

initiating emotionally focused conversations but variable success applying skills learned during clinical work. Five themes emerged: (1) balancing emotional support with supervisory responsibilities; (2) wide variability in frequency and depth of support interactions; (3) communication and culture shifts wins, including more structured debriefing; (4) bolsters for program implementation such as a desire for booster sessions, faculty modeling, and clearer escalation pathways and (5) barriers to peer support, including time constraints, fatigue, skill decay, and limited awareness of trained supporters.

Conclusions: A brief peer support curriculum embedded in conference time was feasible and perceived to strengthen emotional leadership among senior EM residents. Reported improvements in communication practices and wellness culture support broader integration of resident-centered peer support training into GME, though findings are limited by single-site design and voluntary participation in the qualitative focus group analysis.

Table 1: Categorized Thematic Analysis From Participant Semi-Structured Interviews

Theme	Theme Definition	Representative Quote(s)
1. Balance Between Emotional Support and Supervision	Residents struggled to balance emotional support with supervisory roles, particularly in high-stress moments.	"How can I be a mentor on shift but also provide critique and growth? ... Maybe I caused the emotional tension - this can happen. How do I handle this?"
2. Variable Frequency and Depth of Peer Support	Peer support interactions varied in frequency and depth, influenced by individual style, time, and supportee needs.	"With the bigger check-ins ... there is a weird feeling around the time commitment. But afterwards there is a sense of fulfillment."
3. Communication and Culture Shift Wins	The program influenced both communication habits and cultural norms, emphasizing frequent emotional labeling, listening without fixing, and structured debriefing.	"The point isn't to take over the story ... but more so letting others talk about their feelings." "I feel like more peer support improved the culture of wellness. Further formalizing it, would only be better."
4. Bolsters for Program Implementation	Participants recommended structural supports like follow-ups, formalization, and more visible resources to sustain the program.	"I feel as though proactively pursuing these skills and this program could be valuable in our high stress specialty." "Can we teach the attendings these skills?"
5. Barriers to Peer Support	Time, emotional capacity, skill decay, and lack of peer awareness limited consistent peer support engagement.	"I sometimes do not know if I can be emotionally stable for them ... Is that a great place for vulnerability when I'm distracted?"

28 Trends in Rank Order Preferences of Emergency Medicine Residency Applicants by Applicant Type, 2020 - 2025

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Background: Emergency medicine (EM) experienced a sharp decline in total applications in 2022 and 2023 according to National Residency Matching Program (NRMP) data.^{1,4} While the number of EM applicants rebounded in 2024 and 2025, their rank order list preferences suggest changes in applicant behavior. While US allopathic (US MD) seniors have long comprised the majority of matched EM applicants,

the proportion of osteopathic (DO) and international medical graduates (IMG's) matching into EM has increased significantly in recent years^{5,6}. To our knowledge, there is limited data to describe rank order list position preferences for EM among different types of applicants.

Objectives: To identify trends in EM applicant behavior using NRMP Main Residency Match data, on rank order list preference for different applicant types (US MD, US DO, US-IMG, and non-US IMG) from 2020 to 2025.

Methods: This retrospective analysis utilized NRMP Match results for EM applicants from 2020 to 2025. Four applicant types were included: US MD seniors, US DO seniors, US IMG's seniors, and non-US IMG's seniors. The NRMP reports rank order list categories as "only choice," "first choice," and "not first choice." We compiled data for each combination of applicant type and rank order list category. The percentage of each applicant type, out of the total number of EM applicants, was calculated. The percentage of applicant type for each rank order preference was calculated.

Figure 1. The percentage of applicants that ranked EM as "not first choice" based on their medical training from 2020 to 2025.

