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

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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 postrotation. 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.

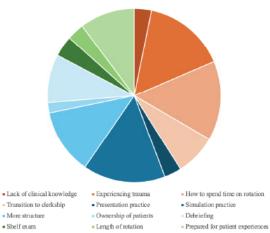


Figure 2. Breakdown of code frequency represented in student feedback. First clinical rotation challenges are represented in orange. Emergency medicine clerkship specific challenges are represented in green. Clerkship enablers are represented in blue.

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