

- Develop and deliver a high-quality didactic session

**Curricular Design:** RAMER begins with a focused day-1 workshop introducing adult learning theory, curriculum development, research fundamentals, and feedback strategies. Residents are then integrated into the student clerkship by directly observing medical students on shift and completing detailed SDOTs. Residents author a blog post summarizing and contextualizing a research article applicable to EM. They also design and deliver a didactic session for medical students and two morning reports, building a personal teaching portfolio. Resources include standardized SDOT forms, faculty mentorship, and structured templates for blog and lecture development.

**Impact/Effectiveness:** Since implementation, all participating residents have produced a blog post and a conference lecture, demonstrating achievement of core educator competencies. 22 residents completed the pre- and post-rotation surveys containing knowledge and attitude assessments. The average score rose from 64% to 73% ( $p < 0.05$ ). Mean Likert-scale data was 4.9/5 for overall satisfaction, 4.6/5 for creation of needs assessments and learning objectives, and 4.3/5 for appreciation of research. Resident written feedback highlights improved confidence in teaching, assessment, and scholarship. Future iterations will include longitudinal follow-up and expand research mentorship opportunities.

## 4 Ethics in Action: Linking Dialogue, Reflection, and Experiences

*Kaila Pomeranz, Omar Shaban*

**Background:** 100+ medical students rotate through our two-week core EM rotation annually. Ethical issues commonly arise in the ED; however, students often lack clinical context to apply pre-clinical ethics training. To address this gap, we implemented a structured ethics session with pre-reading, a written reflection, and discussion components, aiming to identify common themes encountered during core clinical rotations.

**Objectives:** To reinforce ethical principles through clinical application and provide an open forum for discussion.

**Curricular design:** Second- and third-year students participate in a required in-person ethics session midway through their EM rotation. Students independently review assigned articles prior to the session. During the session, students participate in a discussion of real cases encountered in the ED or prior rotations. Students complete a survey identifying whether they have encountered common ethical scenarios and select the scenario most impactful to them. Each student submits a written ethical case reflection.

**Impact/Effectiveness:** Students demonstrated strong engagement during discussions. Most encountered (image 1) by students were scenarios involving informed consent, language barriers, code status, mental health patients, and treatment of minors. Treatment of minors and triage/resource allocation were brought up most frequently in discussion. Case reflections and

survey responses provided insight into frequently encountered ethical challenges, allowing identification of priority topics for future instruction. Post rotation evaluations note satisfaction with the ethics session with students noting “The ethics assigned reading helped bring to the foreground ethical concerns and considerations that are important for the care of a diverse population. It drove me to contemplate the various aspects that affect the care a patient receives.”

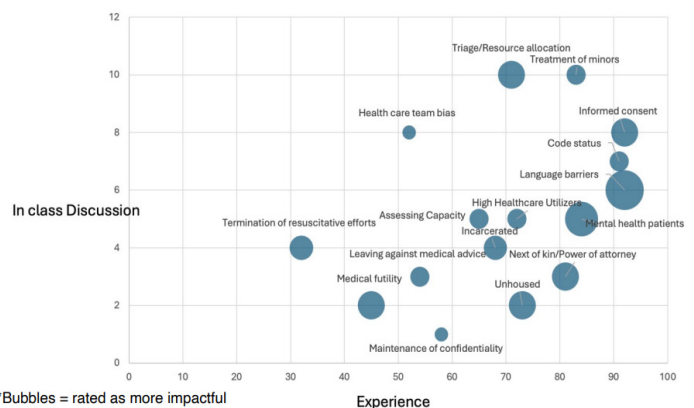
## 5 A Simulation-Based Curriculum to Prepare Emergency Medicine Residents for the New ABEM Certifying Examination

*Paige Casil, Christine Raps, Patrick Hughes, Brian Merritt, Rowan Kelner, Allison Beaulieu*

**Background:** The American Board of Emergency Medicine (ABEM) will launch a revised Certifying Exam in 2026 incorporating Clinical Care Cases and OSCE-style encounters to evaluate communication, clinical decision-making, procedural skills, and prioritization. These competencies are underrepresented in traditional oral board preparation and few resources exist beyond ABEM’s website to support resident readiness.

**Objective:** To develop and implement a simulation-based curriculum aligned with the new ABEM Certifying Exam and evaluate its impact on resident preparedness, confidence, and baseline competency.

**Curricular Design:** This simulation-based curriculum was implemented at two three-year emergency medicine (EM) residency programs for PGY-1–3 residents. Participants completed nine encounters across five case types: clinical decision making, prioritization, difficult conversations, ultrasound, and reassessment. Each encounter lasted 20 minutes with immediate debriefing; the full circuit spanned four hours followed by a 30-minute group debrief. Board-certified EM attendings and fellows served as facilitators using standardized case materials and scoring tools. Performance was scored on a 1–8 scale. Pre/post-surveys assessed confidence, familiarity, and perceived readiness.



