

33 Do More Qbank Questions Earn You a Higher ITE Score?

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Background: A recent decline in American Board of Emergency Medicine Qualifying Exam (ABEM QE) pass rates has driven postgraduate educators to reassess their curricula and reliability of preparation resources. Residency programs nationwide have used the ABEM-administered in-training exam (ITE) scores as an indicator of ABEM QE performance. To facilitate ITE preparation, residency programs often assign practice questions or offer residents access to a test preparation question bank. There is limited evidence to suggest that the number of questions completed correlates with improved ITE scores.

Objectives: This study aimed to determine if there is a correlation between question bank utilization and ITE scores. We hypothesized that completing greater numbers of practice questions will correlate with higher ITE scores.

Methods: This was a retrospective observational cohort study conducted at an urban academic EM residency program. For all residents in 2023-2025, the number of questions completed and the raw ITE scores were collected, de-identified, and collated for the study team. Residents who did not take the ITE were excluded.

Results: 182 resident scores were included in the study; 10 residents excluded. A linear regression analysis of the number of practice questions completed and raw ITE scores demonstrated a weak positive correlation, albeit with a high degree of variation and poor overall fit ($p=0.032$, $R^2=0.0253$) (Figure 1). The number of practice questions completed were broken up into quintiles and an ANOVA analysis was performed, which showed no statistical difference in ITE scores between the five groups ($p=0.0753$) (Figure 2).

Conclusions: The number of practice questions completed prior to ITE is weakly correlated to the score

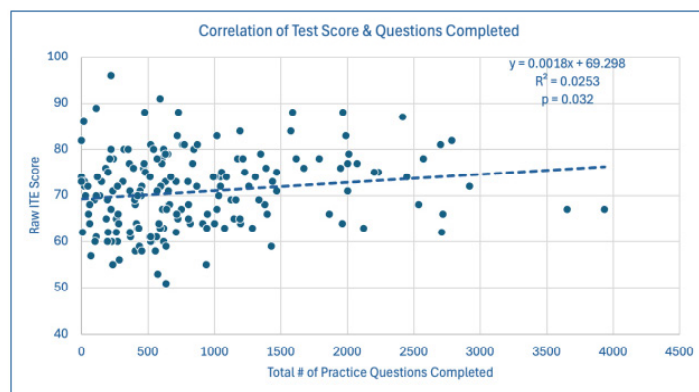


Figure 1: A Correlation of Raw ITE Test Scores and Number of Practice Questions Completed

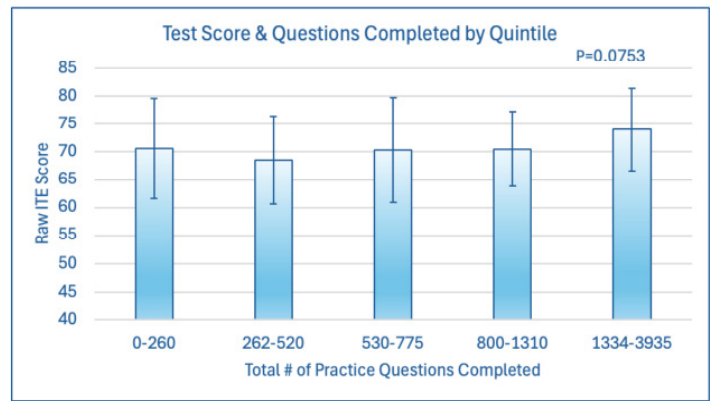


Figure 2: Raw ITE Test Scores and Number of Practice Questions Completed By Quintile. Error bars represent one standard deviation.

residents receive on ITE. The high degree of variation found in the results suggests that other factors are involved in an individual's ITE performance. Volume of questions alone should not be relied upon to improve resident performance.

34 Let's Chat about Large Language Models for Faculty Feedback: A Multi-Institution Feasibility Pilot

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Background: Providing faculty feedback (FB) that is anonymous, specific, constructive, and actionable is a core requirement of the Accreditation Council for Graduate Medical Education. Synthesizing qualitative resident comments consistently and without bias can be challenging for Program Directors. Large language models (LLMs) offer a potential tool to summarize resident evaluations, reduce unintended editorial influence, enhance perceived anonymity, and frame feedback using supportive, growth-oriented language.

