

believe this was an effective workshop to review and practice a clinical skill that can improve patient care and save lives.

## 8 Shifting the Scale: Using Narrative Medicine to Navigate the Complexity of Pain in the ED

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**Background:** The pain scale is taught as a method to quantify and acknowledge the perception of pain. The result is a subjective construct built by both the patient and clinician; therefore, its treatment is inherently complicated. In the absence of a formalized curriculum, the emergency medicine [EM] residents are not provided with adequate tools to have effective dialogues with their patients about pain. Appropriate communication skills are just as important as technical knowledge. Narrative medicine [NM] is an effective educational tool to teach empathy skills, specifically perspective-taking and engaged listening, and help EM residents learn how to effectively navigate conversations around pain.

**Objectives:** Design and implement a didactic session that illustrates the complexity of assessing pain. Apply the NM framework to teach the concepts of engaged listening and perspective-taking. Evaluate the impact of this session on learner perceptions.

**Curriculum Design:** NM is grounded in critical pedagogy and transformative learning theory. The essay “The Pain Scale” by Eula Biss was used to accomplish the three pedagogical steps of NM: close reading, critical reflection, and group discussion during a two-hour resident conference session. Learners were provided with materials to create their own pain scale and then share their artwork. ADDIE (Analysis, Design, Development, Implementation, Evaluation)

**Table 1.** Pain scale activity pre-survey responses.

Question	n=34	
<b>What is your role?</b>		
Faculty	4	11.8%
Medical student	8	23.5%
PA Student	1	2.9%
Resident physician	21	61.8%
<b>When did you first learn about the pain scale?</b>		
Medical School	13	38.2%
College/Undergrad	7	20.6%
Other	14	41.2%
<b>How often do you use the pain scale to assess your patient?</b>		
Always	5	14.7%
Frequently	16	47.1%
Rarely	8	23.5%
Sometimes	5	14.7%
<b>Have you ever been asked to describe YOUR pain on a scale?</b>		
No	9	26.47
Yes	25	73.53

**Table 2.** Pain scale activity post-survey responses.

Question	n=28	
<b>How did this session change your perception of the pain scale?</b>		
Response indicative of change in perception	25	89.3%
Response indicative of no change in perception	3	10.7%
<b>What did you like about this session?</b>		
Interactive/Sharing/Discussion	12	42.9%
Impact on Perspective	3	10.7%
Medical Humanities	11	39.3%
Blank/Missing	2	7.1%
<b>What could have been done differently to make this session better?</b>		
No change/Great session	24	85.7%
Change	4	14.3%
Go through shorter reading		
If possible, it would be helpful to read the whole piece beforehand		
More interactive if possible, it keeps things interesting and people energetic		
More time for pain scale creation		
<b>What is your role?</b>		
Faculty	3	10.7%
Medical Student	6	21.4%
PA student	1	3.6%
Resident physician	18	64.3%
<b>Are you going to use this scale differently with your patients?</b>		
Maybe	1	3.6%
No	3	10.7%
Probably	11	39.3%
Unsure	2	7.1%
Yes	11	39.3%

framework was used for instructional design. Content experts were recruited to ensure the authenticity of the educational material. A survey was designed to assess the impact on learners’ perception of the pain scale and was piloted amongst stakeholders to increase its situational validity.

**Impact/Effectiveness:** 89% of participants reported a change in their perceptions of the pain scale after the session. The empathy skills learned from this session can help physicians take better care of their patients and are applicable to both the UME and GME landscapes.

## 9 Development of a SLOE Review Committee to Limit Bias in SLOEs

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**Introduction:** The Standard Letter of Recommendation (SLOE) is a key factor used to stratify candidates for residency interviews. Multiple studies have demonstrated biases within each section of the SLOE. Acknowledging the well described pervasive nature of these biases and the importance of SLOEs in interview and ranking decisions, it is imperative methods are employed to limit unintended bias.

**Educational Objectives:** We developed a SLOE review committee process aimed at limiting potential implicit bias in our departmental SLOEs. Specific objectives for the committee included identifying SLOEs with content that did not fairly represent a student or that might perpetuate a stereotype, as well as those with potential for controversy. **Curricular Design:** We designed a standardized process for review and revision of all audition clerkship SLOEs. A SLOE committee composed of education faculty, medical education fellows, and select senior residents was formed. All