

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

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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

opportunities to practice implementing medical knowledge, residents felt that MPS pushed them more out of their comfort zone in terms of pacing and mental preparation. The frequent interruptions of MPS felt more similar to practice in the ED. Communication with the patient in MPS was more challenging not knowing when they would be pulled onward. MPS also required them to communicate with their team and delegate more than a single patient simulation. Finally, MPS stressed interns to feel wider roles in their leadership than did single encounters.

Conclusions: Multiple patient simulation pushed residents much harder in multi-tasking and team and patient communication than single patient encounters.

Table 1. Multiple patient simulation topics, themes, and sub-themes.

MPS Topic	Theme	Sub-theme
Patient stabilization	Preparation	Pulled into rooms without being able to mentally prep Thinking had to be more dynamic Good opportunity to treat common emergencies not yet encountered
	Pace	Out of comfort zone A little out of control
Learner Role	Leadership needs	Captain Triage At risk of making wrong choice Medical leadership Didn't realize how much nursing is doing in real life
Multi-tasking	Focus	Constant interruptions Pushed by acuity to make dispositions quicker
	Keeping track of multiple patients	Keep checklists in the back of your mind Had to choose the right room to reassess
Communication	With patient	Easy to get distracted by all the orders Worked on using less jargon
	With team	Had to use specific closed loop communication Had to lay out a plan a few steps ahead as was pulled to other rooms

Table 2. Single patient simulation topics, themes, and sub-themes.

Single Sim Topic	Theme	Sub-theme
Patient Stabilization	Patient directed	Recognize unstable vitals Recognize worsening responses Could take step-wise approach Good practice for unfamiliar disease
	System directed	Use of system protocols Appropriate involvement of consultants
Learner Role	Physician	Leading team Communicating with patients
Multi-tasking	Balancing resuscitation with history taking	
Communication	With patient	Had to guide patient through very stressful time
	With team	Use of closed loop communication

62 Resident Physician Documentation Practice Changes as a Result of Focused Training on the 2023 Evaluation and Management Coding Guidelines

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Background: Emergency Medicine (EM) coding and billing levels have historically been tied to checking boxes to accumulate history, review of systems and physical exam elements. One of the overarching goals behind the 2023 Current Procedural Terminology (CPT®) guidelines is to reduce documentation burden of clinicians. This project predicted that if we train residents to understand the implications of the new changes, they could chart more efficiently and productively. The hypothesis is that the training cohort would write shorter notes compared to control.

Methods: This prospective observational study consists of 18 residents, of which half were randomized to receive specialized EM documentation training on the 2023 rules. The primary outcome is note length (number of words). Secondary outcome variables include patient age, gender, Emergency Severity Index (ESI) and PGY levels. 10 % of each resident’s charts were sampled during three time periods: 3 months before rule change, first and second 3-month blocks after.

Results: Multivariate analyses, which accounted for the random effect of individual residents, showed that the median word length (interquartile range or IQR) was 1713 (1405, 2110) for training group versus 1553 (1240,1923) for control (p = 0.02). Median note length was 1887 (1566, 2344) for ESI 1 & 2, 1619 (1330, 1972) for ESI 3 and 1202 (1026, 1495) for ESI 4 & 5 visits (p < 0.001). In addition, female gender yielded a median length of 1680 (1343, 2088) versus 1563 (1238, 1939) for males (p < 0.001).

Conclusions: Based on prospective data from a single site, focused training of EM residents on 2023 coding changes had the unintended effect of increasing documentation length in the training group compared with control. Multivariate analysis confirmed the efficacy of the training session in increasing note length by 10.3 %. In short, contrary to the intentions of CPT® changes, note bloat actually worsened in our prospective cohort.