Objective: To assess faculty perceptions of the learner's feedback summarized by an LLM with regard to clarity, anonymity, and usefulness.

Methods: We developed and piloted a process that used LLMs to generate anonymized summaries of resident evaluations for faculty across two emergency medicine residency programs. Resident comments were de-identified and processed through an iteratively refined prompt that produced a concise summary emphasizing key strengths, one growth opportunity, and a specific actionable educational goal for the coming year. Representative anonymous resident quotes were included to increase specificity, and all outputs were reviewed only for accuracy or professionalism before distribution as part of the annual review process.

Results: Twenty-one faculty completed an anonymous survey evaluating the LLM-generated FB summaries.

Respondents reported high levels of clarity (86 percent agreed or strongly agreed), accuracy (82 percent), enhanced sense of anonymity (82 percent), and a constructive tone (82 percent), and most found the format more useful than prior years (82 percent).

Conclusion: This low-resource approach demonstrates feasibility, a positive user experience, and potential to improve psychological safety and receptivity to feedback during the faculty evaluation process. Future studies should explore scalability, inter-rater reliability, and long-term impact on faculty development.

35 “We’re Not ready”: Student-Driven Insights into EM Preparedness and Bootcamp Impact

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Background: Medical students (MS) experience anxiety before clerkships, which may be higher before an EM clerkship due to EM’s unfamiliarity and acuity. Few opportunities exist for preclinical exposure to EM (and no LCME mandate). Limited exposure and reduced EM clerkship participation may contribute to less interest in EM residency. When MS participate in a 3rd year clerkship, their interest in EM and preparedness for Sub-Is increases. However, it is unclear how to increase preclinical MS’ interest and preparation for an EM rotation.

Objectives: We aim to 1) assess preclinical MS’ needs and perceived educational deficiencies before an EM rotation, and 2) evaluate the impact of a novel, single-day, EM bootcamp on preclinical MS’ self-assessed preparedness for clerkships.

Methods: This study was at a large urban medical school where EM is an optional 3rd-year clerkship. We designed and implemented a workshop for preclinical MS. Before and after the educational aspect, MS completed an anonymous survey assessing the perceived utility of workshops relevant to EM (guided by the SAEM CDEM curriculum topics) and their self-evaluation of clerkship preparedness using a 5-point Likert scale. We modeled the workshop after bootcamps offered to senior MS; it consisted of four stations, including: EM clerkship expectations and resources, emergency ultrasound, abscess incision and drainage, and intraosseous access.

Results: 22 pre-clinical MS completed the survey (73% response rate). 57% of MS2s requested an EM elective before the workshop, while an additional 20% were interested after the workshop. When MS rated the perceived usefulness of workshop topics, stabilization of the acutely ill patient, ACLS, and IV placement were highest rated, with over 70% of students ranking them as Extremely Useful (Figure 1). When asked to select the top three topics, they chose: basic airway

management, EUS, and evaluation of the undifferentiated patient (Table 1).

Conclusion: This study eliciting MS perspectives on EM topics highlights a potential gap in preclinical learning, and a possible barrier to EM clerkship participation and interest. Limitations of our study include: single-site, small sample size, and EM-curious respondents. Work is ongoing on how

Top Three Workshop Topics	
Topics	Frequency*
Evaluation of the undifferentiated patient	8
Basic Airway Management	7
Emergency Ultrasound	7
IV Placement	6
Stabilization of the acutely ill patient	6
Differential Diagnoses in the ED	6
Presentations in the ED	6
U/S IV Placement	4
EKG interpretation	4
ACLS	4
Abscess Incision and Drainage	3
Splinting	2
Laceration Repair	2
Histories & Physicals in the ED	1
Calling Consults	1
XR interpretation	1

*Does not add up to 66 as expected because two participants provided 4 responses

