

preparedness and program effectiveness.

Objectives: Identify program-level factors associated with QE performance.

Explore national trends in residency program approaches to exam preparedness.

Methods: This cross-sectional, anonymous survey study targeted U.S. EM residency program directors (PDs). A national working group of EM educators designed the survey, which was distributed via Qualtrics to 280 PDs. Descriptive statistics and chi-square goodness-of-fit tests were used to evaluate response distributions, with $p < 0.05$ considered significant. Qualitative data were analyzed using inductive coding and descriptive analysis.

Results: Out of 280 surveys sent, we received a total of 128 (45.7%) responses. Several variables were collected to assess predictors of ABEM QE failure. The ITE percentile was the strongest individual predictor of ABEM QE failure, with an H-statistic of 35.36 ($p < 0.000004$). Geographic region was associated with a higher incidence of failures ($H = 11.23, p = 0.01$). Programs offering fewer structured educational hours were also associated with higher QE failure rates ($H = 14.85, p = 0.021$). No statistically significant differences in QE failures were observed based on program type (academic vs. community), program length, or reported trends in ITE performance. The qualitative analysis of open-ended responses revealed three major themes: resident study habits, decreased EM competitiveness, and the rigor of undergraduate medical education.

Conclusions: The recent decline in ABEM QE pass rates may reflect broader systemic pressures within EM training rather than a transient testing anomaly. This study highlights the need for ongoing programmatic reflection and national dialogue.

5 Signals of Inclusion: Prevalence and Patterns of DEI Statements on EM Residency Websites

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Background: Diversity, equity, and inclusion (DEI) are increasingly recognized as essential components of resident education, workforce development, and institutional climate in graduate medical education. Because residency websites are often the first source of information about program culture, clear communication of program values is important; however, the extent to which EM programs include DEI content (and what that content entails) is unknown.

Objective: To evaluate the prevalence of DEI statements on EM residency program websites and examine whether program characteristics were associated with the presence of DEI content. A secondary aim was to characterize common themes within publicly posted DEI statements.

Methods: A cross-sectional analysis of all available

ACGME accredited emergency medicine (EM) residency program websites ($N=283$) was conducted in 2025 to assess the presence and content of DEI statements. Chi square tests assessed whether DEI information was associated with program size, age, length, and region; thematic analysis identified recurrent content domains within DEI statements.

Results: Of the included 283 programs, most ($n=213, 75.3%$) did not include a DEI statement.

Four-year programs were more likely than 3-year programs to include a DEI statement (36.7% vs 22.2%; $\chi^2(1, N=283)=4.58, p=0.03$). Larger (≥ 11 annual positions) and older (est. 2006 or earlier) programs demonstrated higher inclusion of DEI language compared with smaller [31.9% vs 17.6%; $\chi^2(1, n=283)=7.78, p=0.005$] and newer [31.6% vs 18.4%; $\chi^2(1, N=283)=6.66, p=0.01$] programs. Regional differences were also observed, with programs in the Northeast (33.3%) and West (30.8%) more frequently including DEI statements than those in the South (13.5%) [$\chi^2(3, N=283)=10.54, p=0.01$]. Among those with DEI statements ($n=70, 24.7%$), thematic analysis identified recurrent domains (Table 1).

Conclusions: DEI content on EM residency websites is uncommon and varies significantly by program characteristics, highlighting gaps in transparency and opportunities for programs to better communicate their DEI priorities to applicants seeking programs aligned with their values.

Theme	n (%)
Commitment or mission-oriented language	36 (51.4%)
Health equity or social justice emphasis	32 (45.7%)
Education or training initiatives	26 (37.1%)
LGBTQ+ or gender-inclusive language	21 (30.0%)
Support for URiM or historically excluded groups	16 (22.9%)
References to underserved or marginalized communities	11 (15.7%)
Non-discrimination policy statements	5 (7.1%)
Description of formal DEI structures (e.g., committees, offices)	3 (4.3%)
*Some websites included more than one theme, so percentages do not total to 100.	

“Best of the Best” Innovation Abstracts

1 Realistic Dual-Setting Mass Casualty Incident Simulation to Enhance Triage and Definitive Care Skills

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Background: Mass casualty incidents (MCI) require rapid triage, coordinated teamwork, and high-stakes decision-making that traditional instruction cannot replicate. Although