Results: We received 103 program responses (35.9%). Any fellowship training was reported by 25.5% of Program Directors (PDs), 40.0% of Assistant Program Directors (APDs), and 42.8% of Associate Program Directors (Asst PDs). Any secondary board certification was reported by 8.8% of PDs, 5.0% of APDs, and 8.2% of Asst PDs (Figure 1). Medical education was the most common fellowship (n=54), followed by ultrasound (n=24), toxicology (n=16), simulation (n=15), pediatric EM (n=11), critical care (n=7), EMS (n=5), and administration (n=3). Western programs reported the highest proportions of leaders with either fellowship or secondary certification across roles. (Figure 2).

Conclusions: Postgraduate fellowship and secondary board certification remain uncommon overall among EM residency leaders, but fellowship completion is more prevalent among junior leaders. These data provide an updated, role-specific snapshot to inform leadership development and workforce planning.

Figure 1. Any Fellowship vs Any Secondary Board by Role

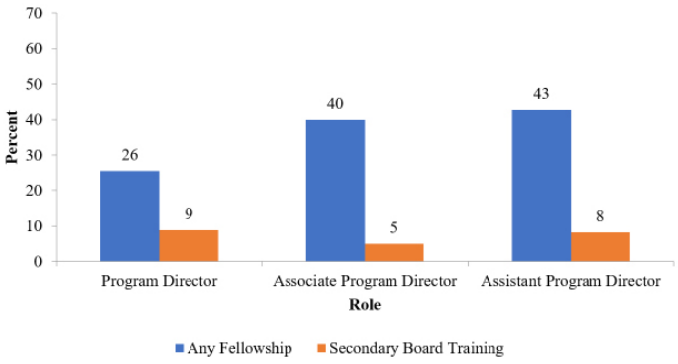
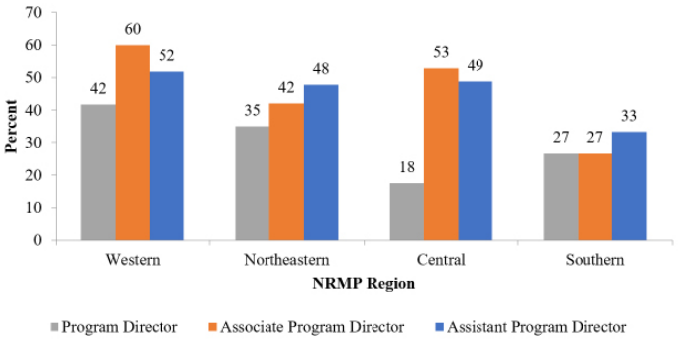


Figure 2. Advanced Training by NRMP Region and Role



11 Impact of Educational Intervention on Question Bank Utilization and Emergency Medicine Residency In-Training Exam Scores

Szymon Kutyla, Delaney Bates, Timothy Friedmann, Kestrel Reopelle

Background: EM residents must pass the American Board of Emergency Medicine (ABEM) Qualifying Exam to become board-certified. Typical preparation for this exam includes question banks (Qbanks) and gauging and trending performance on annual In-training Exams (ITE).

Objective: We aimed to assess the impact of an educational intervention on Qbank utilization and ITE scores among EM residents. We hypothesized that the intervention would increase question bank utilization and ITE scores.

Methods: This was a retrospective observational cohort study performed at one urban EM residency program comparing residents' question bank utilization and ITE scores at the end of academic years 2024 and 2025. We applied a multifaceted educational intervention in the 2025 academic

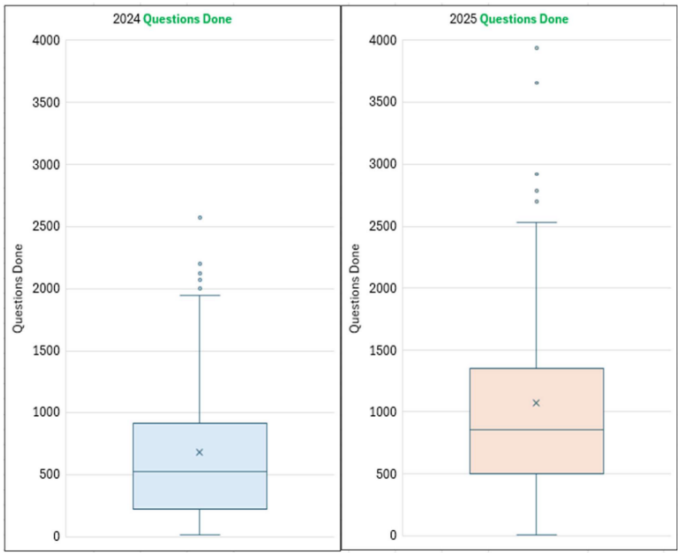


Figure 1. Box and whisker plot of Qbank questions completed by residents by the end of the 2024 academic year (pre-intervention) and 2025 academic year (post-intervention).

