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

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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

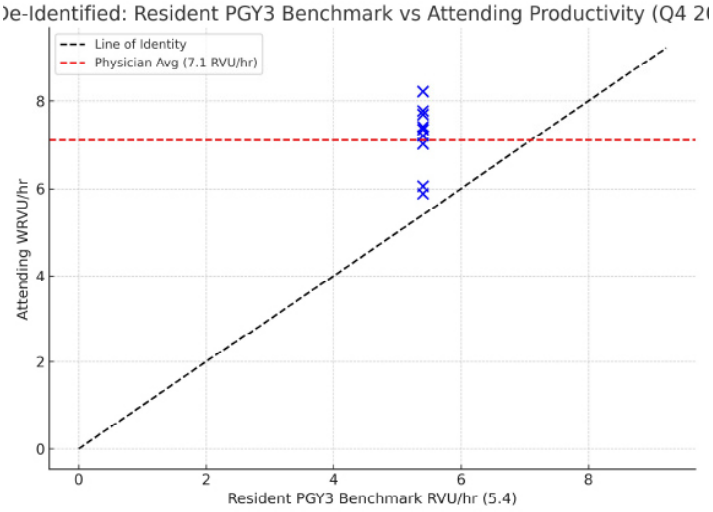
Background: Clinical productivity, measured in work relative value units per hour (wRVU/hr), is a key outcome in emergency medicine (EM). Residency programs routinely track resident productivity but rarely assess its relationship to attending performance. Understanding this relationship may inform competency-based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

Methods: This retrospective study analyzed institutional productivity data from 2017–2024. Aggregate PGY3 productivity (2024 benchmark: 5.4 RVU/hr) was obtained from program dashboards. Attending productivity was extracted from departmental billing data, excluding physician assistants and outliers. Nine recent graduates were compared to the PGY3 benchmark and to the physician average (7.1 RVU/hr).

Results: All graduates demonstrated productivity above the PGY3 baseline. Seven of nine achieved performance at or above the physician average. 2 (8.2 and 7.8) exceeded benchmarks by >1.0 RVU/hr, while 2 Bodner (6.1 and 5.9) improved modestly. The average increase across all graduates was +1.9 RVU/hr. Scatter plot analysis demonstrated a consistent upward shift from residency to attending practice.

Conclusions: Resident productivity at graduation appears predictive of early attending efficiency. Most recent graduates surpassed both their PGY3 baseline and departmental average within one year of practice. Productivity metrics may provide valuable benchmarks for competency-based assessment and workforce readiness.



Innovation Abstracts

1 Reproducible Mock Certifying Exam Sessions: Improving Emergency Medicine Residents' Confidence and Readiness for Boards

James Chiang, Julia Hutchison, Ravi Sumer, Nathan Stuempfig, Kyle Herout

Introduction: ABEM will launch a new Certifying Examination in 2026, replacing the oral boards. The format includes timed stations in clinical care, communication, procedures, and ultrasound. Few published resources exist currently help residencies prepare trainees. To address this gap, we created a high-fidelity mock exam based on ABEM's publicly released sample videos, case structures, and scoring rubrics.

Objective: Our goals were to replicate the ABEM format for EM residents, assess readiness with aligned rubrics, provide realistic timed simulation exposure, and measure whether familiarity improved performance.

Curricular Design: Faculty reviewed all ABEM sample materials and developed twenty cases with standardized scripts and prompts matching ABEM formatting. Two full-day sessions included four fifteen-minute clinical care cases and six ten-minute stations covering reassessment, communication, conflict management, ultrasound, procedures, and patient-centered care. Actors portrayed patients and family members. Procedural and ultrasound stations used task trainers and structured prompts modeled on ABEM demo videos. Performance was scored using the ABEM 1 to 8 scale, with passing defined as 5.25 or higher. PGY-3 residents were assessed individually; PGY-1/2 residents were assessed in groups but not scored. After completing all stations, residents received individualized debriefing. Pre- and post-surveys measured understanding, confidence in key domains, and overall confidence on a 10-point scale.

Results: Twenty-seven pre-tests and thirteen post-tests were analyzed. Mean overall confidence increased from 6.00 to 7.08. Understanding of the exam format improved notably. Gains in ultrasound, procedures, and communication were modest but positive. Residents valued realistic exposure and requested refinements in logistics and scoring.

Impact/Effectiveness: PGY-3 pass rates improved from 3 of 6 in the first session to 5 of 6 in the second (9 of 12 overall). Residents noted unfamiliarity as a major barrier that improved with practice.

Next Steps: We plan to validate scoring with more examiners, expand to larger cohorts, test sessions in unfamiliar locations, and share case files and scoring tools so other residency programs can easily implement this model.

2 Leveraging Artificial Intelligence to Innovate Scenario Development for the ABEM Certifying Exam

Ravi Sumer

Background: The American Board of Emergency Medicine (ABEM) Certifying Exam, launching in 2026, replaces the traditional oral exam with a hybrid format combining clinical reasoning cases and OSCE-style stations. These cases assess competencies beyond knowledge, including communication, prioritization, and procedural skills, using standardized patients and simulation. Developing realistic, high-stakes scenarios is resource-intensive, requiring expert input, standardized patient training, and iterative validation. Artificial Intelligence (AI) offers a novel approach to streamline scenario creation, ensuring diversity, fidelity, and adaptability while