

education should be longitudinal and begin early in medical training. Faculty recommended core content, hands-on experiences, and partnering with local community resources. They also noted that leadership support and faculty buy-in was important to the success of Social EM education.

Conclusion: Residents and faculty believe Social EM is a cornerstone of emergency medicine. Important curricular areas and educational strategies were identified. These results can inform the development of formal Social EM curricula.

8 Female Mentorship in Academic Emergency Medicine

Adrienne Caiado, Dana Lev-Ran, Gifford Mezey, Joseph Pauly, Joelle Borhart

Learning Objectives: We sought to understand social EM curricular needs.

Background: Addressing social determinants of health is a crucial part of emergency medicine (EM). However, training in social EM is variable.

Objective: We sought to understand social EM curricular needs.

Methods: We performed a mixed methods needs assessment of residents and faculty at two academic training sites. Residents were emailed an online survey of multiple choice, rating scale, and free response items that was piloted prior to use. We conducted semi-structured interviews with faculty. We performed descriptive analysis on survey data. Two qualitative researchers independently analyzed interview data using a thematic approach. Discrepancies were resolved by in-depth discussion and negotiated consensus.

Results: 43 out of 120 residents completed the online survey and 6 faculty were interviewed. 34 residents (79%) stated they were “Not knowledgeable” or “Somewhat knowledgeable” about the field of Social EM. 34 (79%) reported that education in Social EM is “Very” or “Extremely” important to them, and 37 (86%) responded that Social EM is “Very” or “Extremely” important to the field of EM. Faculty reported that Social EM is crucial given its importance to patient health. They felt this education should be longitudinal and begin early in medical training. Faculty recommended core content, hands-on experiences, and partnering with local community resources. They also noted that leadership support and faculty buy-in was important to the success of Social EM education.

Conclusion: Residents and faculty believe Social EM is a cornerstone of emergency medicine. Important curricular areas and educational strategies were identified. These results can inform the development of formal Social EM curricula.

9 Improving Diversity Consciousness: Initiatives for Increasing Emergency Medicine Residency Diversity Recruitment

Adrienne Caiado, Dana Lev-Ran, Gifford Mezey, Joseph Pauly, Joelle Borhart, Kathryn Sulkowski

Learning Objectives: To increase diversity within the UNLV EM residency program, defined as increasing underrepresented in medicine (defined by the American Medical Association as Blacks, Mexican Americans, Native Americans, and mainland Puerto Ricans) interviewees.

Background: The percentage of emergency medicine (EM) physicians from underrepresented minority (URM) groups is small and has not significantly increased over the past 20 years despite much evidence describing the advantages of a diverse workforce.

Objectives: It was hypothesized that the percentage of URM interviewed would increase after implementation of the rubric and diversity initiatives.

Methods: During the 2020-2021 academic year (July 2020-June 2021) a multitude of changes were implemented with the goal of increasing diversity within the UNLV EM residency program. Changes implemented included: the creation of a rubric utilized by faculty for the interview selection process, implementation of a longitudinal diversity and equity (DICE) curriculum, creation of a social EM elective for fourth year medical students and coordination of an URM second look day. The percentage of URM interviewees was calculated and compared for the 2019-2020 and 2020-2021 interview seasons.

Results: In 2019-2020, 119 total applicants were interviewed of which 16 identified as an ethnicity considered URM. In 2020-2021, 143 total applicants were interviewed, of which 17 identified as URM. The number of URM interviewees after 1 year of rubric implementation did not change in a statistically significant way (14% 2019-2020 vs 12% 2020-2021, $p=0.568$).

Conclusions: Diversity and equity within a residency program are multifactorial and changes need to be maintained and implemented longitudinally. Rubrics are a method to attain a “holistic review” of a residency applicant and can improve objectivity in residency applicant evaluation by decreasing implicit bias. Curriculum changes and implicit bias training create a lasting impact by gradually changing viewpoints, opening dialogue and increasing knowledge about topics traditionally not taught in medical education. This reinforces that change is slow and multifactorial with no one change making immediate progress.

Table 1. Sample rubric.

