

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

for men/women and URiM/non-URiM students.

Methods: This was a multi-institution cross-sectional study with 5 EM programs. We analyzed SLOE 2.0 data from the 2022-2023 application cycle of EM applicants who applied to one of the included EM programs. Exclusion criteria are displayed in Table 1. Part A of the SLOE 2.0 was converted to a quantitative 3-point scale, C1 to a 4-point scale, and C3 to a 5-point scale. We evaluated mean and standard deviations (SD) for the scores for men/women and compared them using a t-test. We also did this for the URiM/non-URiM SLOEs. After Bonferroni correction, p=0.0036 signified statistical significance.

Results: 3689 total SLOEs were analyzed from 1775 total applicants. 1709 SLOEs were from women. 1956 SLOEs were from men. 24 SLOEs were excluded because the applicant identified as “other.” We also analyzed 691 SLOEs from URiM students and 2963 from non-URiM students. 35 were excluded because they did not answer that demographic question. Table 2 includes the mean and SD for men/women students, as well as URiM/non-URiM students. P-values are included.

Table 1. Exclusion criteria for SLOEs.

Exclusion Criteria
Duplicate SLOEs between the 5 included institutions
SLOE not written by a faculty group or other qualified person
SLOE written by someone who wrote <5 SLOEs the prior year
SLOE with incomplete data
Subspecialty SLOE or OSLOEs

SLOE, Standardized Letter of Evaluation
OSLOE, Off-service Standardized Letter of Evaluation

Conclusions: Our data showed that women applicants had statistically higher mean scores for most of the SLOE 2.0 questions. Non-URiM students had statistically higher scores compared to URiM students for some of the questions. The clinical significance of these findings needs to be explored further. While we explore this data further, it is important for residency programs to be aware of these differences in the SLOE 2.0.

Table 2. Mean and standard deviation for each SLOE 2.0 question based on gender and race for EM applicants.

	Women	Men	P-Value	URiM	Non-URiM	P-Value
Question	Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)	
A1 Ability to perform a focused history and physical exam (1-3)	2.76 (0.45)	2.71 (0.48)	0.0012	2.89 (0.49)	2.74 (0.46)	0.0111
A2 Ability to generate a differential diagnosis (1-3)	2.54 (0.54)	2.50 (0.55)	0.0009	2.48 (0.57)	2.55 (0.54)	0.0024
A3 Ability to formulate a plan(1-3)	2.48 (0.56)	2.40 (0.56)	0.0001	2.38 (0.56)	2.46 (0.56)	0.0007
A4 Ability to perform common ED procedure (1-3)	2.38 (0.80)	2.38 (0.78)	1.0000	2.35 (0.80)	2.39 (0.80)	0.2345
A5 Ability to recognize and manage basic emergent situations (1-3)	2.61 (0.53)	2.55 (0.55)	0.0008	2.51 (0.55)	2.59 (0.54)	0.0088
B1 Compassion, sensitivity, and respect towards patients and team members (1-5)	4.40 (0.69)	4.25 (0.75)	0.0001	4.16 (0.73)	4.31 (0.72)	0.1012
B2 Receptivity to feedback and ability to incorporate feedback (1-5)	4.31 (0.72)	4.23 (0.77)	0.0012	4.26 (0.79)	4.27 (0.74)	0.7466
B3 Dependability, responsibility, initiative, and work ethic (1-5)	4.41 (0.73)	4.30 (0.77)	0.0001	4.26 (0.81)	4.37 (0.74)	0.0006
B4 Punctuality, attendance, and preparation for duty (1-5)	4.39 (0.73)	4.30 (0.77)	0.0003	4.27 (0.81)	4.36 (0.74)	0.0047
B5 Timeliness and responsiveness in completing administrative tasks (1-5)	4.30 (0.75)	4.21 (0.81)	0.0005	4.13 (0.83)	4.28 (0.77)	0.0001
B6 Interpersonal and communication skills with patients and family members. (1-5)	4.40 (0.68)	4.24 (0.75)	0.0001	4.34 (0.72)	4.31 (0.72)	0.3241
B7 Interpersonal and communication skills with faculty, residents and healthcare professionals. (1-5)	4.35 (0.70)	4.20 (0.82)	0.0001	4.25 (0.80)	4.27 (0.80)	0.5540
C1 Anticipated Guidance (1-4)	3.24 (0.72)	3.14 (0.72)	0.0001	3.09 (0.76)	3.21 (0.72)	0.0001
C3 Rank List (0-4)	2.81 (0.90)	2.62 (0.90)	0.0001	2.82 (0.95)	2.73 (0.90)	0.0042

SD, standard deviation
URiM, underrepresented in medicine

11 Comparing the Standardized Letter of Evaluation (SLOE) 2.0 with SLOE for Non-residency-based EM Physicians

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Introduction: For emergency medicine (EM) programs the Standardized Letter of Evaluation (SLOE) provides vital data. The SLOE 2.0 and “SLOE for non-residency-based EM physicians (SNEP)” are relatively new. It is unknown if SNEPs have differences in their scoring from the SLOE 2.0. This could impact SLOE interpretation and rank list positions