

to provide support. Interns are of particular interest as IS increases during times of transition. Cross-sectional studies on IS in residents have been done but not studies focused on IS during the intern year of emergency medicine (EM) residency.

Objectives: This study aimed to explore changes in IS levels and factors associated with increased experience of IS during EM intern year. We hypothesized that IS would increase at the beginning and end of intern year.

Methods: This was a prospective, observational, survey-based convergent mixed methods study. Participants were voluntary samples of interns and post-graduate year (PGY) 2 residents from six EM residency programs. The Clance Imposter Phenomenon Scale (CIPS), multiple-choice demographic questions, and open-ended questions on experiences with IS were sent anonymously via email. Interns were surveyed at months zero (July 2023) and one (August 2023) and will also be surveyed at months six and twelve. PGY-2s were surveyed in July 2023 for baseline data on IS after intern year. CIPS scores were analyzed with Mann Whitney U and paired t-tests. Inductive thematic analysis was done on qualitative data.

Table 1. Quantitative survey questions on imposter syndrome (IS) experiences.

	New PGY-2's (n = 20)	Month 0 Interns (n = 24)	Month 1 Interns (n = 11)
Knowledge of IS? n, (%)	n = 20	n = 24	n = 11
No	1 (5)	0 (0)	0 (0)
Yes	19 (95)	24 (100)	11 (100)
Recent IS? n, (%)	<i>Currently have IS? (n = 15)</i>	<i>Currently have IS? (n = 24)</i>	<i>Felt IS over past month? (n = 11)</i>
No	7 (47)	6 (25)	0 (0)
Yes	8 (53)	18 (75)	11 (100)
Past IS? n, (%)	<i>During med school? (n = 15)</i>	<i>During med school? (n = 24)</i>	<i>Prior to this past month? (n = 11)</i>
No	6 (40)	8 (33)	3 (27)
Yes	9 (60)	16 (67)	8 (73)
	<i>Had IS during intern year? (n = 15)</i>		
No	4 (27)		
Yes	11 (73)		
Change in intensity of IS? n, (%)	<i>During intern year? (n = 11)</i>		<i>Over past month? (n = 8)</i>
Increased	2 (18)		2 (25)
Decreased	8 (72)		3 (37)
No change	1 (9)		3 (37)
Severity of IS experiences based on CIPS n, (%)	n = 12	n = 22	n = 10
Few	2 (17)	0 (0)	0 (0)
Moderate	3 (25)	8 (36)	3 (30)
Frequent	3 (25)	11 (50)	7 (70)
Intense	4 (33)	3 (14)	0 (0)

No statistically significant differences ($p < 0.05$) in CIPS scores between new PGY-2's and month 0 and between month 0 and month 1 interns.
IS = imposter syndrome; CIPS = Clance Imposter Phenomenon Scale

Results: 20 PGY-2s, 24 interns at month 0, and 11 interns at month 1 completed surveys. There were no statistically significant differences ($p < 0.05$) in CIPS scores between PGY-

2's and month 0 interns or between month 0 and month 1 interns. Over half of interns had CIPS scores noting frequent or intense IS experiences. Table 2 lists preliminary themes on factors associated with IS.

Conclusions: Results so far show no significant changes in IS levels over the first month of EM intern year with most interns showing frequent or intense IS experiences. Themes from our qualitative data may inform strategies on alleviating these elevated levels of IS.

Table 2. Factors associated with imposter syndrome during the first month of EM intern year.

Situational factors associated with imposter syndrome	
Themes	Representative Excerpts
Physician roles being faced with physician tasks or medical decision-making, difficulty accepting physician identity	"Also when writing my MDM, at times I literally have no idea what to write." "Also, when nurses ask me, can the patient eat? It's literally the hardest question to this day. It makes me feel like I lack knowledge and can't even answer the basic question of eating." "Being called 'doctor' on EMS rotation..."
New professional context: change in clinical setting and/or role	"My first ED shifts..." "...on trauma rotation..."
Limits of clinical ability: when clinical responsibilities exceed perceived or real clinical abilities	"...times when my attending and senior are occupied" "pt nearly coded due to hypotension- my first patient who crashed right in front of me- I felt woefully unprepared" "When I was struggling to keep up with clinical tasks/demands"
External judgments: feeling judged by or against others	"I feel that all eyes are on me as I stand over the patient." "...comparing myself to the way that I perceive others"
Personal/affective factors associated with imposter syndrome	
Self-inadequacy: feeling a personal lack of ability or knowledge irrespective of others	"...usually when I didn't know something that I thought I should" "Lack of knowledge"
Uncertainty: lack of clarity on role, expectations, or the next course of action	"...didn't know how to best handle a situation" "I never know what role I should take" "...being unsure what the expectations are of me"
Isolation: inability to relate to others, feeling that they do not share the same experiences or skills as others	"I feel as if I should just not be there" "...feeling that everyone around me knows more"

24 EM Program Directors' Perception of "Lower 1/3rd" SLOEs in Ranking During the Matching Process

Brian Kendall, Ke Xu, Lillian Amezcua, Or Belkin, Rebecca Kusko, Maehali Patel

Background: The possibility of receiving a "lower 1/3" Standardized Letter of Evaluation (SLOE) from a program is stressful for MS IV Emergency Medicine students. No previous literature addressed how program directors perceive these evaluations and what medical students can do to overcome them. We hypothesize that program directors will still rank and match students with a "lower 1/3rd" SLOE and that students can enhance other parts of their application to overcome a "lower 1/3rd" SLOE.

