

training preferences among Emergency Medicine (EM) residency interviewees from 2020 to 2024 after participation in interview days. We aim to identify trends in demographics, assess the influence of virtual programming, and explore resident priorities in their preference for training site.

**Methods:** Surveys were sent to program interview candidates pre and post interview with the program through Redcap and all data were de-identified. Data were collected through survey responses from EM residency candidates at a level one academic trauma center. Additionally, survey questions were designed to assess the influence of multiple variables affecting applicant decision-making and preferences including virtual programming (interviews and social events), program demographics, shift type, and more.

**Results:** From 2020 – 2024 gender diversity increased significantly with more female and gender diverse applicants applying. The priority of the “Overall residency interview day” as primary criteria for residency ranks decreased from 80% to 74% of respondents. Virtual dinners and social events decreased positive influence from 57% to 42% of respondents. Salaries and benefits increased positive influence from 51% to 68% of respondents. Shift length showed increased positive influence from 80% to 94% of respondents.

**Conclusion:** The period from 2020 to 2024 witnessed swift changes in training preferences among EM residency applicants. Most surprising was the decreased influence of virtual programming. While equitable, virtual interviews may not be meeting recruitment needs of future residents. Students’ rank list decisions may be more heavily influenced by implicit bias and notoriety than true assessment of fit for each candidate. Concurrently, there was a higher positive influence for lower shift length and total number of shifts, highlighting a growing emphasis on work-life balance. As the greater working world has re-prioritized wellness this reflects in resident preference especially in the post-COVID era. As the healthcare climate continues to change the previous models of residency recruitment and administration that were adapted over a slowly changing climate of decades appear obsolete, but the ideal recruitment strategy is still a mystery.

## 2 A Comparative Study of Emergency Medicine Question Bank Performance and In-Training Exam Results in Emergency Medicine Residents over Four Years.

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**Background:** EM residency programs use question banks to help residents prepare for the In-Training Exam (ITE) and ultimately board passage.

**Objectives:** This study aims to determine the correlation between residents’ utilization of the Rosh Review Question

Bank (RR-EMQB) and their ITE scores.

### Methods:

**Design and Setting:** This is a retrospective, observational cohort study involving EM residents from a single 3 year residency program with 54 residents in an urban tertiary trauma center.

**Subjects:** EM residents of all training levels, who utilized the RR-EMQB and have completed the ITE from 2020-2024 were included. Residents who did not take the ITE during this period were excluded.

**Observations:** We analyzed the number of RR-EMQB questions that were completed by each resident for the academic year they took the ITE and calculated correlation coefficients between the number of questions completed and ITE raw score. We also compared the number of questions completed between those scoring above and below the ABEM passing score of 75% correct.

**Results:** 123 subjects completed 909, 1185, and 1276 questions for PG 1, 2, and 3 years respectively ( $p=0.017$ ). There were significant correlations with number of questions completed and ITE scores with a  $\rho=0.317$  ( $p<0.001$ ). Subgroup analyses further indicated possible significant correlations in the earlier stages of training, with PGY-1 residents showing a correlation coefficient of 0.273 ( $p=0.021$ ), PGY-2 residents 0.346 ( $p=0.003$ ), while PGY-3 residents had a  $\rho=0.097$  ( $p=0.428$ ). For those who scored below 75% correct, their mean questions answered was 813 (95%CI 660-966). For those who scored at 75% or above, their mean questions answered was 1278 (95%CI 1140-1415).

**Conclusions:** This study has the following limitation of a retrospective observational cohort study: trends can be regarded as an association as medical knowledge can be acquired by various means. Despite this limitation, we conclude completing a higher number of review questions may be beneficial for improving ITE performance, particularly in the earlier stages of training. This may be helpful for EM program leadership in developing remediation plans for at risk residents