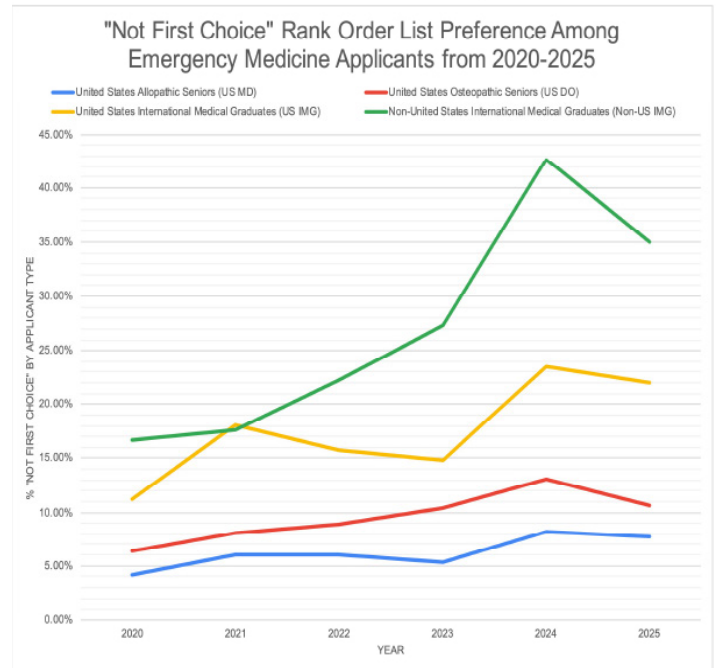


Table 1. The rank order preference rates for United States allopathic (US MD) seniors, United States osteopathic (US DO) seniors, United States international medical graduate (US IMG) applicants, and non-United States international medical graduates (non-US IMG) applicants for 2020 - 2025.

Applicant Type	Year	Total EM Applicants	US MD Senior Applicants		Only Choice		First Choice		Not First Choice	
			#	% EM Applicants	#	% US MD Senior	#	% US MD Senior	#	% US MD Senior
US MD Senior	2025	3,753	1,514	40.3%	1,318	87.1%	78	5.2%	118	7.8%
	2024	3,574	1,386	38.8%	1,218	87.0%	54	3.9%	114	8.2%
	2023	2,765	1,337	48.4%	1,194	89.3%	72	5.4%	71	5.3%
	2022	3,081	1,695	55.0%	1,470	86.7%	124	7.3%	101	6.0%
	2021	3,734	2,081	55.7%	1,816	87.3%	140	6.7%	125	6.0%
US DO Senior	2025	3,323	1,935	58.2%	1,485	87.1%	168	8.7%	82	4.2%
	2024	3,753	1,231	32.8%	1,009	82.0%	91	7.4%	131	10.6%
	2023	3,574	1,171	32.8%	908	77.5%	110	9.4%	153	13.1%
	2022	2,765	799	28.9%	641	80.2%	75	9.4%	83	10.4%
	2021	3,081	850	27.6%	630	74.1%	144	16.9%	76	8.9%
US IMG	2025	3,734	1,013	27.1%	756	74.6%	175	17.3%	82	8.1%
	2024	3,323	863	26.0%	641	74.3%	167	19.4%	55	6.4%
	2023	3,753	469	12.5%	281	59.9%	85	18.1%	103	22.0%
	2022	3,574	486	13.6%	276	56.8%	95	19.8%	114	23.5%
	2021	2,765	366	13.2%	210	57.4%	102	27.9%	54	14.8%
Non-US IMG	2025	3,081	255	8.3%	113	44.3%	102	40.0%	40	15.7%
	2024	3,734	304	8.1%	135	44.4%	114	37.5%	55	18.1%
	2023	3,323	304	9.1%	124	40.8%	146	48.0%	34	11.2%
	2022	3,753	337	9.0%	132	39.2%	87	25.8%	118	35.0%
	2021	3,574	349	9.8%	123	35.8%	73	21.5%	149	42.7%

Results: Figure 1 shows the percent of each applicant type ranked EM as “not first choice” over the 2020 to 2025 time frame. Table 1 depicts the percent of all EM applicants were each specified applicant type, and includes the total numbers and percentages of each rank order preference.

Conclusions: A greater proportion of applicants are applying to EM as a second choice since 2020, regardless of applicant type. This increased rate of “not first choice” could be a leading indicator of EM’s changing appeal as a specialty choice.

