than novice users (Table 2A). The total number of A4C quality criteria was more often greater with AI (0.35 [95%CI 0.25, 0.47]) than without (0.20 [0.12, 0.32]; X2, df=1, n=142, p=0.04) for all users regardless of training level (Table 2B). The correct A4C imaging plane was more likely with AI for all users (0.40 [0.29, 0.52]; 0.25 [0.16, 0.36]; X2, df=1, n=71, p=0.02) and experienced users (0.60 [0.42, 0.75]; 0.37 [0.22, 0.55]; X2, df=1, n=30, p=0.03; Table 2B). No significant differences in quality criteria were observed for novices regardless of window or RUQ windows regardless of user.

Conclusion: AI guidance was associated with longer POCUS acquisition time for all users. The immediate effect on image quality trended more favorably for experienced users obtaining the A4C window. POCUS AI guidance is likely more beneficial for users with prior experience.

79 Measuring Our Worth: Results from the Emergency Medicine Coordinator Salary Survey

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Background: GME program coordinators are vital to training program success, but recent studies reveal high levels of professional burnout and job dissatisfaction. One area that may contribute to this is coordinators' perceptions of compensation; however, little is known regarding EM coordinator compensation.

Objectives: To explore: 1) EM program coordinators' compensation models, compensation satisfaction, and factors contributing to higher compensation, and 2) factors coordinators believe would improve job satisfaction. Methods: We conducted an anonymous, cross-sectional survey of US-based EM program coordinators using an electronic survey platform. Responses were summarized using descriptive statistics; hierarchical logistic regression models were used to examine predictors of higher salary and perceived compensation inadequacy. Free-text responses were summarized using a qualitative descriptive approach.

Results: 120/375 (32%) coordinators completed the survey; their characteristics are provided in Table 1. The mean number of residents managed was 37.8 ± 24.2, 95% CI: 33.4-35.6 and 36.7% endorsed also managing EM fellowships (44/120). Salaries ranged from ≤$45,000 ($45K) to ≥$85K, with most in the $55K-$64K (39/120, 32.5%) or $65K-$74K (31/120, 25.8%) ranges. Many participants endorsed their compensation as 'somewhat' or 'very inadequate,' 93/120, 77.5%. The number of residents managed was the only significant predictor of higher (≥$75K) salary (OR 1.07, 95%CI 1.01-1.13, p=0.02), while only years of GME experience predicted endorsing inadequate compensation (11+years' experience: OR 0.06, 95%CI 0.01-0.68, p=0.02; 4-6 years' experience: OR 0.06, 95%CI 0.004-0.73, p=0.03).

Table 1. Participant characteristics (*N*=120).

	n	%
Educational attainment		
High school diploma	24	20.0
Some college	2	1.7
Associates degree	1	0.8
Bachelor's degree	23	19.2
Master's degree	42	35.0
TAGME certification		
No	99	82.5
Yes	21	17.5
Years in GME		
Less than 1 year	4	3.3
1-3 years	37	30.8
4-6 years	21	17.5
7-10 years	13	10.8
11+ years	45	37.5
Years in EM GME		
Less than 1 year	9	7.5
1-3 years	42	35.0
4-6 years	22	18.3
7-10 years	16	13.3
11+ years	31	25.8
Geographic region		
Midwest	36	30.0
Northeast	37	30.8
Pacific	8	6.7
South	26	21.7
West	12	10.0
Northeast and South	1	0.8
Hospital or institution type		
Academic medical center	50	41.7
Community hospital	28	23.3
University-affiliated hospital	29	24.2
County hospital	2	1.7
Private, non-profit hospital	1	0.8
Academic medical center, community hospital	1	0.8
Academic medical center, university-affiliated hospital	4	3.3
University-affiliated hospital, community hospital	2	1.7
Academic medical center, community hospital, university-affiliated hospital	3	2.5
Number of resident physicians in programs coordinated		
1-10	3	2.6
11-20	14	12.1
21-30	32	27.6
31-40	30	25.9
41-50	19	16.4
51-60	11	9.5
61-70	1	0.9
71-80	3	2.6
81-90	1	0.9
91-100	1	0.9
>100	1	0.9
Also manage EM fellowship programs		
No	76	63.3
Yes	44	36.7
Current base salary, before taxes		
Under $45,000	1	0.8
$45,000 – $54,999	18	15.0
$55,000 - $64,999	39	32.5
$65,000 - $74,999	31	25.8
$75,000 - $84,000	18	15.0
$85,000 or more	13	10.8

Notes: TAGME=Training Administrators in Graduate Medical Education; GME=graduate medical education.

Eight major themes for improving job satisfaction were identified: compensation, respect, appreciation, recognition, workload, leadership team, professional development, and

Figure 1. Qualitative themes on strategies to improve EM coordinator job satisfaction with illustrative quotes.

