

and resource consuming. Verbal de-escalation can take 5-10 minutes, is non coercive, and is effective in decreasing patient agitation. Literature exists on best practices of de-escalation, but there is no published formalized training in verbal de-escalation for EM residents.

**Educational Objectives:** We aimed to create an effective, efficient, trauma-informed curriculum in verbal de-escalation for EM residents.

**Curricular Design:** We performed a literature review to identify best practices in verbal de-escalation in the ED setting. We assembled a multidisciplinary team to consult on design of our initiative, consisting of an education design specialist, a social worker, and EM faculty and residents. Our curriculum consisted of one 30-minute didactic lecture on verbal de-escalation tools, and one month later, a 30-minute simulation session. The scenario involved a medical resuscitation combined with de-escalation of an agitated parent. A facilitated debrief of the simulation focused on the de-escalation component, further reinforcing the learning points from the didactic lecture.

**Impact/Effectiveness:** Resident physicians are often the front line in initial attempts at de-escalation however rarely receive formal training on evidence-based techniques in verbal de-escalation. In a post-survey nine months after the curriculum, 95% of surveyed residents reported using the de-escalation tools from the curriculum in the ED, with 68% successfully de-escalating an agitated patient within the last three months. Our curriculum represents a framework for formal training in verbal de-escalation in GME. Our next steps will be a retrospective chart review to evaluate if this training has resulted in reduced restraint use in the ED. We also aim to adapt our curriculum to intern orientation.

## 10 An Innovative Approach to Addressing Racism, Implicit Bias, and Microaggression (RIM) amongst Physician Trainees

Larissa Fomum-Mugri

**Background:** Racism, implicit bias, and microaggressions (RIM) occur in healthcare settings on a regular basis and disproportionately affect minority physicians (1,2). Data shows that experienced RIM can lead to increased occurrences of physician burnout, depression, and anxiety (2,3,4). Despite the significant impact of RIM on minority physicians, there is little standardized education within graduate medical education (GME) curricula that addresses RIM amongst physician trainees. The education that currently exists generally lacks interactive and engaging means to address issues of RIM. More formalized and interactive education on RIM will equip physician trainees with the knowledge and tools necessary to mitigate instances of RIM, and has potential to improve interpersonal relationships and

resident wellness (5). This project proposes an innovative approach to addressing RIM amongst physician trainees that utilizes simulation and restorative justice practices.

**Educational objectives:** 1. Utilize didactic teaching and simulation to increase learner understanding and recognition of RIM in clinical practice. 2. Participate in dialogue about RIM-based experiences. 3. Engage in facilitated discourse through restorative justice practices to safely address acts of RIM. Content for the didactic teaching was organized into a powerpoint presentation for emergency medicine and pediatric residents at the University of Chicago. It included concept definitions and content on RIM. Following the presentation, residents were introduced to a simulated encounter of an act of implicit bias. They, then, were introduced to the Triangle Framework to engage in discussion regarding identifying and intervening on witnessed RIM (6). This experience was followed by a restorative justice community circle. Residents completed pre and post surveys with preliminary data reporting increased openness with sharing experiences, increased connectedness among peers, and interest in similar educational sessions.

### Research Abstracts

#### 1 Home vs Away Rotation Differences in the Standardized Letters of Evaluation (SLOE) 2.0

Aman Pandey, Cullen Hegarty, Sharon Bord, Kasia Gore, Thomas Beardsley, Sara Krzyzaniak, Sandra Monteiro, Al'ai Alvarez, Teresa Davis, Melissa Parsons, Michael Gottlieb, Alexandra Mannix

**Background:** The Standardized Letter of Evaluation (SLOE) is important for emergency medicine (EM) resident selection. Prior studies showed biases between some different groups of applicants in the original SLOE. The SLOE was revised recently to create the SLOE 2.0. It's unknown if similar biases exist in home vs away SLOE 2.0s.

**Objective:** The objective was to look at scoring differences in the SLOE 2.0 for home vs away rotations.

**Methods:** This was a multi-institution, retrospective, cross-section study looking at SLOE 2.0s from 4-week EM rotations during the 2022-2023 cycle from US medical school applicants that applied to one of the 5 programs in our study. Our exclusions were: duplicates, not written by a faculty group of other qualified person, letter writer wrote <5 SLOEs last year, incomplete data, or subspecialty or OSLOEs. Part A, Part C1, and Part C3 of the SLOE 2.0 were converted to 3-point, 4-point, and 5-point quantitative scales, respectively. We derived SLOE 2.0s' mean scores for Part A, Part B, Part C1, and Part C3 to assess the differences between home vs away SLOEs. We compared the means using a t-test. After Bonferroni correction, p=0.0036 was used for statistical significance.

**Results:** 1775 applicants (n=3690 SLOEs) were examined. 1216 SLOEs were from students’ home institutions; 2368 were from away rotations. This totaled 3584 included SLOEs. 106 SLOEs were excluded due to inability to identify home or away. Table 1 demonstrates the mean scores, standard deviations, and p-values for home vs away rotation SLOEs. Only C3, anticipated rank list (RL) position (p=0.0017) was statistically significant in favor of higher rank for home SLOEs.

