

23 Does Predicted Ranking on SLOE Correlate With Final Rank Order List

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Introduction: The Standardized Letter of Evaluation (SLOE) has been cited as the most important factor for Program Directors in the assessment of emergency medicine residency applicants. Arguably, the most important part of this letter is the global assessment and the predicted rank order placement for a given applicant. Our study looks at the concordance of this predicted rank order placement compared to the final ranking of our applicants within a single program. Our hypothesis was that there would be a low proportion of agreement.

Objective: Our study looks at the concordance of the predicted ranking on the Standardized Letter of Evaluation (SLOE) compared to the final submitted ranking of our applicants to the NRMP within a single program.

Methods: The study was performed at a 4-year Emergency Medicine Residency Program with 68 residents at an urban Level 1 Trauma Center. The SLOEs for emergency medicine rotators from 2015-2017 were reviewed looking at predicted rank. The predicted rank was then compared to the final rank on the submitted rank order list based on categories - Top 10%, Upper third, Middle third, and Lower third.

Results: Between 2015-2017, 206 students rotated with our residency program, 161 SLOEs were uploaded to ERAS and reviewed for the purpose of this study. There were 47 (29.2% [95%CI: 22.3-36.9]) that were concordant. Of the discordant ranks, 82 (50.9% [95%CI: 42.9-58.9]) were off by one category, 56 (34.8% [95%: CI 27.5-42.7]) were off by 2 categories, and 30 (18.6% [95%CI: 12.9-25.5]) were off by 3 categories.

Conclusion: There was poor concordance between predicted rank order on the SLOE compared to the final position on the submitted rank order list. This calls into question the validity of the ranking on the SLOE and the amount of emphasis that should be placed on that value. The next step is to perform this study at multiple programs to assess whether this is a national trend.

24 Does the MSPE Change the Decision to Invite Residency Applicants?

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Background: Although EM residency program directors (PDs) have multiple sources to evaluate each applicant, many await the release of the medical student performance evaluation (MSPE) to finalize interview invitations. No prior work has

evaluated the impact of the MSPE on this decision.

Objective: The purpose of this study was to determine whether MSPE review changes the decision to invite. Given the prior literature supporting the importance placed on the standardized letter of evaluation (SLOE), our hypothesis was that there would be no significant change in invite status after MSPE review.

Methods: We conducted a prospective observational study analyzing applications to 3 EM residency programs during the 2019-2020 match cycle. Reviewers first assessed applications without the MSPE, and subsequently, with the MSPE. Using an online survey tool, faculty scored each review on a Likert scale indicating likelihood to invite. Descriptive analysis was then performed.

Results: A total of 1,001 applications were reviewed. Invitations were extended to 103 applicants prior to MSPE review and 2 applications were missing data; these 105 applications were excluded from analysis. Of the remaining 896 applications, reviewers' impression changed ≥ 1 point on the Likert scale 166 times—with only 1 application changing from 1 or 2 (definitely/probably no) to 4 or 5 (probably/definitely yes) and 34 changing from 3 (unsure) to 4 or 5. Thirteen applications changed from 4 or 5 to ≤ 3 . For applications with no change, the SLOE was the driving decision 534 times (73%). When the MSPE changed the impression, narrative comments were the most influential factor in 74 reviews (45%).

Conclusions: Review of the MSPE rarely changes a PD's decision to invite an applicant. Therefore, awaiting the release of the MSPE to invite applicants may be low yield. Further work is needed to determine PDs' comfort level with offering invitations prior to MSPE review.

25 Does Visual Instruction Improve Emergency Medicine Residents' Competency in Performing Cricothyrotomy Over Written Instruction?

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Background: Cricothyrotomy is a rare, but lifesaving procedure which all EM physicians must be able to perform during critical airway events. Traditionally, procedural training in residency has been taught utilizing written instruction; with access to free open access media (FOAM), there has been an increase in the number of videos available to learn procedural skills. Our goal was to compare teaching strategies to improve resident competency and overall comfort level of rare procedures.

Objectives: The purpose of this study was to compare the efficacy of written vs visual instruction of cricothyrotomy technique in a cohort of emergency medicine resident trainees.

Methods: EM residents at an academic medical center were randomized to either read a textbook chapter or watch