eventual chief and non-chief residents.

Methods: Narratives were collated from de-identified SLOEs from 2015 to 2021 at an urban EM residency program. Thematic analysis was employed to identify and compare themes between narratives of eventual chief and non-chief residents. Data were coded line-by-line while blinded to chief selection status. The codebook was developed from a priori codes based on existing literature and iteratively refined based on emerging themes identified in these data.

Results: Preliminary analysis of 243 SLOE narratives revealed several characteristic domains of eventual chief and non-chief residents. These included "leadership qualities," "clinical knowledge and skills," "work ethic," "teamwork abilities," and "multitasking abilities." Additionally, "dependability and trustworthiness" was remarked upon by SLOE evaluators for both groups. However, key differences emerged between the groups, including the abundance of remarks, level of detail regarding those domains, and applicants' station within those domains relative to their peers.

Conclusions: This analysis highlights differences in SLOE evaluator-identified characteristics between eventual chief and non-chief residents. These results may have implications for chief resident selection and contribute to our understanding of leadership potential assessment within undergraduate medical education.

59 EM Was My First Clerkship: Suggestions from Third-Year Medical Students to Optimize the EM Learning Experience

Leela Raj, Maria Poluch, Dimitrios Papanagnou

Background: Third-year medical students face a significant challenge when transitioning to clinical clerkships, particularly for the high-intensity emergency medicine (EM) clerkship. Minimal research has addressed the impact of EM as the first clinical clerkship on students, leaving a gap in understanding how this initial exposure shapes their learning and psychological well-being. We address this gap by exploring student experiences after completing EM as the first clerkship to create recommendations for clerkship leadership.

Objectives: Provide recommendations to enhance learning outcomes and support the psychological safety of early third-year medical students.

Methods: Third-year medical students who completed EM as their first clerkship were interviewed 1-2 weeks post-rotation. An interview protocol was developed and piloted to prompt reflection on the clerkship experience. Interviews were virtual over Zoom. Recordings were transcribed with Sonix software. Inductive analysis was facilitated through NVivo software. A primary coder developed codebooks, and a master codebook was applied to all transcripts by primary and secondary coders. Intercoder reliability was calculated with a fixed kappa statistic.

Results: Thirteen students were interviewed. Codes fell within three thematic categories: first clinical rotation challenges, EM-specific challenges, and clerkship enablers (Figure 1) with frequencies listed in Figure 2. Fixed kappa between coders was 0.84. Students often noted role ambiguity during the clerkship, contributing to trauma. Incorporating additional simulation practice for frequent ED events (e.g., cardiac arrest) was suggested to mitigate lack of role clarity.

Conclusions: Student feedback revealed insights about student challenges and enablers during the early transition to clerkships with EM. Findings may inform interventions to mitigate student trauma and promote a supportive learning environment in the ED.

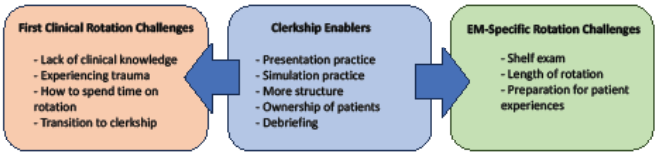

Figure 1. Visual Diagram of themes found in student interviews.

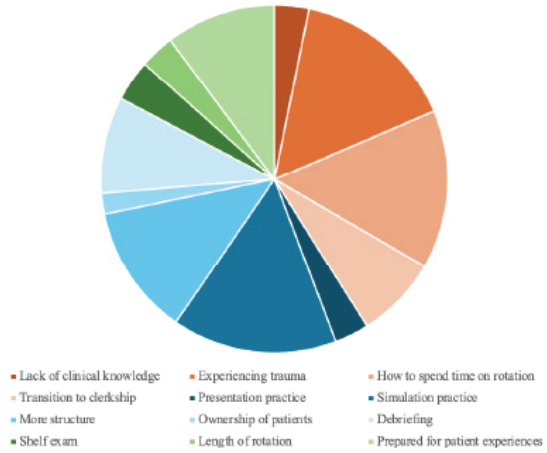

Figure 2. Breakdown of code frequency represented in student feedback. First clinical rotation challenges are represented in orange. Emergency medicine clerkship specific challenges are represented in green. Clerkship enablers are represented in blue.

60 Prevalence and Characteristics of Group Standard Letters of Evaluation in Emergency Medicine: A Cross-Sectional Observational Study

Eric Shappell, Morgan Sehdev, Daniel Egan, Sharon Bord, Cullen Hegarty, Jeremiah Ojha

Background: The standardized letters of evaluation (SLOE) for emergency medicine (EM) is a well-established tool for residency recruitment. While previous work characterizes

the utility and outcomes related to SLOE use, less is known about SLOE authorship patterns and trends.

