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Emergency Medicine Resident Perceptions of Their Own Throughput Metrics

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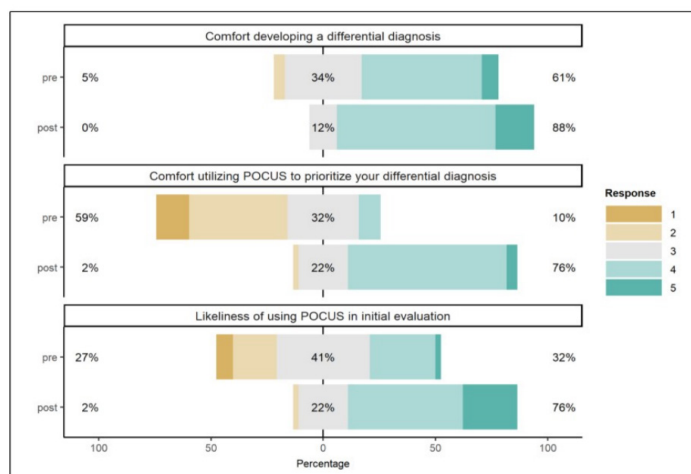
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medical students to use POCUS during their clinical clerkship.

Figure 1: A Likert plot of comfort with using POCUS and likelihood to use in the future



73 Emergency Medicine Resident Perceptions of Their Own Throughput Metrics

Vanessa Cardenas, Christian Cochran, Ross Sinicrope, Joseph Ray, Ariel Vera, David Lebowitz

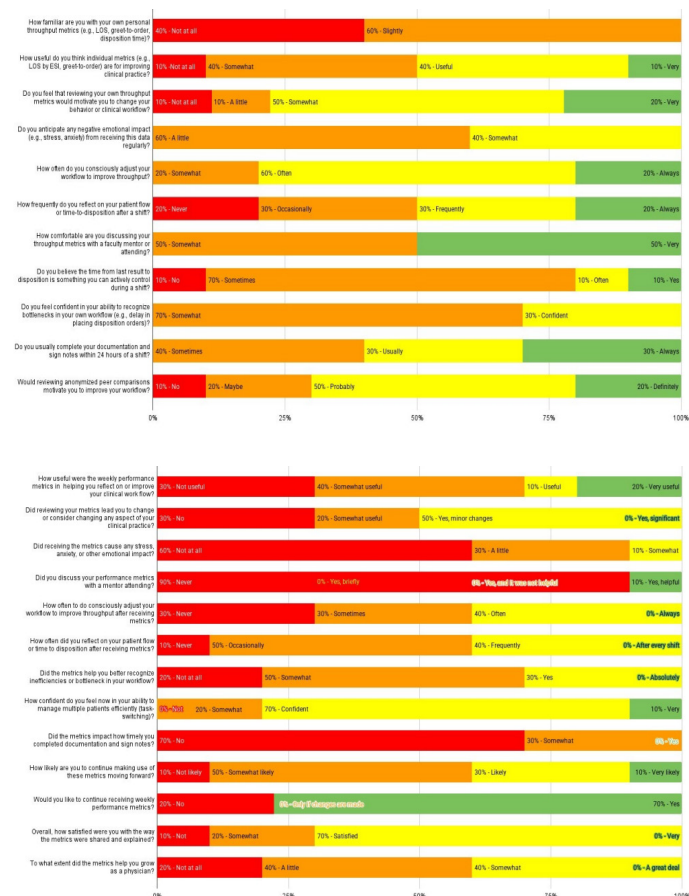
Background: Timeliness and efficiency are critical quality domains in emergency medicine, directly affecting patient satisfaction, departmental throughput, and resident education. Providing residents with objective feedback on performance metrics may enhance clinical efficiency and promote self-directed improvement. However, there is also concern that receiving this feedback could impact resident workflow behaviors and well-being.

Objectives: To evaluate emergency medicine residents' perceptions of receiving weekly individualized performance metrics and to assess whether these reports influenced self-reported efficiency, workflow behaviors, and emotional well-being.

Methods: This pre- and post-survey study included 14 emergency medicine residents (PGY-1 to PGY-3) at a single academic community training program. Participants received weekly individualized reports summarizing their emergency department throughput and efficiency metrics. Surveys administered before and after the intervention assessed perceived effects on clinical workflow, task-switching ability, and emotional well-being.

Results: Among 14 participants, 50% reported that reviewing their metrics led to changes in their clinical practice, and 40% indicated that they continuously adjusted their workflow to improve throughput after receiving feedback. 70% expressed interest in continuing to receive individualized metrics, while 60% reported no stress, anxiety, or negative emotional impact associated with the feedback process.

Conclusions: Individualized, real-time performance feedback was well received by emergency medicine residents and was associated with self-reported improvements in workflow efficiency without adverse emotional effects. Incorporating individualized performance metrics into residency education may serve as a tool to enhance resident development and operational awareness within the emergency department.



74 Redefining the Academic-Community Divide: Faculty Hiring Trends from a Survey of Academic Emergency Medicine Chairs

McKenna Knych, Shannon Burke, Clara Olson

Background: Prior EM studies have used residency graduate data to classify physicians entering academic or community practice. As health systems consolidate and academic departments expand into nonacademic sites, this distinction has blurred, creating blended faculty who work in both settings. Academic EM chairs provide direct insight into hiring and evolving roles.

Objectives: Characterize faculty working clinically at academic only, nonacademic only, or both (blended) sites within academic EM departments; describe projected hiring distributions; and assess how chairs rate fellowship importance when hiring.