

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 (0.81) | 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

for EM programs.

Objective: The objective was to explore if there are differences in scores between the SLOE 2.0 and SNEP.

Methods: From the 2022-2023 application cycle data, we performed a multi-institution, retrospective, cross-section study looking at all 4 week EM rotation SLOEs that were submitted to one of the 5 EM programs that were part of the study. Duplicate applicants were eliminated by cross referencing Association of American Medical Colleges numbers among the 5 programs. Exclusions for the SLOEs were: not written by a faculty group of other qualified person, letter writers wrote <5 SLOEs last year, incomplete data, or subspecialty or OSLOE. Since Part A and C1 provided qualitative data, they were converted to a 3-point scale and a 4-point scale to get quantitative data. We calculated mean scores from the SLOE 2.0 and compared them with mean scores from the SNEPs using a t-test. “Anticipated position on the rank list” was not included since SNEPs do not have that question. We applied a Bonferroni correction, resulting in a p=0.00384 for statistical significance.

Results: 1775 applicants (3690 individual SLOEs) were studied. 3520 (95.29%) were SLOE 2.0s; 170 (4.60%) were SNEPs. The means, standard deviations, and p-values for SLOEs and SNEPs are provided in Table 1.

Table 1. Mean and standard deviation for each standardized letter of evaluation (SLOE) 2.0 and SLOE for non-residency based EM Physicians (SNEP) questions.

| | SLOE | SNEP | P-value |
|---|-------------|-------------|---------|
| Question | Mean (SD) | Mean (SD) | |
| A1 Ability to perform a focused history and physical exam (1-3) | 2.73 (0.47) | 2.91 (0.38) | 0.0001 |
| A2 Ability to generate a differential diagnosis (1-3) | 2.53 (0.55) | 2.64 (0.53) | 0.0108 |
| A3 Ability to formulate a plan(1-3) | 2.44 (0.56) | 2.52 (0.54) | 0.0685 |
| A4 Ability to perform common ED procedure (1-3) | 2.38 (0.80) | 2.38 (0.76) | 1.0000 |
| A5 Ability to recognize and manage basic emergent situations (1-3) | 2.58 (0.54) | 2.65 (0.53) | 0.0986 |
| B1 Compassion, sensitivity, and respect towards patients and team members (1-5) | 4.31 (0.72) | 4.50 (0.87) | 0.0001 |
| B2 Receptivity to feedback and ability to incorporate feedback (1-5) | 4.20 (0.75) | 4.40 (0.84) | 0.0001 |
| B3 Dependability, responsibility, initiative, and work ethic (1-5) | 4.34 (0.76) | 4.63 (0.81) | 0.0001 |
| B4 Punctuality, attendance, and preparation for duty (1-5) | 4.33 (0.76) | 4.60 (0.80) | 0.0001 |
| B5 Timeliness and responsiveness in completing administrative tasks (1-5) | 4.25 (0.78) | 4.40 (0.71) | 0.0152 |
| B6 Interpersonal and communication skills with patients and family members. (1-5) | 4.31 (0.72) | 4.54 (0.85) | 0.0001 |
| B7 Interpersonal and communication skills with faculty, residents and healthcare professionals. (1-5) | 4.20 (0.80) | 4.51 (0.86) | 0.0001 |
| C1 Anticipated Guidance (1-4) | 3.17 (0.73) | 3.42 (0.88) | 0.0001 |

SD, standard deviation

Conclusion: The results show that when comparing SLOE 2.0s to SNEPs, most of the questions showed statistically significant higher mean scores on the SNEPs. EM programs who use data from the SNEPs need to be aware of these inherent differences in scores. Further analysis should look at reasons for and implications of these differences.

12 Does Offering CME Credit Increase Emergency Medicine Faculty Attendance at Weekly Resident Conference?

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Aim: Prior studies demonstrated that offering continuing medical education (CME) credits increased faculty attendance at resident lectures. The Medical University of South Carolina (MUSC) Emergency Department increased the amount of CME offered to faculty attending resident conference with the hopes of improving attendance.

Objectives: The purpose of this study is to analyze the effect of increasing CME credit hours offered at resident conference on faculty attendance. It is anticipated there will be a positive correlation between faculty attendance with the amount of CME offered.

Methods: This study was a retrospective analysis of the attendance rates of faculty at resident conference at MUSC between July 2021 to June 2022 (year 1: 2 hours of CME offered monthly) and July 2022 to June 2023 (year 2: 3 hours of CME offered monthly) An interrupted time series analysis was used to determine if the intervention led to an immediate and longer-term change in attendance hours per day. Chi-square analysis was used to compare attendance between years.

Results: In year 1, total hours attended per training day for CME and non-CME sessions had similar baseline rates and both rates were gradually decreasing over time. In year 2, CME attendance appeared to jump initially and then gradually dropped to return to the non-CME attendance rate, while total attendance hours per day was flat over time. The large variation in attendance between weeks resulted in no statistically significant values. Total hours of faculty attendance increased between year 1 and year 2 from 533 to 589, and the percentage of attendees at CME training increased from 24.4% to 35.1% (p<0.0001). Much of this increase appeared to occur early in year 2, after which attendance patterns gradually reverted to their earlier values.

Conclusions: Increased CME did not appear to be correlated with a long-term shift in faculty attendance. One major study limitation was incomplete logging of attendance.