to increase EM preclinical interest and elicit perspectives on clerkship preparedness from senior MS who have completed an EM clerkship.

36 Resident Supervision of APPs in Emergency Medicine: A National Survey of Educational Practices

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Background: EM physicians increasingly supervise advanced practice providers (APPs), yet few residency programs offer training or clinical experience in APP supervision. No studies have described existing practices, attitudes, or barriers of APP supervision by EM resident physicians. This needs assessment evaluates national practices related to EM resident supervision of APPs.

Objectives: To quantify and characterize EM residencies with educational or clinical experiences in APP supervision, as well as assess attitudes and identify barriers surrounding these opportunities.

Methods: This ongoing cross-sectional survey is distributed through the CORD listserv to residency leaders and educators; non-educators are excluded. Data collected includes program descriptors, state-specific APP practice laws, prevalence and structure of resident APP supervision, residency curricula, attitudes toward APP supervision, and barriers to implementation.

Results: Thirty respondents have completed the survey to date. Five programs (16%) include resident APP supervision in clinical curricula, typically in 4-year programs at the PGY-3–4 level. Seven programs (23%) report APP supervision during moonlighting. Eight programs provide didactic or on-shift education (mean 1.75 hours, range 0–3). Likert data (Figure 1) shows variability in perceived importance of APP supervision (mean 3.3 ±1.1). Respondents feel supervising medical students is insufficient preparation (2.9 ±1.0) but supervising junior residents is more adequate (3.6 ±0.9). Most agree graduates possess necessary supervision skills (4.0 ±0.8). Common barriers include beliefs that such training is unnecessary, perceptions that APP supervision is inappropriate for residents, similar skills gained supervising other learners, departmental flow concerns, and perceived APP resistance.

Conclusions: Preliminary data suggest most EM residency programs do not offer formal education or clinical experience in APP supervision, though many believe graduates are prepared. Perceptions of the importance of this training vary. Findings are limited by small sample size and few programs offering these experiences. Future directions include continued data collection and assessment of recent graduate perception of APP supervision preparation.

Table 1: Faculty perceptions of resident supervision experience in the emergency department (n = 30)

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Mean (Likert Scale)
It is important that EM residents gain experience directly supervising APPs in the Emergency Department during residency	2 (7%)	6 (20%)	9 (30%)	8 (27%)	5 (17%)	3.3 ±1.1
Residents in my program graduate with the skills necessary to directly supervise APPs in their future careers	0	1 (3%)	5 (17%)	16 (53%)	8 (27%)	4.0 ±0.8
Direct supervision of junior residents is adequate preparation for supervising APPs	0	3 (10%)	10 (33%)	12 (40%	5 (17%)	3.6 ±0.9
Direct supervision of medical students is adequate preparation for supervising APPs	3 (10%)	8 (27%)	8 (27%)	11 (37%)	0	2.9 ±1.0

Likert scale 1 = strongly disagree, 5 = strongly agree

37 Evaluation of a Soft-Embalmed Cadaveric Model as an Education Innovation to Enhance Emergency Medicine Resident Competency in Distal Radius Fracture Reduction

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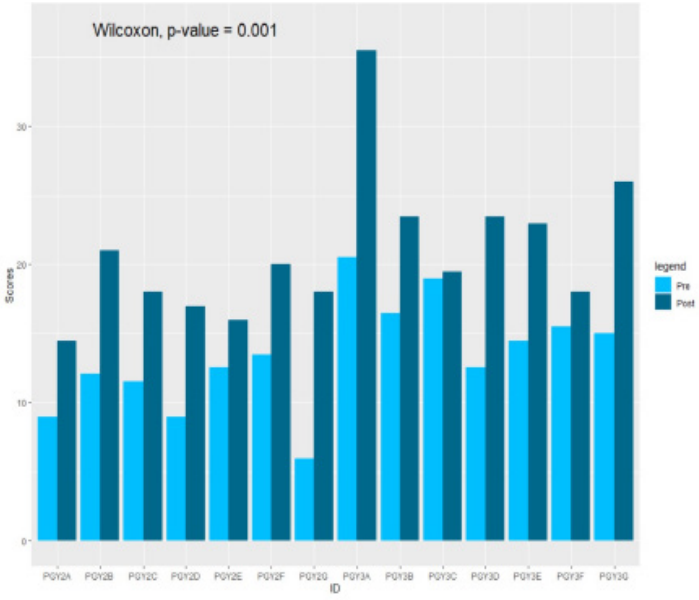
Background: Distal radius fractures are common ED presentations requiring timely, technically proficient reduction. Despite their frequency, opportunities for practice and standardized assessment vary across residency programs. Soft-embalmed cadavers (SEC) provide realistic, high-fidelity practice, and video-based checklist assessment offers an objective means of evaluating procedural competence.

