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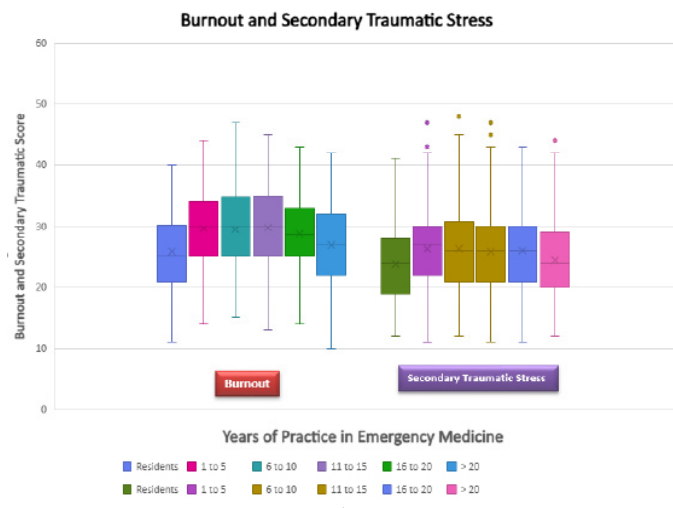
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Discussion: Mid-career EPs appear most vulnerable to burnout and STS, potentially due to cumulative system pressures, increasing administrative responsibilities, evolving leadership roles, job transitions, and expanding clinical and non-clinical duties. 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, Tracey Piparo, Paul Peng, Jonathan Briganti, Erick Ferreras

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.

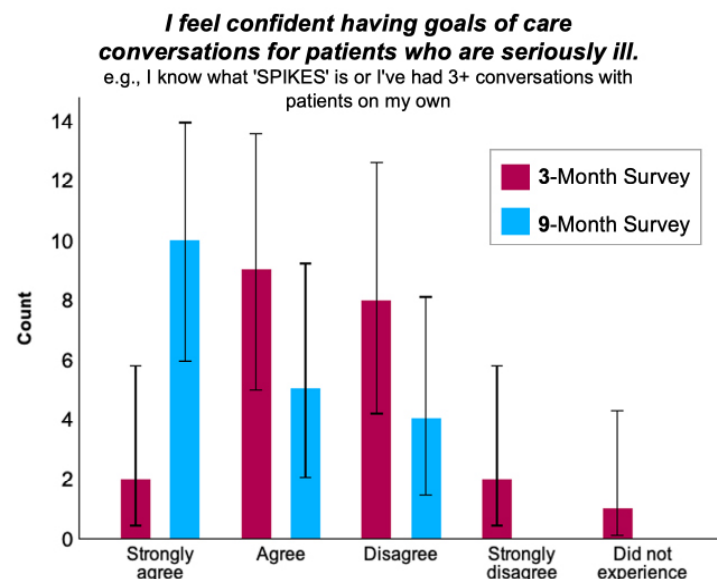


Figure. Confidence of residents to have GOC conversations at 3 months and 9 months

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.

Objectives: Assess EM residents' awareness of procedural risks, determine prevalence and effectiveness of complication management training on comfort across technical, communication, and psychosocial domains.

Methods: A cross-sectional anonymous survey was distributed nationally to EM residents assessing training exposure, perceived understanding of risks, and comfort managing complications across six domains using Likert scales (0-5). Descriptive statistics, Mann-Whitney U, and Spearman's correlation were used to assess resident comfort and training.

Results: After excluding two PGY-10 respondents, 60 surveys were included in the analysis. Nearly all residents recognized procedural risks; 96% rated training as very/extremely important. Informal training was common (94%), formal training less so (70%). Mean comfort was highest for consent/risk discussion (3.94 ± 0.88) and technical management (3.57 ± 0.98), intermediate for discussing complications (3.23 ± 1.03), and lowest for psychosocial impacts on patients (2.84 ± 1.09) and clinicians (2.74 ± 1.09). Formal training showed higher comfort across all domains; however, only technical management reached significance (median [IQR] 4 [3,4] vs 3 [2,4], $p=0.048$). Overall, 72% felt only moderately prepared or less (scores ≤ 3), and 28% felt unprepared (scores ≤ 2) to independently manage all aspects of a procedural complication. Comfort across all domains was not significantly correlated with PGY year.

