across 22 programs, representing all U.S. regions. All residents reported presence of simulation-based procedural training and 49% rated it "critical" to procedural proficiency. Greater simulation resources were associated with higher confidence in large-bore chest tube placement and cardiac pacing. Minimum requirements for cricothyrotomy (87%), pericardiocentesis (85%), lateral canthotomy (67%), and cardiac pacing (46%) would not have been met without simulation. In multilevel logistic regression models predicting composite confidence (≥70% of procedures rated competent), structured simulation curriculum (OR 1.89) and simulation faculty (OR 1.06) were positively associated with confidence. Procedural task trainers had the strongest impact, significantly increasing the odds of achieving procedural competence (OR 6.88).

Conclusion: Simulation is a high-resource strategy for EM procedural skill acquisition, considered essential or critical by many respondents to bridge opportunity gaps. These findings emphasize the importance of consistent, well-resourced simulation training to ensure all trainees graduate prepared for safe, independent practice.

61 Rotation Rigor and Resident Readiness: The Effect of Rotation Difficulty on EM In-Training Exam Performance

Abagayle Bierowski, Erin Hoag, Kelly Kehm, Peter Tomaselli, Jiten Patel, Kathleen Cruz, Cody Andreoni, Madeline Dwyer, Danielle Melisiotis

Background: The notion that demanding rotations immediately prior to the In-Training Examination (ITE) may affect performance is largely anecdotal. While one surgical study