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

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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.