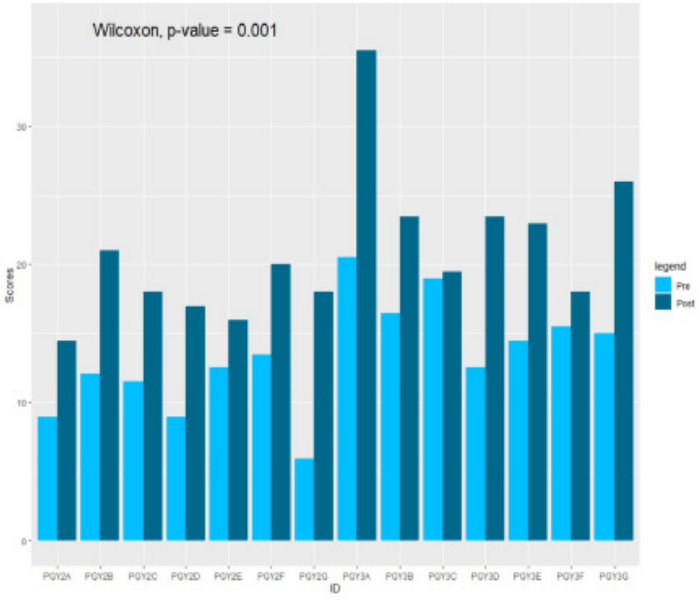
resident competency in distal radius fracture reduction. Findings support broader integration of SEC models into EM procedural education.



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