

Table 1. Number and percent distribution of students for each grade for various grading schemes at non-Pass/Fail and Pass/Fail programs.

	Non-Pass/Fail Program n=13599	Pass/Fail Programs n=1964
Honors/A	31.6% (4296)	
High Pass/B	35.6% (4837)	
Pass/C	32.2% (4380)	99.9% (1963)
Low Pass/D	0.27% (37)	
Fail/F	0.4% (48)	0.05% (1)

Table 2. The mean and median number of students and mean and median percent of students receiving grades and rank list positions on SLOEs for each program.

	Mean # (SD)	Median # (IQR)	Mean % (SD)	Median % (IQR)
Honors/A	16.4 (22.7)	9.0 (2.0-20.9)	26.9% (0.2)	23.0% (8%-40%)
High Pass/B	18.5 (23.0)	12.1 (1.9-24.8)	30.7% (0.2)	33.0% (8%-40%)
Pass/C	24.2 (32.8)	12.0 (3.3-33.3)	41.7% (0.4)	35.0% (10%-70%)
Low Pass/D	0.1 (1.4)	0.0 (0-0)	0.18% (0.0)	0% (0%-0%)
Fail/F	0.2 (0.7)	0.0 (0-0)	0.25% (0.0)	0% (0%-0%)
Top 10%	4.14 (2.9)	3.00 (2-5)	19.82% (0.1)	16.4% (10.7%-25.2%)
Top Third	8.60 (5.6)	7.00 (5-12)	37.12% (0.1)	36.1% (27.8%-45.1%)
Mid Third	8.04 (6.7)	7.00 (4-11)	32.25% (0.2)	32.1% (25%-41.2%)
Low Third	2.78 (3.3)	2.00 (0-4)	10.80% (0.1)	8.8% (0%-17.3%)

9 A Qualitative Study of the Underrepresented in Emergency Medicine Resident Application Experience

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Background: Increasing racial and ethnic diversity of the physician workforce is a prioritized goal for emergency

medicine (EM). Limited studies have focused on the perspective of underrepresented in medicine (URM) trainees in this endeavor.

Objectives: We described URM trainee experiences and preferences with the EM residency application process.

Study Design/Methods: This study was conducted at four urban academic EM programs. Residents meeting the Association of American Medical Colleges definition of URM were eligible to participate. Subjects participated in individual semi-structured interviews. Interviews focused on EM residency application experiences, participant preferences, and DEI efforts. Via a deductive-inductive approach, deidentified transcripts were iteratively reviewed to create a codebook and dominant themes were elicited. Two authors coded subsequent interviews with conflicts resolved through consensus discussion.

Results/Findings: Eighteen residents from four sites participated in the study. Sixteen identified as female and two as male. Fourteen identified as Black, 3 as Latinx, and 1 as Latinx/Afro-Caribbean. Thematic saturation was reached after 7 interviews, indicating adequate sample size. Two themes emerged: 1) applicants reported seeking URM representation among residents and faculty who could be mentors and role models and 2) while applicants noted structured programming for URMs trainees, they valued speaking with URM trainees in organic settings such as socials and 1:1 conversations.

Conclusion: URM applicants value representation and hearing directly from other URM trainees during the application process. Best practices in URM trainee recruitment should highlight opportunities to hear about the URM experience. However, work is needed to minimize the impact of any “minority tax” this imposes on URM residents.

10 Differences in Standardized Letter of Evaluation (SLOE) 2.0 Scoring Between Men and Women as well as Underrepresented in Medicine and Non-underrepresented in Medicine Applicants

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Background: The Standardized Letter of Evaluation (SLOE) is vital for application screening in emergency medicine (EM). We previously described differences in SLOEs between men/women and between underrepresented in medicine (URiM)/non-URiM students. SLOE 2.0 is new and its differences in scores between men/women and URiM/non-URiM students has not been explored. Objective: The objective was to assess differences between SLOE 2.0 scores