

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)

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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

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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.

Methods: This is a prospective single-center observational study. Patient perception of resident empathy was measured by the Jefferson Scale of Patient Perception of Physician Empathy (JSPPPE). Patient satisfaction was measured by a real-time satisfaction survey. Multivariate logistic regressions were performed to determine the association between patient recognition of residents' names, patient satisfaction, and JSPPPE after demographics and resident training years were adjusted.

Results: We enrolled 33 Emergency Medicine residents and 206 patients. Only 25% of patients recognized the residents' names. High JSPPPE scores were given in 47% of patients who recognized residents' names in comparison to 27% of ones who did not remember residents' names ($p=0.008$). High patient satisfaction scores were recorded in 84% of patients recognized residents' names compared to 63% of ones who did not ($p=0.007$). The adjusted odds ratios of patient recognition of residents' names to high JSPPPE and high satisfaction scores were 2.40 (95% CI 1.22-4.73, $p=0.012$) and 3.10 (1.33-7.25, $p=0.009$) separately.

Conclusion: Patient recognition of residents' names is relatively low. However, patients' recognition of residents' names increased the odds of patient perception of residents' empathy and satisfaction. Therefore, future resident education on advocating patient recognition of healthcare providers as part of patient-centered care might need to be emphasized.

12 Female Mentorship in Academic Emergency Medicine

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Learning Objectives: To determine if women in Emergency Medicine academic leadership roles received female mentorship during or after residency and whether this impacted their decision to pursue their current positions.

Background: A publication in 2006 by Cheng et al demonstrated there is an increased proportion of female faculty in academic Emergency Medicine (EM) when the chairperson is female. Current literature has not discussed whether female mentorship has any relationship to the prevalence of women in leadership roles in academic EM.

Objective: To determine if women in EM academic leadership roles received female mentorship during or after residency and whether this impacted their decision to pursue their current positions.

Methods: Public websites in combination with the CORD member directory were used to extract the gender and contact information of the program directors (PDs) and associate program directors (APDs) for all ACGME accredited categorical EM programs during the 2020-2021 academic year. A survey was emailed to female PDs and APDs using the Redcap program to collect the following

data: if they had a female mentor during and/or after residency, the rank of their female mentor, and if their mentor influenced their decision to pursue an academic leadership position. Demographic information was also obtained. An optional comment section was included in the survey to provide for additional information regarding mentorship experience. Descriptive statistics included percentage response distributions.

Results: Of the 298 EM female academic leaders, 130 (43.6%) responded to the survey. Half of the female PDs and APDs surveyed had a female mentor during residency and/or post residency. Of these, about 63% stated that their female mentor post residency influenced their decision to pursue their current academic role.

Conclusion: Post residency female mentorship is a contributing factor in influencing female EM program leaders to pursue these roles. The main limitation was this was a survey study with a response rate of under 50%. Further studies will be needed to determine other factors that influence female academic leadership to pursue these positions.

13 Patient, Physician, or Observer: Qualitative Analysis of a Peer Role-play for Developing Communication Skills

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Learning Objectives: Identify and compare the lessons students learn from participating in peer role-play as either physician, patient, or observer.

Background: Communication Skills Training (CST) is an important part of undergraduate medical training, with instructional modalities including peer role-play (RP) and simulated patients (SP). Research comparing effectiveness of RP and SP is mixed, with some evidence suggesting RP may better develop empathy. Unlike with SP CST, students participating in RP CST spend time portraying patients. The impact of this patient role-play has not been explored.

Methods: We developed a virtual RP case in which a physician communicates diagnostic uncertainty to a patient being discharged from the emergency department. We scripted three roles: physician, patient, and observer. Third-year medical students complete the RP, then enter small-group break-out rooms (10 students) for facilitated debriefing, which we transcribe. Each session included only students from a single role. Qualitative analysis began with generation of inductive codes. Pairs of researchers developed preliminary codebooks for each role, testing codes against several transcriptions. We integrated these codebooks into a master codebook to be used on all transcriptions.