Objectives: To assess whether an educational intervention using a SEC model improves resident performance on a validated distal radius reduction checklist pre- and post-intervention.

Curricular Design: Two sports medicine fellowship-trained EM faculty developed a 2-hour intervention: a 1-hour lecture on distal radius fractures and reduction technique, followed by a 1-hour skills lab using a SEC. Soft-embalming methods yield increased joint range of motion compared to formalin-based techniques, enabling wrist manipulation. A cadaver wrist was dissected to create a comminuted intra-articular distal radius fracture model, allowing repeated reductions (fig.1). Fourteen residents participated voluntarily. Each completed a video-recorded pre-intervention assessment, performing reduction steps on the SEC model after a clinical vignette with standardized prompts. Following the intervention, residents completed a post-intervention assessment. Videos were scored by two independent reviewers blinded to assessment timing using a validated 41-item checklist.

Effectiveness: Resident performance improved significantly from pre- to post-intervention ($p = .001$; fig.2). No significant differences in median scores between reviewers were observed, with good inter-rater reliability (ICC: 0.766 pre; 0.743 post). This study demonstrates that SEC training combined with video-based checklist evaluation provides an objective, reproducible method to teach and assess

resident competency in distal radius fracture reduction. Findings support broader integration of SEC models into EM procedural education.



38 Training the EM Educator: A National Assessment of Medical Education Fellowship Curricula and Outcomes

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Background: Over the past decade, medical education (MedEd) fellowships in EM have experienced significant growth. However, there is limited comprehensive data on fellowship curricula, core competencies, and career outcomes associated with these fellowships in EM. As more programs are established, a clearer understanding of their content, goals, and impact is necessary to guide program development and ensure quality training for future EM educators.

Objectives: To describe the structure, focus areas, competencies, and emphasized skills in existing programs; identify gaps or variations; and recommend ways to optimize and standardize key elements to enhance their impact on MedEd.

Methods: A 40 item anonymous electronic survey was administered to fellows across the United States. Participants were asked about specific curricular content, career mentorship, continuing education, compensation, factors influencing program selection, and post-graduation job setting.

Results: Twenty-eight surveys were returned (70% response rate), and 26 complete surveys were analyzed. Many reported their residency had a fellowship pathway (81%) with 92% entering fellowship directly after graduation. Coverage of core educational competencies was high (92%). Exposure was more variable in other areas, such as technology integration (69%), deliberate practice (65%) research training (77%), quantitative analysis (69%), and peer review (73%). Grantsmanship was least commonly addressed (27%). Regarding outcomes, 65% had accepted a position. Of those, 76% planned to stay at their fellowship institution. Sixty-five percent were required to complete a research project, and 38% were required to present it.

Conclusion: While core educational competencies are broadly addressed, research and administrative training remain inconsistent. These results highlight opportunities to guide national curriculum standardization and improvement.

39 Stepwise Predictors: Linking Pre-Residency Step 2 CK Scores to EM In-Training Exam Performance

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Background: Recent declines in ABEM Qualifying Exam pass rates have heightened the need to identify trainees who may benefit from early academic support. Early predictors of ITE scores, which are established predictors of ABEM board outcomes, may help programs recognize risk before residency even begins. Step 2 CK remains the most consistent pre-residency standardized assessment, but its predictive value for ITE performance throughout training has not been clearly established.

Objective: To determine whether Step 2 CK scores can provide early insight into EM ITE performance.

Methods: This retrospective cohort study included 114 residents from a single academic, urban EM residency program (2021-2025) with available Step 2 CK scores and PGY1 and/or PGY3 ITE percentiles; PGY1 represents the earliest standardized assessment, while PGY3 serves as a surrogate