Objective: Measure the prevalence of group SLOEs in EM, characterize the role groups represented in group SLOEs, and compare the rating practices of groups of authors versus single authors.

Methods: SLOE data from 2016 through 2021 were obtained from the CORD database. An algorithm was developed to process SLOE author fields to accomplish 3 tasks: (1) determine whether the SLOE was written by an individual or a group, (2) determine the number of named letter writers on group SLOEs, and (3) identify roles of individuals listed on group SLOEs. 150 SLOEs were randomly selected for review by the study to use as a standard to which algorithm performance was compared. Mean ratings for the Qualification for Emergency Medicine and Ranking questions were compared for Individual vs. Group SLOEs.

Results: 40,218 SLOEs met inclusion criteria. The algorithm performed well detecting individual vs. group SLOEs, author count, and author titles. Institutions submitting only SLOEs written by a group of authors increased from 31.4% to 54.5%. This trend was complemented by a decrease in institutions submitting a mix of both individual and group authored SLOEs (44.8% to 23.8%). Authors per group SLOE increased from 3.4 in 2016 to 4.0 in 2021. Clerkship directors, program directors, and assistant/associate program directors were the most common titles identified in group SLOEs.

Table 1. Algorithm performance in identifying SLOE characteristics.

Task 1: Identify Individual vs. Group SLOEs			
		Raw Agreement	Kappa
Individual vs. Group		93% (140/150)	.84
Task 2: Identify Number of Named Authors			
		Raw Agreement	Mean absolute value of discrepancy
Number of authors		88% (132/150)	1.4
Task 3: Identify Common Named Roles of Authors			
Role identification	N	Sensitivity	Specificity
Clerkship Director	93	92%	98%
Assistant / Associate Clerkship Director	13	62%	100%
Program Director	77	97%	97%
Assistant / Associate Program Director	53	83%	100%
Chair or Vice Chair	14	100%	100%
Dean or Vice / Assistant / Associate Dean	1	100%	100%
Fellow	0	N/A	100%
Coordinator	0	N/A	99%

Table 2. Characteristics of Standard Letters of Evaluation in Emergency Medicine (2016-2021).

	2016	2017	2018	2019	2020	2021
Total SLOEs and Institutions						
SLOEs	6,619	7,182	7,401	8,037	4,941	6,036
Unique Institutions	223	236	233	248	272	286
SLOE types at each institution						
Individual only	23.8%	28.4%	25.8%	20.2%	24.3%	21.7%
Group only	31.4%	34.7%	39.9%	44.0%	53.3%	54.5%
Individual and Group	44.8%	36.9%	34.3%	35.9%	22.4%	23.8%
Authors per SLOE						
Authors per group SLOE writing group (mean +/- SD)	3.4 ± 1.9	3.6 ± 1.7	3.8 ± 1.8	3.8 ± 1.9	4.0 ± 2.0	4.0 ± 1.9
Author titles in Group SLOEs (%)						
Clerkship Director	72%	74%	73%	72%	72%	72%
Program Director	69%	68%	65%	64%	68%	65%

Conclusions: Prevalence of group SLOEs is increased throughout the study period. Grading practices appear similar across SLOEs authored by individuals and groups.

61 Multiple Patient Simulation Tests Different Milestones Than Single Patient Simulation

Thomas Barker, Kristen Whitworth, Matthew Hysell

Background: Historically, simulation focuses on a single patient. Far less is known about asking learners to treat multiple simulation patients in multiple rooms.

Objectives: Evaluate if a simulation requiring multiple patient encounters tests different skills than simulation with a single patient encounter.

Methods: Interns at a community EM residency program participated in both single and multiple patient simulations (MPS) in an accredited simulation lab. Single patient cases included infant mid-gut volvulus, pancreatitis with ARDS, eclampsia, and upper gastrointestinal bleed. The MPS pulled interns from room to room treating acute myocardial infarction, blunt trauma, hyperkalemia, acute stroke, and suicidal ideation. Some of the MPS cases could be immediately dispositioned, others required learners to circle back and reassess. Immediately following clinical debriefing of either simulation type, semi-structured interviews using 8 questions based on ACGME milestones for emergency stabilization, reassessment, multitasking, systems resources, communication were carried out. Interview content was analyzed using inductive thematic analysis.

Results: Over two years 13 interns took part. While both MPS (Table 1) and single patient cases (Table 2) gave