Objective: Using a pilot study to examine the

Emergency Medicine (EM) Program Director’s (PD) view of a “lower 1/3rd” SLOE and ways an applicant can overcome such an evaluation.

Methods: A 15-question survey validated through a modified Delphi technique was constructed and distributed to EM PDs across the country. Each PDs response was assessed and any recurring themes between the responses were noted and analyzed further. Descriptive statistics were obtained to summarize PDs’ attitude.

Results: The survey was sent out to 280 program directors, 18.9% (53) responded. Of the 47.0% of PDs who matched a student with a “lower 1/3rd” SLOE in the 2023 Match, 96.0% indicated having a student rotate at their institution was key to overcoming a “lower 1/3rd” SLOE. 64.2% of respondents viewed a “lower 1/3rd” SLOE from a home institution as worse than a “lower 1/3rd” SLOE from an away institution. 96.2% of respondents either agreed or strongly agreed that an improved SLOE from an away institution is positively perceived in the case of a student with a “lower 1/3rd” SLOE from their home institution. 52.0% of respondents reported life experiences, 48.0% reported a personal connection to the region, and 36.0% reported a competitive STEP score as other factors that help them overlook a “lower 1/3rd” SLOE.

Conclusion: A student rotating at their program, and other factors such as an improved SLOE, will help PDs overlook a “lower 1/3” SLOE when creating their rank lists.

25 A Descriptive Analysis of Emergency Medicine Residency Scholarly Tracks Faculty Workforce

Amy Mariorenzi, Allison Beaulieu, Angela Regina, Seth Lotterman, Vytas Karalius, Evelyn Porter, Emad Awad, Arlene Chung, Jaime Jordan

Background: Scholarly tracks typically consist of longitudinal sub-specialty-specific curriculum and resident mentorship. Roughly one in five emergency medicine (EM) residency programs offer scholarly tracks, allowing residents to explore a niche and develop skills to prepare them for their future careers. There is limited information on the faculty workforce that leads scholarly tracks.

Objectives: We sought to understand the workforce characteristics of EM track leaders.

Methods: We performed a cross-sectional survey study of EM faculty track leaders. We identified track leaders through a review of program websites and direct contact of program coordinators. Participants completed an electronic survey consisting of multiple-choice and completion items. We calculated descriptive statistics.

Results: 112 of 276 (40%) track leaders completed the survey, including 63 (57.3%) males and 47 (42.7%) females. The mean age was 42 years. 62.5% had completed fellowship. Participants supervise a mean of 2.6 residents per year and spend a median of 7.6 (4-10.7) hours per month on track activities. 57.1% of participants receive no compensation for their role. Non-monetary benefits included career satisfaction (87.6%), intellectual stimulation (76.4%), departmental recognition (41.6%), and increased scholarly productivity (33.7%). Overall, 71.7% of faculty track leaders would recommend the role to a colleague.

Conclusion: Our study sheds light on the current track leader workforce and highlights that the majority of track leaders are uncompensated for their time and effort, which could be an area for targeted advocacy.

Table 1. Demographics and characteristics of faculty scholarly track leaders.

	Total responses	Min-Max	(Mean +/- SD) or Median (IQR)
Age per year	105	33-65	42.6 +/- 7.5
No of years in role	104	0-20	4.3 (2-6.1)
		Frequency	Percent (%)
Gender	110		
Male		63	57.3%
Female		47	42.7%
Fellowship completed	108		
Yes		70	63.5%
No		38	33.9%
Academic rank	110		
Assistant Professor		53	46.4%
Associate Professor		46	41.1%
Professor		9	8.0%
Others		5	4.5%
Region of residency prog.	100		
Midwest		19	17.8%
Northeast		38	33.9%
South		34	30.4%
West		19	17.8%

Table 2. Faculty scholarly track leaders effort and compensation.

	Total responses	Min-Max	(Mean +/- SD) or Median (IQR)
No of residents supervised per year	109	1-5	2.6 +/- 1.9
No of hours/month spend on track activities	93	0-63	7.6 (4-10.7)
% of time spent on administrative	94	1-65	12.5 (10-25)
% of time spent on mentorship	94	0-90	29.3 (15-49)
% of time spent on scholarly work	94	0-55	20.0 (10-30)
% of time spent on teaching	94	3-98	35 (15-49)
		Frequency	Percent (%)
Compensation	84		
None		64	57.1%
Time buy-down		13	11.8%
Salary support/stipend		3	3.6%
Other*		4	4.7%

*Specific types of “other” compensation listed include FTEs and core faculty position.