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.

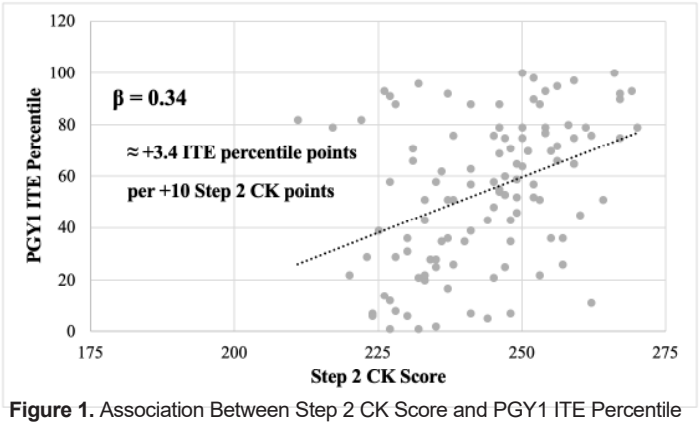

Figure 1. Association Between Step 2 CK Score and PGY1 ITE Percentile

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

Erin Dehon, Paul Kukulski, Katie Weeks, Risa Moriarity, Sarah Sterling

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

Brian Merritt, Kristian Larson, Rowan Kelner, Julia Ruggieri, Megan Fix, Allison Beaulieu, Patrick Hughes

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

scholarly tracks within emergency medicine residency programs.

Methods: We conducted a retrospective survey of emergency medicine residency programs with medical education fellowships, as identified through the Council of Residency Directors in Emergency Medicine (CORD) Community of Practice directory. Program leaders received a REDCap-based questionnaire examining scholarly track structure. The survey was open from May to July 2025, during which follow-up reminder emails were sent every two weeks. Data analysis was completed using R.

Results: Responses were received from 39 programs (39/48, 81.3%), with 26 programs (26/39, 66.7%) reporting scholarly tracks, and 23 reporting a medical education track (23/39, 59.0%). . Residents are required to remain in a single track in 42.3% of programs (11/26), while 46.2% (12/26) allows residents to participate in multiple tracks. Of those that responded, the most common meeting frequency was quarterly (8/20), followed by monthly (7/20), bi-monthly (3/20) and semi-annually (2/20). Over half of the education tracks were led by the medical education fellowship director (11/20, 55%), with fellows (3/20, 15%) assistant/associated programs directors (2/20, 10%), and residency program director (1/20, 5%) leading the others. Only 15% (3/20) report FTE buy-down for faculty leading the track, ranging from <0.1 FTE support to 0.2–0.3 FTE.

Conclusion: MedEd tracks differ in structure, logistics, and leadership across EM residency programs. Understanding implementation and leadership for these tracks can help to guide the development of tracks at other institutions as well as improve current tracks.

42 Building Future Educators in Emergency Medicine: A Study of Medical Education Scholarly Track Curriculum

Brian Merritt, Rowan Kelner, Kristian Larson, Julia Ruggieri, Megan Fix, Allison Beaulieu, Patrick Hughes

Background: Scholarly tracks are increasingly integrated into residency training across specialties, including emergency medicine (EM), offering structured opportunities for academic development. While prior studies have examined their impact on career choice and practice settings, detailed characterization of their content and resident requirements remains limited. This study focuses on medical education tracks within EM.

Objectives: Our aim was to determine the essential components and resident requirements of medical education scholarly tracks in EM.

Methods: A retrospective survey targeted all EM programs with medical education fellowships listed on the Council of Residency Directors in EM Community of Practice website. A REDCap questionnaire assessing track content and resident requirements was distributed to fellowship directors from May to July 2025, with biweekly reminders. Topics were based on Core Content for Education Scholarship Fellowships in Emergency Medicine by Yaris et al. Data were analyzed using R.

Results: Responses were obtained from 39 of 48 programs (81.3%). Of these, 23 programs reported having a medical education scholarly track (58.9%). Over 65% included teaching methods, feedback, learning theories, bedside procedural skills, and curriculum design and evaluation (Table 1). Eleven programs required a scholarly project (47.8%): seven required a local/institutional presentation and four required a regional/national presentation (Table 2). Eight programs required an educational presentation (34.8%), most commonly a large-group didactic (4/8, 50%) (Table 2).

Conclusion: This survey highlights key content areas for inclusion in scholarly tracks and suggests curricula can be tailored to time available with residents, ensuring flexibility while maintaining essential components. Nearly half require a scholarly project, providing structured pathways for academic development. Findings may not generalize to all EM programs, as only those with fellowships were surveyed.

Yarris, L. M., Coates, W. C., Lin, M., Lind, K., Jordan, J., Clarke, S., Guth, T. A., Santen, S. A., & Hamstra, S. J. (n.d.). A Suggested Core Content for Education Scholarship Fellowships in Emergency Medicine. Academic Emergency Medicine, 19(12), 1425–1433. https://doi.org/10.1111/acem.12032

Content Area	Frequency (n = 23)	Percentage	Rank
Teaching methods (large group, small group, simulation)	19	82.61	1
Providing effective feedback	17	73.91	2
Learning theories	16	69.57	3
Bedside teaching and teaching procedural skills	15	65.22	4
Curriculum design and evaluation	15	65.22	4
Mentorship training	13	56.52	6
Simulation education and case development	12	52.17	7
Critical appraisal of literature	11	47.83	8
Development of CV and/or educator's portfolio	11	47.83	8
Creating career goals	11	47.83	8
Microteaching strategies	10	43.48	11
Simulation techniques and applications	10	43.48	11
Administration topics	8	34.78	13
Research methods	8	34.78	13
Effective remediation and managing difficult learners	5	21.74	15
Program evaluation	4	17.39	16
ACGME requirements	3	13.04	17
Proper peer review techniques	3	13.04	17

Table 1: Content Topics Included in Medical Education Scholarly Track Curriculum (n=23).