	Frequency	Percentage
Track Requirement (n=23)		
Complete a Scholarly project	11	47.83
Lead Education Presentation	8	34.78
Presentation Location (n=11)		
Present at a local/institutional research meeting	7	63.64
Present at a regional/national research meeting	4	36.36
Type of Education Presentation (n=8)		
Large Group Didactic	4	50.00
Small Group Didactic	2	25.00
Simulation	1	12.50
Clinical/Bedside Teaching	1	12.50

Table 2. Requirements for Residents Participating in Medical Education Scholarly Tracks

43 Evaluating Operational Impacts of On-Shift Morning Report in the Emergency Department

Steffen Simerlink, Andrew Golden

Background: EM residency education often relies on didactics outside of clinical care, with limited structured teaching during shifts due to concerns about effects on ED operations. Morning report, a brief daily didactic session, is widely used in other specialties but less common in EM. We implemented a daily fifteen-minute morning report during clinical shifts to provide focused education. Its operational impact is not well described.

Objectives: The objective of this study is to evaluate the impact of morning report on ED throughput metrics. We hypothesized no significant operational changes after implementation of structured daily teaching.

Methods: This retrospective observational cohort study was conducted in a high-volume, urban academic ED. Morning report occurred daily at 0930 and was faculty-facilitated. ED encounters from six months before (pre) and six months after (post) implementation were utilized, comparing patients arriving during morning report and those arriving 0700-1100 outside of morning report. Outcomes included arrival-to-provider time, ED length of stay (LOS), provider-to-disposition time, time to analgesia, and ED mortality, with subgroup analysis by ESI level.

Results: 11,765 visits were analyzed (pre n=5,835; post n=5,930). Overall LOS was similar (480.7 vs. 492.1 min, p=0.37) and provider-to-disposition time was unchanged (311.3 vs. 303.7 min, p=0.72). Arrival-to-provider time increased slightly (38.0 vs. 44.3 min, p<0.001). Time to analgesia showed no significant overall difference (240.9 vs. 288.1 min, p=0.06). Among ESI-3 patients, LOS (541.0 vs. 693.4 min, p<0.001) and time to analgesia (264.5 vs. 406.7 min, p<0.001) increased. ED mortality did not change.

Conclusions: Morning report was implemented without major effects on ED throughput; however, there were significant trends by patient acuity, with greater impacts among ESI-3 patients. These differences highlight the need to consider patient level impacts when integrating structured educational activities into clinical shifts.

44 Does Chief Residency Impair In-Service Training Exam Performance or Reduce First-Attempt Board Pass Rates?

Brian Walsh, Fred Fiesseler

Background: Chief residency is a prestigious leadership position in medical training programs, often involving increased administrative, teaching, and clinical responsibilities. Concerns exist that these duties may detract from personal study time, potentially impairing performance on in-service training exams (ITE) and reducing first-attempt pass rates on the ABEM Qualifying Board Exam. This study investigates whether serving as a chief resident is associated with diminished ITE score improvements or lower board pass rates compared to non-chief residents.

Methods: We conducted a retrospective cohort analysis of 85 internal medicine residents from a single program over multiple years. Data included raw and percentile ITE scores for postgraduate years 1, 2, and 3, along with score changes (deltas) between years, and first-attempt board pass status. Residents were categorized as chief residents (n=20) or non-chief residents (n=65). Descriptive statistics (means ± standard deviations) were calculated for scores and deltas. Independent t-tests compared continuous variables between groups, and chi-square test assessed differences in pass rates. Statistical significance was set at p<0.05.

Results: Baseline PGY1 raw ITE scores were similar between chief and non-chief residents (70.85 ± 6.48 vs. 70.82 ± 7.14, p=0.98). PGY2 scores (75.85 ± 6.88 vs. 76.82 ± 6.09, p=0.55) and PGY3 scores (79.45 ± 6.25 vs. 79.68 ± 6.47, p=0.89) also showed no significant differences. Score improvements from PGY1 to PGY2 were comparable in raw scores (delta: 5.0 vs. 6.0, p=0.54). From PGY2 to PGY3, raw deltas (3.6 vs. 2.86, p=0.62) and percentile deltas (3.5% vs. -1.31%, p=0.48) likewise did not differ significantly. First-attempt board pass rates were 6.2% higher for non-chiefs, but this result was non-significant (chi-squared=0.10, p=0.75), indicating no association with chief status.

Conclusions: Chief residency does not appear to impair ITE performance or reduce first-attempt pass rates on the ABEM Qualifying Exam. Chiefs maintained equivalent scores and improvements despite added responsibilities, suggesting that leadership roles may not compromise academic outcomes. These findings support encouraging high-performing residents to pursue chief positions without fear of negative impacts on certification.