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to increase EM preclinical interest and elicit perspectives on clerkship preparedness from senior MS who have completed an EM clerkship.

36 Resident Supervision of APPs in Emergency Medicine: A National Survey of Educational Practices

Adam McFarland, Samantha Stringer, Jennifer Li, Riley Grosso

Background: EM physicians increasingly supervise advanced practice providers (APPs), yet few residency programs offer training or clinical experience in APP supervision. No studies have described existing practices, attitudes, or barriers of APP supervision by EM resident physicians. This needs assessment evaluates national practices related to EM resident supervision of APPs.

Objectives: To quantify and characterize EM residencies with educational or clinical experiences in APP supervision, as well as assess attitudes and identify barriers surrounding these opportunities.

Methods: This ongoing cross-sectional survey is distributed through the CORD listserv to residency leaders and educators; non-educators are excluded. Data collected includes program descriptors, state-specific APP practice laws, prevalence and structure of resident APP supervision, residency curricula, attitudes toward APP supervision, and barriers to implementation.

Results: Thirty respondents have completed the survey to date. Five programs (16%) include resident APP supervision in clinical curricula, typically in 4-year programs at the PGY-3–4 level. Seven programs (23%) report APP supervision during moonlighting. Eight programs provide didactic or on-shift education (mean 1.75 hours, range 0–3). Likert data (Figure 1) shows variability in perceived importance of APP supervision (mean 3.3 ±1.1). Respondents feel supervising medical students is insufficient preparation (2.9 ±1.0) but supervising junior residents is more adequate (3.6 ±0.9). Most agree graduates possess necessary supervision skills (4.0 ±0.8). Common barriers include beliefs that such training is unnecessary, perceptions that APP supervision is inappropriate for residents, similar skills gained supervising other learners, departmental flow concerns, and perceived APP resistance.

Conclusions: Preliminary data suggest most EM residency programs do not offer formal education or clinical experience in APP supervision, though many believe graduates are prepared. Perceptions of the importance of this training vary. Findings are limited by small sample size and few programs offering these experiences. Future directions include continued data collection and assessment of recent graduate perception of APP supervision preparation.

Table 1: Faculty perceptions of resident supervision experience in the emergency department (n = 30)

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Mean (Likert Scale)
It is important that EM residents gain experience directly supervising APPs in the Emergency Department during residency	2 (7%)	6 (20%)	9 (30%)	8 (27%)	5 (17%)	3.3 ±1.1
Residents in my program graduate with the skills necessary to directly supervise APPs in their future careers	0	1 (3%)	5 (17%)	16 (53%)	8 (27%)	4.0 ±0.8
Direct supervision of junior residents is adequate preparation for supervising APPs	0	3 (10%)	10 (33%)	12 (40%	5 (17%)	3.6 ±0.9
Direct supervision of medical students is adequate preparation for supervising APPs	3 (10%)	8 (27%)	8 (27%)	11 (37%)	0	2.9 ±1.0

Likert scale 1 = strongly disagree, 5 = strongly agree

37 Evaluation of a Soft-Embalmed Cadaveric Model as an Education Innovation to Enhance Emergency Medicine Resident Competency in Distal Radius Fracture Reduction

Lina Zalikha, Sarah Chrabaszcz, Nicholas Maldonado, Caroline Srihari, Meredith Thompson, Joshua Altman

Background: Distal radius fractures are common ED presentations requiring timely, technically proficient reduction. Despite their frequency, opportunities for practice and standardized assessment vary across residency programs. Soft-embalmed cadavers (SEC) provide realistic, high-fidelity practice, and video-based checklist assessment offers an objective means of evaluating procedural competence.

Objectives: To assess whether an educational intervention using a SEC model improves resident performance on a validated distal radius reduction checklist pre- and post-intervention.

Curricular Design: Two sports medicine fellowship-trained EM faculty developed a 2-hour intervention: a 1-hour lecture on distal radius fractures and reduction technique, followed by a 1-hour skills lab using a SEC. Soft-embalming methods yield increased joint range of motion compared to formalin-based techniques, enabling wrist manipulation. A cadaver wrist was dissected to create a comminuted intra-articular distal radius fracture model, allowing repeated reductions (fig.1). Fourteen residents participated voluntarily. Each completed a video-recorded pre-intervention assessment, performing reduction steps on the SEC model after a clinical vignette with standardized prompts. Following the intervention, residents completed a post-intervention assessment. Videos were scored by two independent reviewers blinded to assessment timing using a validated 41-item checklist.

Effectiveness: Resident performance improved significantly from pre- to post-intervention ($p = .001$; fig.2). No significant differences in median scores between reviewers were observed, with good inter-rater reliability (ICC: 0.766 pre; 0.743 post). This study demonstrates that SEC training combined with video-based checklist evaluation provides an objective, reproducible method to teach and assess