interpersonal dynamics, and institutional support.

Conclusions: Five core themes emerged describing the underlying factors associated with medical school attrition, whether by dismissal or withdrawal. These insights offer an important window into the experiences of the groups studied and show that challenges extended beyond academics alone.

3 Impact of Practice Environment on Emergency Medicine Clerkship Education

Kevin McGurk, Christopher Torkilsen, McKenna Knych, Thaddeus Schmitt, Alisa Hayes

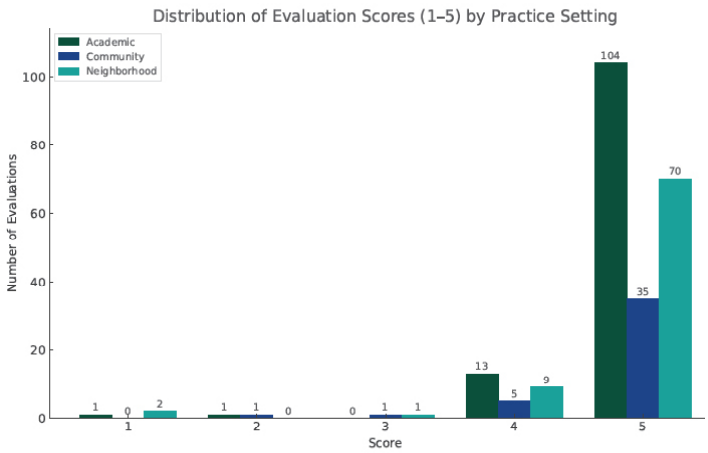
Background: Emergency medicine (EM) became a mandatory clerkship at our institution in January 2025. To accommodate a large increase in student volumes, clinical shifts were expanded to include affiliated community and lower volume neighborhood hospitals in addition to our academic medical center. Students rotate across multiple sites but the impact of practice setting on perceived educational value is unclear.

Objectives: To compare the educational effectiveness of EM shifts across academic, community, and neighborhood hospitals

Methods: After each shift, students received an anonymous survey rating whether the shift was beneficial to their education (Likert scale: 1=strongly disagree to 5=strongly agree). Responses were grouped by hospital type and compared using the Kruskal–Wallis H test.

Results: From January 1 to November 7, 2025, a total of 243 evaluations were completed: 119 academic (mean 4.83, SD 0.54), 42 community (mean 4.76, SD 0.62), and 82 neighborhood (mean 4.80, SD 0.71). There was no significant difference in ratings by site (p=0.77).

Conclusions: Despite clinical differences in practice environments, students rated the educational value of EM shifts similarly across all hospital settings. These findings support the use of diverse clinical sites to meet clerkship needs without compromising educational quality.



4 Resident Perceptions of APP Impact on Emergency Medicine Training: Findings from the 2025 Post-ITE Survey

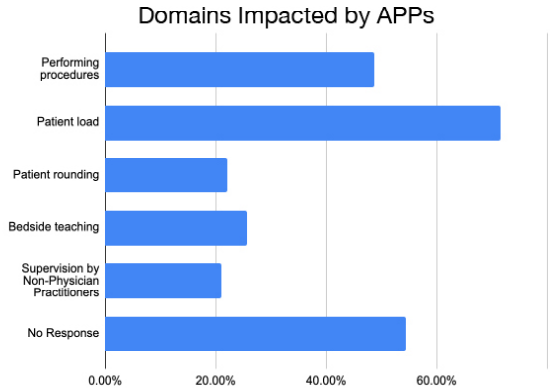
Eric Blazar, Andy Little, Brian Milman, Lauren Lamparter

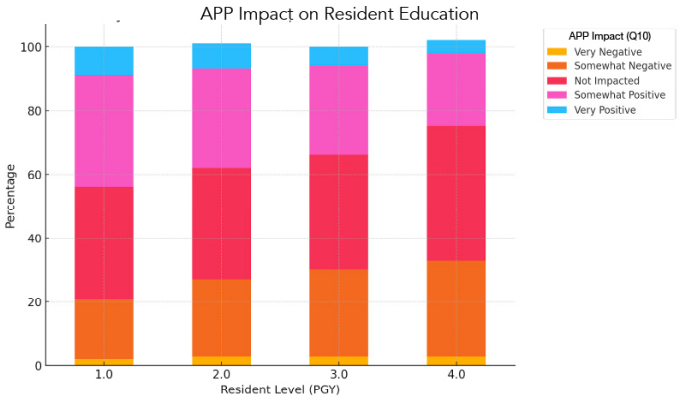
Background/Objective: Advanced practice practitioners (APPs) are increasingly integrated into emergency medicine (EM) clinical training environments, shaping both patient care delivery and resident education. As concerns regarding APP scope of practice and impact on resident education have grown, the EM Match Taskforce sought to better understand residents' firsthand experiences with APPs. **Methods:** Using data from the 2025 post–In-Training Examination (ITE) survey, we evaluated how residents across PGY levels perceive the influence of APPs on their education.

Results: Among 7,747 respondents, most residents reported either neutral or positive educational effects: 35.6% were not impacted, 30.6% somewhat positively impacted, and 7.3% very positively impacted. In contrast, 23.7% reported a somewhat negative impact and 2.7% very negative impact. Perceived negative impact increased modestly by PGY level, as illustrated in our analysis.

APPs were most frequently encountered on "out rotations" of anesthesia (47.0%), ICU (49.5%), and trauma (42.7%), but most frequently encountered during ED rotations (60.7%). Residents identified specific domains affected by the presence of APPs. Patient load (71.5% of respondents) was the most commonly identified arena of APP impact followed by performing procedures (48.7% of respondents). Fewer residents reported effects on bedside teaching (25.7%), patient rounding (22.1%), or supervision by APPs (21.0%).

Conclusions: These findings suggest that while concerns about APP involvement are prominent among educators and students considering EM, residents themselves more commonly report neutral or positive educational interactions with APPs. However, meaningful proportions identify effects on procedural opportunities and patient volume, underscoring areas where clearer role delineation and intentional educational structure may optimize training.





5 Prompts to Praise: Exploring Artificial Intelligence Use in Residency Recruitment and Faculty Letter Writing

Lauren McCafferty, Danielle Langan, Zachary Repanshek, Simi Jandu, Abbas Husain

Background: Artificial intelligence (AI) use in medical education is rapidly expanding, with large language models increasingly applied to content creation, curriculum design, administrative and evaluative tasks, such as structuring feedback and composing Standardized Letters of Evaluation (SLOEs) and recommendation letters. While AI may streamline workflows, concerns remain, and little is known about its use in EM residency recruitment.

Objectives: To characterize AI use in EM residency recruitment. We hypothesized that use is increasing but limited by knowledge gaps, ethical concerns, and uncertainty about impact.

Methods: A national cross-sectional survey was distributed via the CORD listserv to residency leadership, clerkship directors, and faculty involved in recruitment. The REDCap survey included multiple-choice and open-ended questions on demographics, AI familiarity, general and recruitment-specific AI use, perceived benefits and concerns, and barriers. Responses were anonymized and analyzed using descriptive statistics and thematic analysis.

Results: Forty-five respondents from diverse programs completed the survey. AI familiarity varied; most used AI for content creation, followed by administrative and research support. Twenty-five percent reported use in recruitment, primarily for writing letters of recommendation and SLOEs. Few used automated screening, predictive analytics, or sentiment analysis. Time savings was the most cited benefit, with about half noting improved objectivity and communication with applicants. Lack of familiarity or understanding was the most common challenge and barrier, followed by concerns about data security and privacy, issues of fairness, bias, and transparency, reluctance to deviate from existing processes,