

for ABEM board readiness. Residents with only COMLEX Level 2-CE scores were excluded due to low representation (n=3). PGY1 ITE percentiles were analyzed across the entire cohort (n=113); PGY3 ITE percentiles were analyzed only for residents who had complete terminal PGY1-3 ITE data (n=83). Pearson correlations assessed associations between Step 2 CK and ITE percentiles. Linear regression models evaluated PGY1 ITE percentile predicted by Step 2 CK and PGY-3 ITE percentile predicted by Step 2 CK, adjusting for PGY1 ITE.

Results: In this cohort, Step 2 CK demonstrated a moderate, statistically significant correlation with PGY1 ITE percentile ($r=0.39$, $p<0.001$) and PGY3 ITE percentile ($r=0.38$, $p<0.001$). In linear regression, Step 2 CK predicted PGY1 ITE performance ($\beta=0.34$, $p<0.001$), explaining 15.4% of variance (Figure 1). Each 10 point increase in Step 2 CK was associated with an approximate 3.4 point increase in PGY1 ITE percentile. In the PGY3 model, Step 2 CK remained an independent predictor after adjusting for PGY1 ITE ($\beta=0.19$, $p=0.049$), though PGY1 ITE contributed more substantially to the model ($\beta=0.54$, $p<0.001$). The combined model explained 38.1% of PGY3 ITE variance.

Conclusions: Step 2 CK scores can provide meaningful insight into ITE performance, supporting its role as an early indicator of test-taking ability and tool for advising and exam-preparation planning.

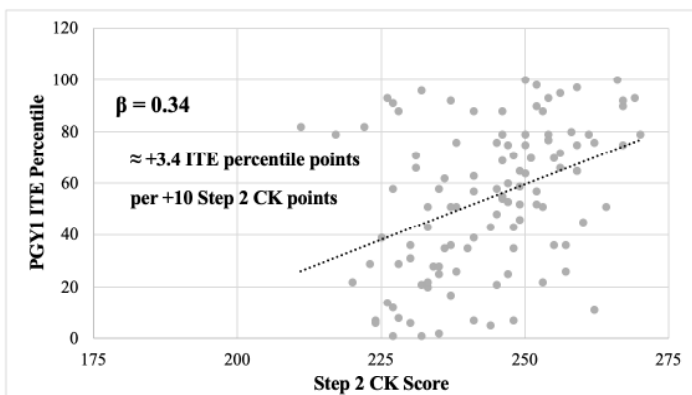


Figure 1. Association Between Step 2 CK Score and PGY1 ITE Percentile

40 Cost-Of-Living Adjustments and Emergency Medicine Resident Salaries: A National Analysis of PGY-1 Stipends from 2021–2025

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Background: U.S. inflation approached 20% between 2021 and 2025, raising concern that residency stipends have not kept pace with rising living costs.

Objectives: To evaluate changes in Emergency Medicine (EM) PGY-1 salaries from 2021 to 2025 and the impact of

cost-of-living (COL) on 2025 stipends across states, regions, and cities.

Methods: All ACGME-accredited EM programs were screened. Military programs and those without publicly available PGY-1 salary data were excluded. Salary information was available for 271 programs in 2025. Historical 2021 data were obtained from a prior study. Comparison of 2025 and 2021 PGY-1 salary data was possible for 197 programs due to program openings, closures, and data availability. COL indices were obtained from the Council for Community and Economic Research (C2ER) 2025 Q3 database, including 272 U.S. urban areas. Of 271 programs, 169 were in cities in the database; city-level COL values were applied. State-level COL values were applied to all programs. For the 2025-only analysis, published housing or COL stipends were added to base salary prior to COL adjustment. 2025 salaries were compared before and after COL adjustments.

Results: Among paired programs (n=197), PGY-1 salaries increased a mean of 16.78% from 2021 to 2025 (SD 8.04; range -6.45% to 50.6%). For 2025–2026, the national mean salary was \$69,095 (range \$56,707–\$101,200; SD \$7,952). After city-level COL adjustment (n=169), the effective mean salary was \$66,232 (range \$33,841–\$85,890; SD \$8,156); 91/169 programs remained above the adjusted stipend while 78/169 fell below their original stipend. The difference ranged from -\$57,673 to \$25,827 (mean -\$2,942, SD \$12,932). State-level COL adjustment for all programs also showed reduced purchasing power and substantial regional variation.

Conclusions: PGY-1 EM salaries increased from 2021 to 2025 but did not keep pace with inflation. COL adjustments revealed reduced effective compensation for many residents, with almost half of city-based programs falling below their nominal stipend. These findings support integrating COL benchmarks into stipend determinations to promote financial sustainability for EM trainees.

41 Mapping the MedED Landscape: How Emergency Medicine Residency Programs Structure Scholarly Tracks

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Background: As fellowship training becomes more common in emergency medicine (EM), residency programs are increasingly incorporating scholarly tracks. Medical education (Med Ed) is a rapidly growing EM subspecialty, yet limited data exist on how these tracks are structured and implemented. Understanding current practices may support standardization and help ensure residents gain the intended skills and experiences.

Objectives: This study aims to characterize the administrative strategies and logistics for medical education