29 Resident-Led Coaching For Emergency Medicine-Bound Medical Students: A Multi-Site Prospective Study

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Background: At the Wayne State University School of Medicine, the emergency medicine (EM) clerkship is required for all fourth-year students. Before starting this rotation, all EM-bound students were enrolled in a resident-led coaching program and randomly paired with a resident coach at their respective clerkship site.

Objective: This study aims to determine whether resident-led coaching provides EM-bound students with more actionable, skills-focused feedback than that received by non-EM-bound peers during their required clerkship. It also examines whether coached students translate this guidance into measurable changes in on-shift behavior.

Methods: Participants were all fourth-year students completing their EM clerkship at four Wayne State-affiliated, Level I hospitals prior to the 2026 Match. EM-bound students were connected with their coach at the start of the rotation via email, and pairs were instructed to meet weekly, following a structured format. At the end of the clerkship, all students completed a piloted, anonymous Qualtrics survey about their experience during their EM clerkship. Likert-scale and free-text responses from coached and non-coached students were analyzed using unpaired t-test.

Results: Of all respondents (n=49), no significant differences were found between coached and uncoached students in self-reported ability to generate differential diagnoses (95% CI -0.23 to 0.84, $p = 0.25$), therapeutic plans (95% CI -0.24 to 0.41, $p = 0.62$) nor in ability to perform basic EM procedures (95% CI -0.05 to 1.07, $p = 0.07$). Nonetheless, 60% of coached students reported making behavioral changes based on resident feedback.

Conclusion: Resident-led coaching did not improve perceived clinical skills compared with peers, but most coached students adjusted their behavior because of the interaction. Coaching appears to influence learner engagement, yet its objective educational impact remains unclear, underscoring the need for more structured and

measurable coaching outcomes in EM training.

30 Simulation-Based Training Enhances Resident Response to an Impaired Colleague

Shannon Kostin, Cosimo Laterza, Ashley Flannery

Background: Recognizing and addressing an impaired colleague is a core competency within the ACGME Professionalism (PROF) and Interpersonal and Communication Skills (ICS) Milestones. Despite this expectation, residents often feel unprepared to identify concerning behaviors or access institutional resources. Objective structured clinical examinations (OSCEs) are validated for assessing communication and professionalism but are rarely applied to this domain.

Objective: To determine whether an impaired-colleague OSCE improves resident knowledge of institutional resources and preparedness aligned with ACGME’s PROF1, PROF2 and ICS2 Milestones.

Methods: We conducted a prospective educational intervention with twenty-one EM residents at a tertiary academic center. Residents completed pre- (6-item) and post-simulation (13-item) surveys assessing knowledge of support resources, including employee assistance programs and safe ride options, and confidence in approaching an impaired peer. Participants completed a standardized OSCE with a trained faculty or fellow portraying an impaired co-resident. Data were analyzed using descriptive statistics, paired t-tests, and Cohen’s d.

Results: Twenty-one pre- and twenty post-surveys were completed; thirteen (62 percent) were paired. Knowledge improved from 1.86 (0.65) to 2.55 (0.89) overall. Paired responses showed significant gains from 1.77 (0.64) to 2.38 (0.77) ($p=0.04$; Cohen’s $d=0.64$). Knowledge of safe ride resources increased from 0.05 (0.22) to 0.80 (0.41) ($p=0.002$). Post-simulation confidence and understanding showed small, nonsignificant correlations.

Conclusions: A structured impaired-colleague OSCE improved resident knowledge of institutional resources and provided a realistic platform to practice communication skills central to ACGME Professionalism and Communication Milestones. Limitations include small sample size, incomplete pairing, and lack of baseline attitudinal measures. Larger cohorts and longitudinal follow-up are needed to assess sustained competency development.

31 Distribution of Emergency Medicine Standardized Letters of Evaluation in 2025

Ronnie Ren, Xiao Chi Zhang, Liza Smith

Background: The Standardized Letter of Evaluation (SLOE) in EM established a common rubric to assess