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Authors

DerGarabedian, Brett
Pelletier-Bui, Alexis
Filippone, Lisa
et al.

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and penetrating injuries (Table 1). Additional "walk-in" patients were included to further simulate the demand expected on learners during an actual MCI. Standardized patients underwent training, moulage, and field triage prior to the event. After briefing, learners were expected to activate the hospitals disaster plan, designate medical command, establish triage and delegate team roles and responsibilities as incoming patients arrived. Encounters were directly monitored by EM faculty and learners were formally debriefed using the PEARLS method immediately after the exercise.

Impact/Effectiveness: 35 learners participated during the initial implementation of this exercise and were surveyed. Respondents agreed that that the MCI simulation and debrief session were effective, educational, and reported an overall increase in confidence with managing an MCI event. Future areas for improvement would include limiting the total number of learners per simulation exercise, use of a multidisciplinary team approach to more accurately reflect the practice at our institution and determining optimal frequency of practice for skill maintenance.

50 A Longitudinal ABEM Certifying Exam Curriculum for Senior Residents

Brett DerGarabedian, Alexis Pelletier-Bui, Lisa Filippone, Tara Cassidy-Smith, Rachel Jennings, Christine Collins, Simon Sarkisian

Introduction/Background: The new ABEM certifying exam format, to be implemented in 2026, required curricular innovation to prepare the Class of 2025 emergency medicine residents.

Educational Objectives: Familiarize residents with the eight content areas of the certifying exam. Develop test taking strategies to increase resident confidence and comfort heading into the exam.

Curricular Design: A year-long longitudinal curriculum was developed for twelve senior EM residents, culminating in a mock certifying exam. All case types within the longitudinal curriculum were administered on the second conference day of each month, a session designated for level-specific curricular content delivered separately to senior and junior residents. A comprehensive Mock Certifying Examination Day was conducted at the conclusion of the academic year, during which each resident participated in all eight standardized case types designed to assess the full spectrum of core competencies. Table 1 outlines the case type frequency and length, faculty and space needs, and tools required for the curriculum.

Impact/Effectiveness: A retrospective survey was administered to the twelve EM residency graduates four months after completion of the curriculum. Eleven graduates completed the survey (92% response rate). The survey demonstrated a statistically significant improvement in understanding the format of the exam ($p<0.001$) and confidence in passing the exam ($p< 0.001$). On a 5-point Likert scale, graduates strongly agreed that the mock certifying exam day felt realistic and prepared them for the ABEM certifying exam (4.8 ± 0.60). Additional results from the survey are available in Table 2. Our longitudinal curriculum prepared our residents for the certifying exam and offered opportunity for spaced repetition of skills required to apply their knowledge to a novel exam format.

Table 1. Longitudinal Certifying Exam Preparation Schedule & Needs

Type of Case	Frequency	Length of Time	Faculty Required	Space Required	Tools Required
Clinical Decision Making and Rotating 2nd Case Type*	Monthly from July through June	**45 minutes to 1 hour	1-2	1 room	Computer Large display screen / projector Table
Ultrasound	Monthly from September through April	1 hour	2	2 rooms	2 U/S machines 2 U/S Vimidex simulators 2 Standardized patient(s) for one session
Procedure	Every other month from July through June	1 hour	4 (1 pediatric, 3 adult)	3 rooms	Procedure models High fidelity simulation mannequin Procedure kits +/- U/S machines
Mock Certifying Exam Day	Once in June	3 hours	12 minimum	12 rooms	2 Standardized Patients (U/S cases) 2 U/S machines 2 U/S simulator models 2 Procedure models (ex: lumbar puncture trainers) 2 Procedure kits (ex: lumbar puncture kits) 12 Computers Case instructions outside of each room

* 2nd Case Types include: Prioritization, Reassessment/Troubleshooting, Difficult Conversations, Managing Conflict, and Patient-Centered Communication
** 45 minutes from September through April, 1 hour from May through August

Table 2. Post-Curriculum Survey

Question	Mean Likert Scale Response* (Standard Deviation)	Median Likert Scale Response*
Before completing the certifying exam curriculum, I understood the format of each type of certifying exam case.	1.8 (1.25)	1
Before completing the certifying exam curriculum, I felt confident about passing the certifying exam.	2.5 (1.12)	3
The certifying exam curriculum during my final year of residency was useful for preparing me for the certifying exam.	4.7 (0.65)	5
I understand the format of each type of certifying exam case.	4.5 (0.82)	5
I understand the expectations of an examinee taking the certifying exam.	4.7 (0.65)	5
I feel confident about my ability to pass the ABEM certifying exam.	4.3 (0.65)	4
The mock certifying exam day felt realistic and prepared me for the ABEM certifying exam.	4.8 (0.60)	5

*Likert scale: 1=strongly disagree, 5=strongly agree