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

Chelsea Johnson, Katherine Kalina, Laura Smylie, Sarkis Kouyoumjian

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

applicant attributes that are predictive of success during residency. Various types of SLOEs exist, but a SLOE from a rotation at an EM residency program, or eSLOE, is considered the most valuable. Applicants are recommended to obtain at least one eSLOE to apply to EM and two to be competitive. Inequities in the ability to obtain SLOEs among allopathic (USMD), osteopathic (USDO), and international (IMG) applicants have been a concern.

Objectives: We aim to describe the mean number and types of SLOEs submitted by EM applicants from different training pathways.

Methods: We conducted a retrospective observational study of a de-identified subset of the CORD application dataset, which includes all applications to categorical EM programs submitted during the 2025-2026 cycle before October 1, 2025. We applied descriptive statistics to the data and correlated them with applicant training pathways.

Results: There were 3859 applicants by October 1st, with 95.67% submitting at least one SLOE. The descriptive statistics of the mean number and types of SLOEs submitted are presented in Tables 1 and 2.

Conclusions: On October 1st, the date of application release to programs for review, there was a difference in the mean number and types of SLOEs submitted by USMD, USDO, and IMG applicants to EM.

	N	% Applications with Any SLOE	% Applications with an eSLOE	% Applications with Other SLOEs
All	3859	95.67%	85.57%	30.24%
USMD	1718	98.54%	96.33%	19.97%
USDO	1387	98.27%	91.64%	31.15%
IMG	754	84.35%	49.87%	51.99%

Table 1: Percentage of applications with at least one SLOE

	Mean # Any SLOEs (±95% CI)	Mean # eSLOEs (±95% CI)	Mean # Other SLOEs (±95% CI)
All	2.04 (2.01-2.07)	1.62 (1.59-1.64)	0.42 (0.38-0.47)
USMD	2.22 (2.18-2.26)	1.98 (1.94-2.01)	0.24 (0.19-0.30)
USDO	2.05 (2.00-2.09)	1.65 (1.61-1.68)	0.40 (0.35-0.45)
IMG	1.62 (1.54-1.70)	0.74 (0.68-0.80)	0.88 (0.79-0.97)

Table 2: Mean number of SLOEs submitted by applicants

32 Beyond the ABCs: Design, Implementation, and Evaluation of an Advanced Resuscitation Curriculum for PGY-2 Emergency Medicine Residents

Arrianna Mohammed, Brian Smith, Thomas Sanchez, David Simon, Timothy Khowong

Background: Resuscitation skills are fundamental to emergency medicine (EM) practice, yet there is a lack of structured hands-on learning sessions for trainees. To address this gap, we developed a multimodal advanced resuscitation curriculum for PGY-2 EM residents.

Objectives: We aimed to determine whether participation in the curriculum would lead to measurable improvement in residents' confidence, diagnostic reasoning, and resuscitation performance. Specifically, we sought to assess growth in: (1) organizing an initial approach to critically ill patients; (2) formulating shock management plans across etiologies; and (3) performing and troubleshooting key high-acuity procedures required during resuscitation.

Methods: The curriculum comprised four 2-hour, one-on-one sessions. Before participation, residents completed a pre-test with Likert scale questions on self-perceived confidence in advanced resuscitation and knowledge-based short-answer questions. Each session included a 15-minute simulation with debrief, a 90-minute interactive lecture, and supervised procedure practice. A post-test re-assessed confidence and knowledge, as well as self-perceived improvement. Attendings were surveyed on changes in resident performance 6 months after curriculum completion and semi-structured interviews were conducted with residents 1 year after curriculum completion.

Results: A total of 14 residents participated. The overall mean score for improvement on a 5-point Likert scale was 4.57/5, indicating a strong Kirkpatrick Level 1 reaction. Mean scores for knowledge assessment improved from 64.78 to 84.48 ($p<0.05$), indicating a Kirkpatrick Level 2 impact. A survey of core faculty noted residents had improved clinical and procedural skills after course completion, demonstrating Kirkpatrick Level 3 impact. Finally, qualitative semi-structured interviews of residents revealed that learners felt more structured in their mental models of shock, deliberate in resuscitative decision-making, and confident performing procedures, highlighting mechanisms underlying confidence growth and skill transfer to clinical practice.

Conclusion: Implementation of a structured resuscitation curriculum significantly improved EM residents' confidence, medical knowledge, and clinical skills.