Major Theme	Sub-theme	Illustrative Quotes
Compensation	Compensation and benefits	*Higher pay than what my interns make.* *Financial recognition for the extra work I do.* *Competitive/appropriate salary compensation for the role we have - leadership/management. We're like the business administrators, but they make double.* *Raise and acknowledgement of hard work.* *Being compensated for the job we actually do.* *More $ per hour as EM is very demanding and a 24/7 specialty.* *Compensating our admin team is just as important as compensating our providers but it is not prioritized.* *Increased wages that are fair across the board.* *There should not be a limit on salary, especially for coordinators who have over 10 plus years.* *More pay for the work I put into this position.* *Appropriate pay for the level and amount of work that we do.* *More vacation time if a pay raise isn't an option, more support for using vacation time.* *Increased salary or opportunity for bonus.*
	Stronger employment protections	*Unfortunately, I do not believe there is anything EMARC can do about this, my institution does not care. Our GME office has been fighting for us and they do not care. I am union and our union only fights for nurses.* *Consistent residency administration structures across the U.S.* *Stronger employment protections for residency coordinators as a whole.*
Respect	Respectful treatment	*Being respected and being seen as a team member of the residency leadership rather than 'the help.'* *Respect from learners.* *Additional compensation for above and beyond work in addition to reduction of stigma of the position in the culture of medicine as it's viewed as a secretary to some physicians and not as respected as it should be, thus changing the way that we are compensated because HR professionals alike have no idea what the position entails at each institution, especially in EM.* *Respecting the importance of our role would make a world of difference.*
	Improved leadership	*Better leadership in our department.* *Better communication among leadership.* *Less gaslighting regarding receiving better pay.* *Condemn immature, 'mean girl' behaviors amongst the APDs towards the residents.* *Consequences for our CAO who raises [their] voice at staff and we have to walk on eggshells depending on [their] mood.* *Better organization in the department.* *Understanding from administration.* *More encouragement to push GME to listen and support us.*
Appreciation		*More appreciation from the residents.* *Just to be recognized for the work we do. [We are] treated like we are secretaries. We aren't recognized on admin days or anything. Only residents and physicians get free coffee or swag.* *Acknowledgment of your contributions during accreditation cycles or successful site visits. Celebrations of milestones or achievements within the program.* *Feeling seen and appreciated for efforts (GME Appreciation Day).* *Some appreciation for the work that I do, even at times not in the office.*
Recognition	Recognition for experience, TAGME certification	*Recognition as part of the program partnership and support at that level.* *Treated fairly for years of experience versus someone with a college degree and no experience. They are getting hired in at a higher rate but know nothing about the job! It is so frustrating.* *Increased wages that are fair across the board that take into account our years of experience, education, and TAGME certification.* *A pay increase would substantially improve my work satisfaction, especially having a Master's degree and testing for my TAGME certification this year.* *Recognition from PDs.*
	Title to match responsibilities	*Promotion and pay increase.* *A title and compensation that aligns with the job that we are expected to do would be nice but honestly, I gave up on that a long time ago.*
Workload	Improved workload, fewer non-program responsibilities	*Being able to complete all of the tasks expected, so probably a reduced workload by less BS tasks.* *Especially [additional compensation] for all the non-program coordinator tasks I complete for faculty, staff and residents.* *Not having to oversee pre-med observers and medical students as well as man the office and run the EM residency.* *Changes in FTE for coordinator positions. We often do many additional jobs that are invaluable to our residency but that far exceed our job descriptions that are necessary.*
	Administrative assistance, improved staffing	*[Need] an assistant or to give some duties to others.* *More support staff to help us run all our programs.* *Additional administrative assistance.* *More admin support.* *The coordinators' FTE needs to be adjusted and higher FTEs are needed for supporting the residents, faculty, program and any other tasks that, because you can do it, is added to your long list of tasks.* *Additional coordinator support back to where it was, if not even higher, given the current dynamics in which we work. More support is needed in order to better run a program.* *FTE increase.*
Leadership Team		*Being respected and being seen as a team member of the residency leadership rather than 'the help.'* *Being treated as a part of the leadership team.* *Being seen as a member of the leadership team in all aspects of the program not just when it comes to ACGME paperwork or when it's convenient.* *Getting away from the stigma that coordinators are just secretaries for their programs.* *Recognition as part of the program partnership and support at that level.* *More say in medical education decisions.*
Professional Development		*Yearly conference [attendance]. Adequate training and professional development opportunities.* *I think more networking throughout the year not just at CORD.* *More training [opportunities].* *Having the resources to grow and receive the TAGME certification with extra compensation.* *Program coordinator meetings to meet others.* *Department needs to send staff to conferences consistently to further their information.*
Flexible Work		*Flexible schedule.* *Continued hybrid/flexible work.* *More opportunity for remote work.* *Having a flexible work schedule with ability to work from home has helped with job satisfaction when salary is not where I want it to be.* *Allowing remote work or a four-day work week.*

Note: Survey participants responded to the question, 'What do you believe would most improve your job satisfaction as an EMARC Coordinator?'

flexible work (Figure 1).

Conclusions: Respondents were largely dissatisfied with their compensation models, professional development opportunities, and role perception by colleagues. Higher salaries were associated with the number of residents managed and perceived compensation inadequacy was predicted by GME experience. Future research is needed to evaluate the impact of compensation on coordinator wellbeing.

80 Resident Productivity as a Predictor of Attending Physician Performance in Emergency Medicine

Jonathan McGhee

Background: Clinical productivity, measured in work relative value units per hour (wRVU/hr), is a key outcome in emergency medicine (EM). Residency programs routinely track resident productivity but rarely assess its relationship to attending performance. Understanding this relationship may inform competency-based assessment, graduation readiness, and workforce planning.

Objectives: To compare resident productivity at graduation (PGY3) with early attending productivity among recent EM residency graduates at a high-volume academic Level 1 trauma center (>100,000 annual visits).