	5- Excellent	1- Poor
Clinical Performance (20%)	Top 10% on at least one SLOE Extremely positive reviews on all SLOEs	Bottom 1/3 on all SLOEs
Academic Achievement (15%)	Passed Step/Level 1 AND class rank 90th percentile or above OR shelf score average 90th percentile or above OR 2 or more research projects/case reports/poster presentations	Passed Step/Level 1 AND class rank 11-25th percentile OR shelf score average 11-25th percentile OR 0 research projects/case reports/poster presentations
Leadership/Community involvement (25%)	Leader of 2 or more extracurricular activities/board member of student organizations; >15 hours community service; describes multiple activities in depth; can lead peers and influence senior leaders, strong conflict resolution/mentoring/coaching skills, respected by peers/leaders	Demonstrates the willingness to involve themselves in group activities but does not lead, encourage others to get involved, or engage themselves within a group
Commitment to EM and Las Vegas (15%)	Long standing interest in EM; demonstrates strong interest in Las Vegas & patient population	LOR from reference known for bad judgment; LOR is family member or close friend
Character and Resilience (25%)	Demonstrates innovations in leadership/social contributions/commitment to underserved communities; responsible, adaptable to new circumstances, collaborative and can work across disciplines to achieve results; shows self-awareness	Egocentric, pushy, dominates conversation, limited contacts to only those in medicine; uncomfortable discussing diversity-related issues; demonstrates a maturity level that is below that of his/her peers

Left column – categories; second and third columns – criteria for different scores

Table 2. Applicant demographic information for those selected for an interview.

2019-2020			2020-2021		
Gender			Gender		
Male	77	64.2%	Male	85	59.4%
Female	43	35.8%	Female	58	40.6%
Self Identified Ethnicity			Self Identified Ethnicity		
White/Asian/Indian	103	86.6%	White/Asian/Indian	126	88.1%
Hispanic/Latino	12	10.1%	Hispanic/Latino	14	9.8%
African American	2	1.7%	African American	3	2.1%
American Indian	2	1.7%	American Indian	0	0.0%

10 Racial Bias in Medical Student Standardized Letters of Evaluation (SLOE)

Al'ai Alvarez, Alexander Mannix, Dayle Davenport, Katarzyne Gore, Sara Krzyzaniak, Melissa Parsons, Danielle Miller, Daniel Eraso, Sandra Monteiro, Teresa Chan, Michael Gottlieb

Learning Objectives: Weigh the value of Standardized Letters of Evaluation (SLOE) in emergency medicine residency selection given the bias that may negatively impact students who are underrepresented in medicine (URM).

Objective: Emergency Medicine (EM) residency leaders designed the Standardized Letter of Evaluation (SLOE) to minimize variations in letters of recommendation for EM-bound medical students. Despite standardization, evidence is lacking regarding the effectiveness of the SLOE to minimize bias, especially relevant to race and ethnicity. This study aims to determine the presence of implicit racial bias in SLOEs.

Methods: This was a cross-section study of EM-bound applicants across three geographically distinct US training programs during the 2019-2020 application cycle. Using descriptive and regression analyses, we evaluated whether one's underrepresented in medicine (URM) status impacted each of the 7 qualifications of EM physician (7QEM) questions, global assessment (GA) score, and projected rank list (RL) position.

Results: A total of 2,002 unique applications were included. Overall, we found that URM students had lower grades in each of the 7QEM questions, with male URM students more significantly impacted than female URM students. Similar trends were seen in GA scores and RL positions for URM students ($p < 0.001$). We also found that, compared to non-URM candidates, URM students were less likely to benefit from the following components: Work Ethic and ability to assume responsibility, Ability to work in a team, and Ability to communicate a caring nature.

Conclusions: This study suggests that bias exists in the SLOE which may negatively impact URM students. URM students are disproportionately evaluated on 3 of the 7QEM, suggesting opportunities for training for SLOE writers and further analysis of the contribution of the SLOE in systemic barriers the prevent diversity in medicine.

11 The Influence of Patient Recognition of Resident Name on Patient Perception of Resident Empathy and Satisfaction in an Emergent Care Setting

Hao Wang, Alexandra Bulga, Chad Holmes, Charles Huggins, Heidi Knowles

Learning Objectives: Resident education on advocating patient recognition of healthcare providers as part of patient-centered care might need to be emphasized.

Background: We recommend providers introducing their names when communicating with the patients but are uncertain whether patient recognition of provider name would affect patient perception of physician empathy and satisfaction. This is challenging when multiple providers (e.g., attending and residents) take care of the same patient.

Objectives: We aim to determine 1) the status of patient recognition of residents' names; and 2) whether such recognition would affect the patient perception of resident empathy and satisfaction.