Conclusions: EM residents value complication management training, but many feel unprepared to independently manage complications. Formal training improves technical comfort but impacts on psychosocial domains were minimal. Further research is needed to evaluate educational techniques and their effectiveness in developing comprehensive competency across all domains of complication management.

53 Effect of Standardized Faculty Feedback System on Emergency Medicine Residents' Perceptions of Real-Time Performance Evaluation

Jessica Noonan, Padmavathi Tipparaju, Ashar Ata, Sean Geary

Background: Real-time feedback is essential for Emergency Medicine (EM) residents, but the unpredictable clinical environment often limits consistency. Written feedback cards can improve satisfaction but are time-consuming and resident-led.

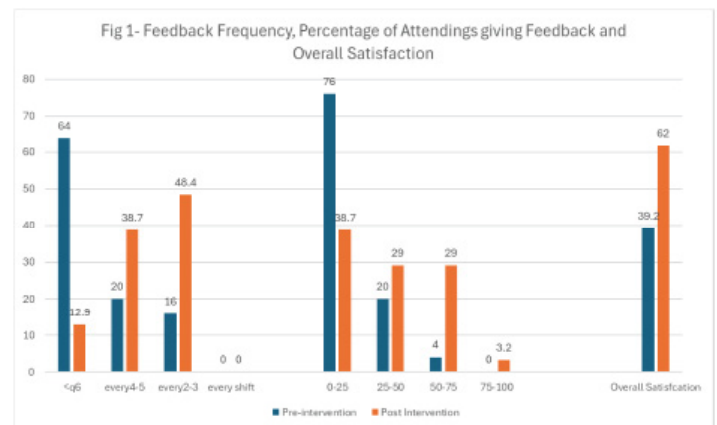
Objectives: We hypothesized that a standardized, faculty-led verbal feedback system could provide timely, consistent, and efficient feedback to improve resident satisfaction.

Methods: We conducted a prospective, pre-post intervention study in the Emergency Medicine Residency program at Albany Medical Center. Over two academic years, 36 residents and 45 faculty participated. Faculty received a 20-minute training in a

standardized model for the final hour of each shift, called ROPE IN, that incorporates real-time feedback. They were trained to verbally deliver one specific strength and one specific area for improvement per learner and record it in a database. Residents completed pre and post intervention surveys assessing feedback quality and frequency. Descriptive statistics were reported, and the pre-post responses were compared as independent groups via chi-square and Fisher's Exact tests.

Results: Response rates for pre- and post-intervention surveys were 69 and 86%. There was a statistically significant difference in overall satisfaction with the quality of feedback received increasing from a mean of 3.9 out of 10 pre-intervention to 6.2 post-intervention (<0.01). Residents reported both an increased frequency of receiving feedback ($p<0.01$) and an increased percentage of faculty who consistently gave feedback that met their expectations ($p=0.02$). (Figure 1).

Conclusions: An intervention designed to standardize faculty approach to the last hour of clinical teaching shifts can improve resident satisfaction with the quality of feedback received, as well as increase the frequency that feedback is delivered and the percentage of faculty who regularly deliver adequate feedback in real time.



54 Higher Cumulative Scores from Medical Student End-Of-Shift Evaluations Are Associated with Standardized Letter of Evaluation Rankings

Christine Van Dillen, J Roa, Josef Thundiyil, Jay Ladde, Susan Miller, Linda Papa, Hana Kayaleh

Objective: We assessed the association between end-of-shift evaluations for medical students during an emergency medicine (EM) rotation with a Standardized Letter of Evaluation (SLOE) and whether cumulative end-of-shift evaluation scores were associated with SLOE ranking.

Methods: This was a retrospective analysis of existing end-