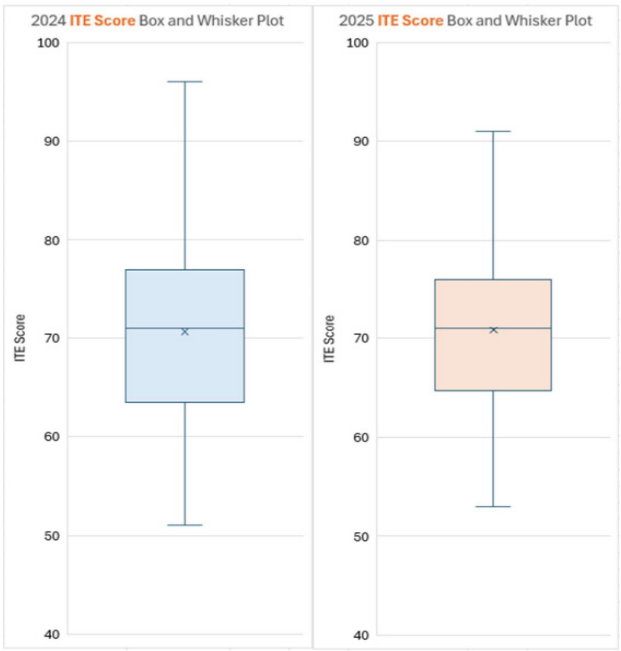


Figure 2. Box and whisker plot of residents' ITE scores in 2024 (pre-intervention) and 2025 (post-intervention).

year that included regularly assigned Qbank questions, monthly ITE question review sessions during residency conference, a 4-hour gamified ITE review session one week prior to the ITE, and increased ITE score thresholds for moonlighting privileges. We measured the difference in mean Qbank questions completed and ITE scores before and after the intervention using two-sample t-tests.

Results: There were 89 residents in the pre-intervention group vs. 90 residents in the post-intervention group. The mean number of questions completed pre-intervention was 668 vs. 1072 post-intervention, which was statistically significant ($p<0.0002$). The mean ITE score pre-intervention was 70.6 compared to 70.8 post-intervention, which was not statistically significant.

Conclusions: Our intervention increased the amount of Qbank questions that residents performed but did not influence the average ITE score. These findings call into question the classical advice of maximizing the number of questions done in Qbanks to study. Future work should investigate how to best utilize these resources to improve scores.

12 Improving Resident Chart Completion Rates Through Transparent Performance Feedback

Brittany Botticelli, Laura Welsh, Eric Shappell, Daniel Egan, Derek Monette, Carolyn Commissaris, Marcus Wooten, David Peak

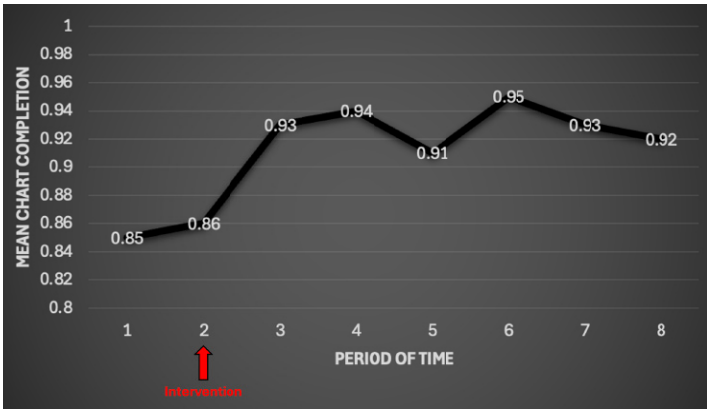
Background: Timely chart completion remains a persistent challenge in EM residency programs, with implications for billing, quality metrics, medicolegal risk, and patient care. Traditional approaches using individual reminders, administrative follow-up, and semi-annual feedback are time-intensive and often ineffective.

Objective: To determine whether sharing individualized performance data and linking compliance with the ability to work extra shifts for compensation improves resident chart completion rates within 72 hours. We hypothesized that the intervention with financial implications would demonstrate improved performance compared to the pre-intervention period.

Methods: We conducted a retrospective cohort study at a single academic EM residency program with 60 residents. Beginning January 2024, residents received scheduled emails containing their individual 72-hour chart completion rate and the program goal. Those who did not complete 80% of charts within 72 hours were not able to moonlight. We compared mean completion rates across two pre-intervention periods (May-December 2023) and six post-intervention periods (January 2024-December 2025) using a two-sample t-test with equal variances. The primary outcome was the proportion of charts completed within 72 hours.

Results: We analyzed 471 resident-period observations (119 pre-intervention, 352 post-intervention) (Figure 1). Mean 72-hour completion rate increased from 0.85 (SD 0.17) pre-intervention to 0.93 (SD 0.11) post-intervention ($p<0.001$). Improvement was sustained across all six post-intervention periods, with mean completion rates ranging from 0.91 to 0.95.

Conclusions: Sharing individual performance data linked to extra compensation eligibility significantly and sustainably improved resident chart completion rates. This approach is easily generalizable to programs with EMR access. Achieving further improvement may require targeted interventions. Limitations include single-site design and lack of a concurrent control group.



13 Clinical Assessment of Medical Students' Abilities Identifying and Mitigating Social Determinants of Health

Andrew Golden, Emily Craft, Justine Li

Background: EDs serve as safety nets for patients vulnerable to social determinants of health (SDH). EM student rotations often integrate curricula on SDH. Despite these curricula, there are little data assessing trainees on their ability to identify and mitigate the impact of SDH.

Objectives: The purpose of this study is to assess the ability of fourth-year acting interns (AIs) to identify and mitigate SDH. We seek to better understand the relationship between this skill and other National Clinical Assessment Tool in EM (NCAT) domains. Finally, we aim to analyze how frequently faculty assess students in this area.

Methods: We adapted the NCAT to include an item about integrating SDH into plans. This is a single center retrospective study of modified NCATs completed by EM faculty for AIs from June 2023 to October 2024. Entrustment ratings on NCAT items, including the SDH item, were extracted by two reviewers and converted to ordinal numbers for analysis (1-4). Interrater reliability (IRR) was evaluated on 30 assessments. Correlation coefficients were calculated between the SDH item and other NCAT domains. Descriptive statistics are reported.