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(16.3%) programs. Only 16% of programs reported having all required rotations in place with no modifications needed. Most programs (79%) indicated that at least one rotation needed modifications or was not currently available. The rotations most commonly reported as not currently available were toxicology (18.6%) and a low-resource ED (17.4%) (Figure 1). Only 1 program (1%) reported having all required structured experiences without need for modification. In contrast, 94% of programs indicated that at least one structured experience required modification or was not currently available. The majority of programs currently do not have telemedicine (76.7%) or observation medicine (52.3%) experiences (Figure 2).

Conclusion: Our study suggests that a few rotations and experiences may be a high-yield area for collaboration and development to help the greatest number of programs become compliant with the proposed RRC rules.

22 Affordability of Childbearing During Emergency Medicine Residency: A Cost-Of-Living Analysis

Erin Dehon, Katie Weeks, Sarah Sterling, Risa Moriarity

Background: Many EM residents complete training during prime childbearing years, making postponing family planning difficult. High living and childcare costs may create substantial financial barriers for residents starting a family.

Objectives: To evaluate the affordability of having a child during EM residency by comparing PGY-1 salaries with required annual income (RAI) across household structures.

Methods: Publicly available 2025 PGY-1 salaries were collected for 271 EM programs. Cost-of-living (COL) indices were obtained from the Council for Community and Economic Research (C2ER) 2025 Quarter 3 database, covering 272 U.S. urban areas, and applied when the program's city was included. RAI, the minimum income required to meet basic living expenses in the program's county, was subtracted from salary to calculate annual income surplus for three household structures: single adult, single adult with one child, and two working adults with one child.

Results: The mean PGY-1 stipend was $69,095 (SD = $7,952; range $56,707–$101,200). Surplus for a single adult without children averaged $19,762 (SD = $6,745; range −$2,059–$44,315). For a single-income household with one child, the mean surplus was −$17,466 (SD = $10,724; range −$66,291–$5,729); only 5 of 271 programs provided a positive surplus. Dual-income households with one child had a mean surplus of −$27,601 (SD = $10,616; range −$74,888–−$5,679). Over 95% of programs did not meet RAI for a single parent supporting a child. COL was negatively correlated with surplus for single adults with one child ($r = -.379$, $p < .001$), highlighting greater financial strain in higher-cost areas.

Conclusions: Most EM PGY-1 salaries are insufficient to support a child, even with dual incomes, particularly in high-COL regions. These findings highlight the financial challenges of childbearing during residency and support the need for program-level interventions, including childcare assistance and regionally adjusted compensation, to promote resident well-being and financial stability.

23 Analysis of Emergency Medicine Residents Accepted Through the SOAP Who Required Remediation During Residency

Mark Gustafson, Lindsay MacConaghy, Minh Evans, Brian Burton, Stephanie Thompson

Background: Recent trends in EM show more unfilled residency positions and greater participation in the Supplemental Offer and Acceptance Program (SOAP). This has led to an increase in applicants entering EM through nontraditional pathways, including those who may be less prepared for residency challenges. Limited data exist on remediation outcomes among EM SOAP residents.

Objectives: Evaluate remediation rates and outcomes of EM SOAP residents and identify common characteristics associated with remediation.

Methods: A national, anonymous, retrospective survey was distributed to EM residency program directors whose programs participated in the SOAP from 2021 to 2024. Respondents reported the number of SOAP residents in their program during this period, how many required remediation, remediation type, candidate characteristics, core competencies remediated, and outcomes. Programs with erroneous or missing resident counts were excluded. Descriptive analyses were performed using chi-square and Fisher's exact tests.

Results: Seventy-five programs reported 399 SOAP residents; 20.8% (n=83) required remediation. Of these, 53% underwent informal remediation, 36.1% formal remediation, 9.6% probation, 10.8% termination, and 8.4% resigned. The remediation success rate was 53.8%. Commonly remediated core competencies included Medical Knowledge (67%), Professionalism (34%), and Patient Care (31%). Characteristics associated with remediation included: pursuing another specialty that cycle (48%), limited or no EM experience (40%), international medical graduate (29%), regional ties (27%), board exam failure (23%), and academic issues (22%).

Conclusion: EM SOAP residents required remediation at a rate nearly five times higher than the previously reported average of 4.4%. Conversely, the rate of successful remediation was comparable to previously reported data. Further study is needed to understand contributing factors and develop support strategies for these residents.