**Impact/Effectiveness:** Forty-six residents (14 PGY-1, 15 PGY-2, 17 PGY-3) participated. Less than 70% had reviewed ABEM materials prior and 53% were self-reportedly unfamiliar with the OSCE/clinical care format. After participation, 89% (41/46) strongly agreed the experience enhanced their training and 98% (45/46) recommended continued implementation. Confidence and familiarity with exam structure improved significantly. Baseline performance was high, with 85% (40/46) achieving a passing score. Mean score improved by PGY level (PGY-1=5.7, PGY-2=6.3, PGY-3=6.8). This reproducible, simulation-based curriculum aligns resident medical education with ABEM’s evolving certification framework and supports milestone-based competencies while improving resident preparedness for the new exam.

**Research Abstracts**

**1 Physical Activity, Compassion Satisfaction, and Burnout Across Varying Practice Lengths**

*Megan Michaels, Rebecca Jeanmonod, Donald Jeanmonod, Tuan Vo, Kyrie Cassin, Kelsey Fuchs*

**Background:** Emergency physicians (EPs) consistently have the highest rates of burnout among medical specialties, largely due to the high-stress environment of the ED. Physical activity has been shown to decrease stress in the general population. This study evaluates the types of physical activity EPs engage in across varying lengths of practice and the relationship between compassion satisfaction (CS) and burnout(BO).

**Objective:** To examine trends in physical activity over practice length and determine whether exercise correlates with CS and BO.

**Design:** Cross-sectional anonymous survey using the validated Professional Quality of Life tool.

**Time frame:** Surveys collected over a 3-month period via email and closed EM social media groups.

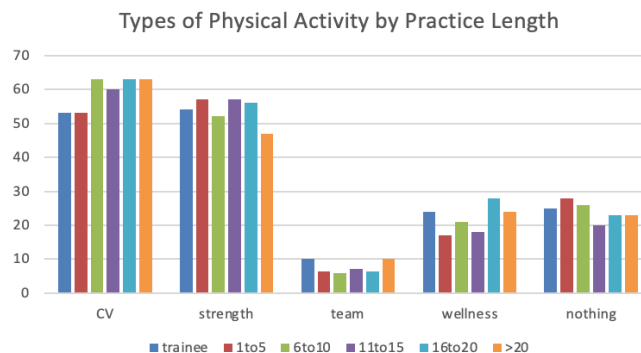
**Participants:** Practicing EPs.

**Analysis:** Data were analyzed for patterns in physical activity across training levels, and Mann-Whitney tests were performed with  $p < 0.05$  to assess correlations with CS and BO.

**Results:** A total of 1,170 EPs completed the survey: 658 female (56%), 503 male (43%), and 9 identifying as other (<1%). Trainees accounted for 166 (14%); post-graduate 1–5 years, 192 (16%); 6–10 years, 240 (21%); 11–15 years, 240 (21%); 16–20 years, 144 (12%); and >20 years, 188 (16%). About 25% of respondents performed no physical activity (range 20–28% across practice lengths). Cardiovascular training ranged from 53–63%, strength training 47–57%, team sports 5.8–10%, and wellness activities 17–24%. A U-shaped trend was seen in team sports participation, with trainees and EPs >20 years participating the most. Those engaging in

wellness activities had higher CS scores than those who did not (35.2 vs 34,  $p = 0.029$ ). Physical activity alone did not improve CS ( $p = 0.38$ ). Participation in any physical activity was associated with improved BO (30.2 vs 28.4,  $p = 0.003$ ).

**Conclusion:** Most EPs maintain fitness throughout their careers, with cardiovascular and strength training being most common. Exercise correlates with lower burnout but not higher CS. Participation in mindfulness or wellness activities correlates with improved CS and BO.



**2 Exploring Factors that Lead to Disproportionate Rates of Medical Student Attrition: A Qualitative Study**

*Aubrey Kelly, Rosemarie Diaz*

**Background:** Despite the benefits of diversifying the medical workforce to reflect the patient population, there is a severe national shortage of Underrepresented physicians who can provide this culturally competent and language-inclusive care. Although we know that underrepresented in medicine (URiM) students and low-income students have higher rates of attrition from medical school, there has not been a qualitative study to date that directly inquires from the students themselves about what stressors contributed to their departure from medical school.

**Objectives:** This study’s primary aim was to identify factors which placed students at increased risk for attrition from medical school. We hypothesized that individuals who matriculate into medical school but leave before graduating with their medical degree have additional stressors besides academic performance that contribute to their attrition.

**Methods:** Using constructivist approach to grounded theory, we recruited former medical students who matriculated but did not graduate from US medical schools and conducted structured anonymous qualitative interviews to identify key concepts involved in medical student attrition.

**Results:** We recruited 11 participants through 1 hour long virtual interviews. 10 participants were from DO programs while 1 was from an MD program. 5 identified as a URiM. All met specific inclusion criteria. We identified 5 distinct themes that former students identified as factors that led to attrition: academic challenges, financial stressors, personal wellness,