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Impact/Effectiveness: Forty-six residents (14 PGY-1, 15 PGY-2, 17 PGY-3) participated. Less than 70% had reviewed ABEM materials prior and 53% were self-reportedly unfamiliar with the OSCE/clinical care format. After participation, 89% (41/46) strongly agreed the experience enhanced their training and 98% (45/46) recommended continued implementation. Confidence and familiarity with exam structure improved significantly. Baseline performance was high, with 85% (40/46) achieving a passing score. Mean score improved by PGY level (PGY-1=5.7, PGY-2=6.3, PGY-3=6.8). This reproducible, simulation-based curriculum aligns resident medical education with ABEM's evolving certification framework and supports milestone-based competencies while improving resident preparedness for the new exam.

Research Abstracts

1 Physical Activity, Compassion Satisfaction, and Burnout Across Varying Practice Lengths

Megan Michaels, Rebecca Jeanmonod, Donald Jeanmonod, Tuan Vo, Kyrie Cassin, Kelsey Fuchs

Background: Emergency physicians (EPs) consistently have the highest rates of burnout among medical specialties, largely due to the high-stress environment of the ED. Physical activity has been shown to decrease stress in the general population. This study evaluates the types of physical activity EPs engage in across varying lengths of practice and the relationship between compassion satisfaction (CS) and burnout(BO).

Objective: To examine trends in physical activity over practice length and determine whether exercise correlates with CS and BO.

Design: Cross-sectional anonymous survey using the validated Professional Quality of Life tool.

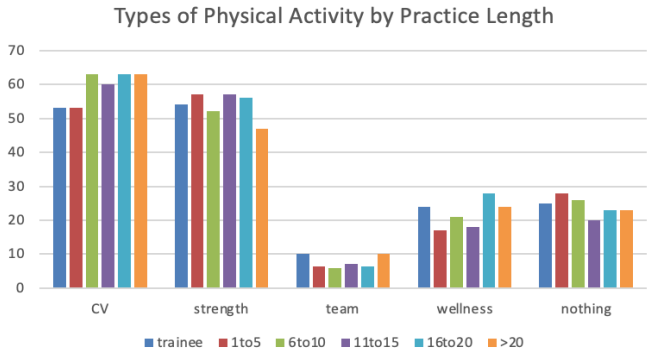
Time frame: Surveys collected over a 3-month period via email and closed EM social media groups.

Participants: Practicing EPs.

Analysis: Data were analyzed for patterns in physical activity across training levels, and Mann-Whitney tests were performed with $p < 0.05$ to assess correlations with CS and BO.

Results: A total of 1,170 EPs completed the survey: 658 female (56%), 503 male (43%), and 9 identifying as other (<1%). Trainees accounted for 166 (14%); post-graduate 1–5 years, 192 (16%); 6–10 years, 240 (21%); 11–15 years, 240 (21%); 16–20 years, 144 (12%); and >20 years, 188 (16%). About 25% of respondents performed no physical activity (range 20–28% across practice lengths). Cardiovascular training ranged from 53–63%, strength training 47–57%, team sports 5.8–10%, and wellness activities 17–24%. A U-shaped trend was seen in team sports participation, with trainees and EPs >20 years participating the most. Those engaging in wellness activities had higher CS scores than those who did not (35.2 vs 34, $p = 0.029$). Physical activity alone did not improve CS ($p = 0.38$). Participation in any physical activity was associated with improved BO (30.2 vs 28.4, $p = 0.003$).

Conclusion: Most EPs maintain fitness throughout their careers, with cardiovascular and strength training being most common. Exercise correlates with lower burnout but not higher CS. Participation in mindfulness or wellness activities correlates with improved CS and BO.



2 Exploring Factors that Lead to Disproportionate Rates of Medical Student Attrition: A Qualitative Study

Aubrey Kelly, Rosemarie Diaz

Background: Despite the benefits of diversifying the medical workforce to reflect the patient population, there is a severe national shortage of Underrepresented physicians who can provide this culturally competent and language-inclusive care. Although we know that underrepresented in medicine (URiM) students and low-income students have higher rates of attrition from medical school, there has not been a qualitative study to date that directly inquires from the students themselves about what stressors contributed to their departure from medical school.

Objectives: This study's primary aim was to identify factors which placed students at increased risk for attrition from medical school. We hypothesized that individuals who matriculate into medical school but leave before graduating with their medical degree have additional stressors besides academic performance that contribute to their attrition.

Methods: Using constructivist approach to grounded theory, we recruited former medical students who matriculated but did not graduate from US medical schools and conducted structured anonymous qualitative interviews to identify key concepts involved in medical student attrition.

Results: We recruited 11 participants through 1 hour long virtual interviews. 10 participants were from DO programs while 1 was from an MD program. 5 identified as a URiM. All met specific inclusion criteria. We identified 5 distinct themes that former students identified as factors that led to attrition: academic challenges, financial stressors, personal wellness,