**Conclusions:** This study demonstrated that most of the mean scores on the SLOE 2.0 were not statistically significant between home vs away institutions. The higher scores on the RL questions on home SLOE 2.0s was the only score signifying statistical significance compared to away SLOE 2.0.

**Table 1.** Mean and standard deviation for each SLOE 2.0 question for home and away rotations.

	HOME	AWAY	P-Value
Question	Mean (SD)	Mean (SD)	
A1 Ability to perform a focused history and physical exam (1-3)	2.75 (0.45)	2.72 (0.48)	0.0705
A2 Ability to generate a differential diagnosis (1-3)	2.55 (0.55)	2.52 (0.55)	0.1222
A3 Ability to formulate a plan(1-3)	2.47 (0.55)	2.42 (0.56)	0.0109
A4 Ability to perform common ED procedure (1-3)	2.39 (0.81)	2.38 (0.79)	0.7221
A5 Ability to recognize and manage basic emergent situations (1-3)	2.61 (0.52)	2.56 (0.55)	0.0087
B1 Compassion, sensitivity, and respect towards patients and team members (1-5)	4.30 (0.74)	4.32 (0.72)	0.4355
B2 Receptivity to feedback and ability to incorporate feedback (1-5)	4.27 (0.73)	4.25 (0.76)	0.4498
B3 Dependability, responsibility, initiative, and work ethic (1-5)	4.35 (0.73)	4.34 (0.77)	0.7080
B4 Punctuality, attendance, and preparation for duty (1-5)	4.32 (0.73)	4.34 (0.76)	0.4498
B5 Timeliness and responsiveness in completing administrative tasks (1-5)	4.21 (0.80)	4.20 (0.78)	0.7187
B6 Interpersonal and communication skills with patients and family members. (1-5)	4.31 (0.71)	4.31 (0.73)	0.9709
B7 Interpersonal and communication skills with faculty, residents and healthcare professionals. (1-5)	4.28 (0.78)	4.25 (0.81)	0.2879
C1 Anticipated Guidance (1-4)	3.20 (0.71)	3.16 (0.73)	0.1171
C3 Rank List (0-4)	2.78 (0.89)	2.68 (0.91)	0.0017

SD, standard deviation

## 2 ChatGPT Editing Effects on Emergency Medicine Residency Personal Statements

Mark Chesebro, Kristen Whitworth, Matthias Barden, Jesse Kellar, Donna Okoli, Christian Kolacki, Barbara Blasko, Matthew Hysell

**Background:** Use of artificial intelligence (AI) is increasing historically. Potential effects of AI on the emergency

medicine residency application process are unknown.

**Objective:** To determine if reviewers favor personal statements edited by AI.

**Methods:** We asked AI system ChatGPT to “Edit a personal statement for an emergency medicine program” of ten application essays used by graduated residents. Faculty from six emergency medicine residencies performed blinded review of both original and edited personal statements. Reviewers first recorded which essay they subjectively favored then scored the essays with an objective rubric. This rubric used an anchored one to four scale for domains of clear focus, organization, grammar, creativity/voice, and vividness of reflection such that an essay could maximally score 20 and minimally 4. Chi-squared testing was used to analyze subjective preference, and paired t-test to examine the essays’ objective scoring.

**Results:** Six reviewers averaging 5 years of experience reviewing applications (ranging from 2 through 11 years) reviewed 10 pairs of essays. Overall, in 4/10 (40%) of essay pairs, reviewers preferred the ChatGPT edited version. In 3/10 (30%) there was no preference, and in 3/10 (30%) reviewers preferred the original version. The ChatGPT version was preferred in reviewers’ individual responses in 34/60 (57%) of instances, chi-square p=0.144. Eight out of ten essays received a higher rating using the rubric after ChatGPT editing. The ten essays’ rubric scores increased from a mean of 13.0 (SD 1.9) unedited to 14.2 (SD 1.8), p=0.028, CI 0.17 – 2.31, after editing. There was 90% agreement between the subjective and objective analysis of each pair of essays, representing substantial agreement, Cohen’s kappa 0.793.

**Conclusions:** Use of ChatGPT to edit essays did increase their scoring on an objective rubric, however reviewers’ subjective review of essays was less impacted by ChatGPT editing.

## 3 EM Resident Clinical and Communication Performance on Simulated Resuscitations is not Correlated when Stratified by Gender

Bryan Kane, Diane Begany, Matthew Cook, Nicole Elliot, Michael Nguyen

**Background:** Prior papers evaluated multi-source feedback (MSF) and communication of EM residents managing a high-fidelity simulation (sim) case.

**Objective:** We seek to determine if, based on gender of the team leader, a correlation exists between clinical performance and consultant communication.

**Methods:** This IRB approved secondary analysis of enrolled EM residents from a PGY 1-4 program reported gender as male or female. Both sims were toxic ingestions. MSF feedback was generated using a Queens Simulation