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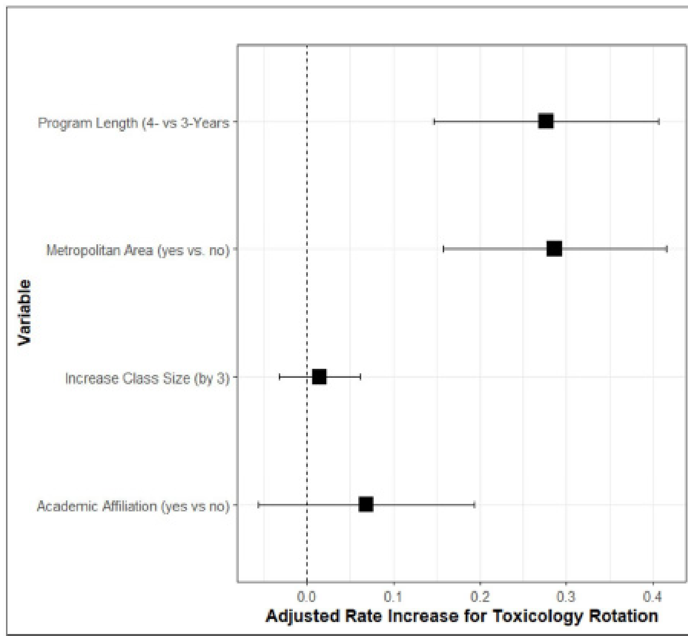

Figure. Adjusted rate increase for having dedicated toxicology rotation (52%) in accredited emergency medicine residency programs in the United States. Modeling included 266 of the 276 eligible programs-given completeness of available information on respective webpages. The number of residents estimate was based on increasing class size by an increment of three- model excluded variable of years accredited due to it only serving as a proxy to age program.

40 National Needs Assessment for Medical Resuscitation Leadership Education

Michael Sobin, Sazid Hasan, Nai-Wei Chen, Brett Todd, Danielle Turner-Lawrence

Background: Effective leadership of medical resuscitations remains one of the key tenets of emergency medicine graduate medical education. The first milestone of emergency medicine residency training states that a high achieving resident "prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient." Yet the prevalence and methods of resuscitation leadership training amongst emergency medicine residencies is unknown.

Objectives: To identify the current state of medical resuscitation education in emergency medicine residencies and the need for curriculum development.

Methods: A needs assessment survey was adapted from a previously published and validated medical leadership training evaluation and disseminated to program directors from emergency medicine residency programs in the United States through REDCap in the fall of 2021. The survey queried the presence of a medical resuscitation leadership curriculum, participation, delivery, and focus.

Results: 80 (30.7%) emergency medicine programs completed the survey. 63 (78.8%) were three-year residency programs. 42 (52.5%) identified as an academic program, 30 (37.5%) as a community program, and 8 (10.0%) as a county program. 19 (23.8%) programs stated they offered a formal medical resuscitation leadership curriculum to their residents, with notable intuitional variability in curriculum focus (Table 1) and delivery methods (Table 2). 54 (67.5%) programs had additional leadership training opportunities through hospital, university, community, or research sponsored programs.

Table 1. Program leadership curriculum focuses.

Curriculum Focus	Frequency
Clinical Resuscitation Leadership skills	18/19 (94.7%)
Trauma Resuscitation Leadership skills	17/19 (89.5%)
Administrative Leadership skills	1/19 (5.3%)
Communication & Interpersonal skills	17/19 (89.5%)
Cultural sensitivity	3/19 (15.8%)
Teaching/education	5/19 (26.3%)
Health policy and managed care	0/19 (0%)
Leadership theory	6/19 (31.6%)
Team building	13/19 (68.4%)
Management skills	7/19 (36.8%)
Conflict resolution	8/19 (42.1%)
Other	0/19 (0%)

Table 2. Leadership education delivery method.

Education Delivery Method	Frequency
Lectures	10/19 (52.6%)
Small Group Discussions	12/19 (63.2%)
Seminars/Workshops	1/19 (5.3%)
Simulation	16/19 (84.2%)
Case studies	5/19 (26.3%)
Self-directed learning	2/19 (10.5%)
On-shift teaching	10/19 (52.6%)
Mentorship	7/19 (36.8%)
Journal Club	1/19 (5.3%)
Other	0/19 (0%)

Conclusions: Though resuscitation leadership is regarded as one of core competencies of emergency medicine residency training, a minority of U.S. residency programs provide a specific curriculum. The impact on resident leadership performance, optimal delivery methods, and content focus of resuscitation leadership curricula needs to be further characterized.