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Results: Figure 1 shows the percent of each applicant type ranked EM as "not first choice" over the 2020 to 2025 time frame. Table 1 depicts the percent of all EM applicants were each specified applicant type, and includes the total numbers and percentages of each rank order preference.

Conclusions: A greater proportion of applicants are applying to EM as a second choice since 2020, regardless of applicant type. This increased rate of "not first choice" could be a leading indicator of EM's changing appeal as a specialty choice.

29 Resident-Led Coaching For Emergency Medicine-Bound Medical Students: A Multi-Site Prospective Study

Chelsea Johnson, Katherine Kalina, Laura Smylie, Sarkis Kouyoumjian

Background: At the Wayne State University School of Medicine, the emergency medicine (EM) clerkship is required for all fourth-year students. Before starting this rotation, all EM-bound students were enrolled in a resident-led coaching program and randomly paired with a resident coach at their respective clerkship site.

Objective: This study aims to determine whether resident-led coaching provides EM-bound students with more actionable, skills-focused feedback than that received by non–EM-bound peers during their required clerkship. It also examines whether coached students translate this guidance into measurable changes in on-shift behavior.

Methods: Participants were all fourth-year students completing their EM clerkship at four Wayne State–affiliated, Level I hospitals prior to the 2026 Match. EM-bound students were connected with their coach at the start of the rotation via email, and pairs were instructed to meet weekly, following a structured format. At the end of the clerkship, all students completed a piloted, anonymous Qualtrics survey about their experience during their EM clerkship. Likert-scale and free-text responses from coached and non-coached students were analyzed using unpaired t-test.

Results: Of all respondents (n=49), no significant differences were found between coached and uncoached students in self-reported ability to generate differential diagnoses (95% CI –0.23 to 0.84, p = 0.25), therapeutic plans (95% CI –0.24 to 0.41, p = 0.62) nor in ability to perform basic EM procedures (95% CI –0.05 to 1.07, p = 0.07). Nonetheless, 60% of coached students reported making behavioral changes based on resident feedback.

Conclusion: Resident-led coaching did not improve perceived clinical skills compared with peers, but most coached students adjusted their behavior because of the interaction. Coaching appears to influence learner engagement, yet its objective educational impact remains unclear, underscoring the need for more structured and measurable coaching outcomes in EM training.

30 Simulation-Based Training Enhances Resident Response to an Impaired Colleague

Shannon Kostin, Cosimo Laterza, Ashley Flannery

Background: Recognizing and addressing an impaired colleague is a core competency within the ACGME Professionalism (PROF) and Interpersonal and Communication Skills (ICS) Milestones. Despite this expectation, residents often feel unprepared to identify concerning behaviors or access institutional resources. Objective structured clinical examinations (OSCEs) are validated for assessing communication and professionalism but are rarely applied to this domain.

Objective: To determine whether an impaired-colleague OSCE improves resident knowledge of institutional resources and preparedness aligned with ACGME's PROF1, PROF2 and ICS2 Milestones.

Methods: We conducted a prospective educational intervention with twenty-one EM residents at a tertiary academic center. Residents completed pre- (6-item) and post-simulation (13-item) surveys assessing knowledge of support resources, including employee assistance programs and safe ride options, and confidence in approaching an impaired peer. Participants completed a standardized OSCE with a trained faculty or fellow portraying an impaired co-resident. Data were analyzed using descriptive statistics, paired t-tests, and Cohen's d.

Results: Twenty-one pre- and twenty post-surveys were completed; thirteen (62 percent) were paired. Knowledge improved from 1.86 (0.65) to 2.55 (0.89) overall. Paired responses showed significant gains from 1.77 (0.64) to 2.38 (0.77) (p=0.04; Cohen's d=0.64). Knowledge of safe ride resources increased from 0.05 (0.22) to 0.80 (0.41) (p=0.002). Post-simulation confidence and understanding showed small, nonsignificant correlations.

Conclusions: A structured impaired-colleague OSCE improved resident knowledge of institutional resources and provided a realistic platform to practice communication skills central to ACGME Professionalism and Communication Milestones. Limitations include small sample size, incomplete pairing, and lack of baseline attitudinal measures. Larger cohorts and longitudinal follow-up are needed to assess sustained competency development.

31 Distribution of Emergency Medicine Standardized Letters of Evaluation in 2025

Ronnie Ren, Xiao Chi Zhang, Liza Smith

Background: The Standardized Letter of Evaluation (SLOE) in EM established a common rubric to assess