



Emergency Medicine Job Analysis

Summary and Blueprint Findings

The American Board of Emergency Medicine (ABEM) conducts periodic job analysis studies to ensure that its certification examinations accurately reflect the knowledge, skills, and clinical responsibilities required in contemporary Emergency Medicine practice. As part of the 2022 study, ABEM surveyed a large, nationally representative sample of practicing emergency physicians regarding the frequency and importance of content areas included in the Model of the Clinical Practice of Emergency Medicine (EM Model), which serves as the foundation for ABEM examination blueprints and is widely used throughout the specialty for education and training. More than 39,000 diplomates were included in the sampling frame, and 1,281 physicians completed the survey. Analysis demonstrated that survey respondents closely reflected the broader Emergency Medicine physician population across demographic characteristics including gender, race and ethnicity, geographic region, and age.

The survey evaluated all 20 major content domains of the EM Model using standardized ratings of frequency and importance. Emergency physicians provided feedback on how often they encounter conditions, presentations, procedures, and professional activities in practice and how critical those areas are to effective and safe patient care. This data provided empirical evidence regarding the relative emphasis that different content areas should receive within ABEM examinations. The results confirmed that the EM Model continues to represent the breadth and scope of clinical Emergency Medicine practice and remains an appropriate framework for defining the specialty.

ABEM compared the survey-derived content weights with the existing examination blueprint to determine whether changes in clinical practice warranted modifications to the examination content specifications. Although the analysis suggested modest shifts in emphasis across several content areas, no domain deviated from the existing blueprint by more than five percentage points. Based on these findings, the ABEM Board of Directors and Test Development Committee concluded that the existing blueprint remained appropriately aligned with current emergency medicine practice. No changes were approved, and the final blueprint percentages therefore remained the same as the original blueprint percentages shown below.

Blueprint Findings

The survey-derived percentages represent the hypothetical blueprint that would result from the 2022 frequency-and-importance ratings. Because no content area differed by more than 5%, which is already allowable under the existing blueprint, no changes were made.

EM Model Category	Survey-Derived Blueprint	Original Blueprint	Proposed Change	Final Approved Blueprint
Signs, Symptoms & Presentations	9%	10%	-1 pp	10%
Abdominal & Gastrointestinal Disorders	8%	7%	+1 pp	7%
Cardiovascular Disorders	8%	10%	-2 pp	10%
Cutaneous Disorders	2%	3%	-1 pp	3%
Endocrine, Metabolic & Nutritional Disorders	4%	5%	-1 pp	5%
Environmental Disorders	0%	2%	-2 pp	2%
Head, Ear, Eye, Nose & Throat Disorders	4%	4%	0 pp	4%
Hematologic Disorders	1%	3%	-2 pp	3%
Immune System Disorders	0%	2%	-2 pp	2%
Systemic Infectious Disorders	5%	7%	-2 pp	7%
Musculoskeletal Disorders (Non-traumatic)	5%	3%	2%	3%
Nervous System Disorders	7%	6%	1%	6%
Obstetrics & Gynecology	4%	3%	1%	3%
Psychobehavioral Disorders	7%	2%	5%	2%
Renal & Urogenital Disorders	4%	3%	1%	3%
Thoracic-Respiratory Disorders	8%	7%	1%	7%
Toxicologic Disorders	3%	4%	-1%	4%
Traumatic Disorders	7%	9%	-2%	9%
Procedures & Skills	8%	8%	0%	8%
Other Components	6%	2%	4%	2%

Note: “Proposed Change” is the survey-derived percentage minus the original blueprint percentage. The final approved blueprint remained unchanged from the original blueprint.

Source: 2022 Job Analysis Supplemental Report, American Board of Emergency Medicine.