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(32%), county (8%) and military (4%). Consensus was evaluated using levels established in a prior study (Table 1). Two models were tested to determine their ability to predict consensus rankings: a point-based system derived by an author and a linear regression model. Data were compared to a prior study with a cutoff of $\pm 10\%$ as the threshold for a meaningful difference in agreement/prediction.

Results: Faculty consensus in this larger and more diverse cohort was slightly below the level measured previously. However, no differences were above the 10% threshold (Table 1). Predictive models were similarly stable with only Tight agreement exceeding the 10% threshold (Table 1) and strong correlation between predicted and consensus rankings (Figure 1).

Conclusion: Consensus regarding SLOE competitiveness and the ability of algorithms to predict rankings remained strong in a larger and more diverse sample than previously studied. This suggests a common understanding among EM faculty regarding SLOE competitiveness.

Table 1A-C. Correlation between consensus rankings and (A) individual faculty rankings, (B) rankings predicted by the point system, and (C) rankings predicted by the regression model.

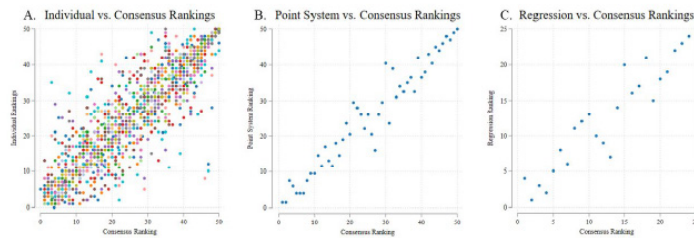


Table 1. SLOE Competitiveness Consensus and Prediction Agreement: Results from a National Cohort and Comparison to Previously Presented Pilot Study Results.

	Current Study: National Sample of Faculty Raters			Previous Study: Author Group Raters			Difference		
	Consensus: Faculty Ratings	Prediction: Point System	Prediction: Regression	Consensus: Faculty Ratings	Prediction: Point System	Prediction: Regression	Consensus: Faculty Ratings	Prediction: Point System	Prediction: Regression
Exact	12%	8%	18%	21%	12%	20%	-9%	-4%	-2%
Tight	71%	80%	76%	67%	62%	64%	+4%	+18%	+12%
Close	81%	88%	88%	83%	82%	92%	-2%	+6%	-4%
Loose	88%	94%	92%	93%	90%	96%	-5%	+4%	-4%
Correlation with consensus	N/A	.07	.04	N/A	.07	.08	N/A	0	-.04

Exact: Percent of rankings where individual/predicted rank is exactly the same as the consensus rank
Tight: Percent of rankings where individual/predicted rank is within $\pm 4\%$ of consensus rank
Close: Percent of rankings where individual/predicted rank is within $\pm 8\%$ of consensus rank
Loose: Percent of rankings where individual/predicted rank is within $\pm 12\%$ of consensus rank

8 Distribution of grades and rank lists among Emergency Medicine programs during the 2022-2023 academic year

Morgan Sweere, Thomas Alcorn, Thomas Beardsley, Michael Gottlieb, Alexandra Mannix

Background: The Standardized Letter of Evaluation (SLOE) is a key component for medical students applying to Emergency Medicine (EM) residencies. Elements of the SLOE include grades, rank list, and comments. There have been concerns about the distribution of grades and rank lists. In order to better interpret individual grades and ranks, it is important to understand these in the broader distribution across SLOEs.

Objective: The primary objective was to determine the distribution of grading schemes, grade, and predicted rank list positions across EM programs using the SLOE.

Methods: We performed a cross-sectional study of grade and rank distributions among EM rotations as reported on SLOEs during the 2022-23 application cycle. We obtained SLOEs for all applicants to two geographically distant EM residency programs. All SLOEs with grade or predicted rank data from ACGME-accredited EM residencies were eligible for inclusion. Trained abstractors independently reviewed and extracted data on total number of students on rotation, grading format, grade distribution, and rank distribution reported by the program for the preceding year.

Results: We included 264 residency programs in our analysis with an 87.5% dual extraction rate. The majority of programs (72.2%) used a Honors/High Pass/Pass/Fail grading scheme with 17.5% using Pass/Fail. The mean percent for each grade was: Honors/A 27.6%, High Pass/B 31.1%, Pass/C 40.8%, Low Pass/D 0.2%, and Fail/F 0.3%. The mean percent of all students for each rank list position was: Top 10%: 17.6%, Top Third: 36.5%, Mid Third: 34.1%, and Low Third: 11.8%.

Conclusions: Most programs used a Honors/High Pass/Pass/Fail grading scheme, with most students receiving Honors and High Pass. Over half of applicants received the rank list position of Top 10% or Top Third. Both grades and rank list demonstrated evidence of skewed distribution and score inflation. This study is limited by self-reported data over a single year of applications.

Table 1. Number and percent distribution of students for each grade for various grading schemes at non-Pass/Fail and Pass/Fail programs.

	Non-Pass/Fail Program n=13599	Pass/Fail Programs n=1964
Honors/A	31.6% (4296)	
High Pass/B	35.6% (4837)	
Pass/C	32.2% (4380)	99.9% (1963)
Low Pass/D	0.27% (37)	
Fail/F	0.4% (48)	0.05% (1)

Table 2. The mean and median number of students and mean and median percent of students receiving grades and rank list positions on SLOEs for each program.

	Mean # (SD)	Median # (IQR)	Mean % (SD)	Median % (IQR)
Honors/A	16.4 (22.7)	9.0 (2.0-20.9)	26.9% (0.2)	23.0% (8%-40%)
High Pass/B	18.5 (23.0)	12.1 (1.9-24.8)	30.7% (0.2)	33.0% (8%-40%)
Pass/C	24.2 (32.8)	12.0 (3.3-33.3)	41.7% (0.4)	35.0% (10%-70%)
Low Pass/D	0.1 (1.4)	0.0 (0-0)	0.18% (0.0)	0% (0%-0%)
Fail/F	0.2 (0.7)	0.0 (0-0)	0.25% (0.0)	0% (0%-0%)
Top 10%	4.14 (2.9)	3.00 (2-5)	19.82% (0.1)	16.4% (10.7%-25.2%)
Top Third	8.60 (5.6)	7.00 (5-12)	37.12% (0.1)	36.1% (27.8%-45.1%)
Mid Third	8.04 (6.7)	7.00 (4-11)	32.25% (0.2)	32.1% (25%-41.2%)
Low Third	2.78 (3.3)	2.00 (0-4)	10.80% (0.1)	8.8% (0%-17.3%)

9 A Qualitative Study of the Underrepresented in Emergency Medicine Resident Application Experience

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Background: Increasing racial and ethnic diversity of the physician workforce is a prioritized goal for emergency

medicine (EM). Limited studies have focused on the perspective of underrepresented in medicine (URM) trainees in this endeavor.

Objectives: We described URM trainee experiences and preferences with the EM residency application process.

Study Design/Methods: This study was conducted at four urban academic EM programs. Residents meeting the Association of American Medical Colleges definition of URM were eligible to participate. Subjects participated in individual semi-structured interviews. Interviews focused on EM residency application experiences, participant preferences, and DEI efforts. Via a deductive-inductive approach, deidentified transcripts were iteratively reviewed to create a codebook and dominant themes were elicited. Two authors coded subsequent interviews with conflicts resolved through consensus discussion.

Results/Findings: Eighteen residents from four sites participated in the study. Sixteen identified as female and two as male. Fourteen identified as Black, 3 as Latinx, and 1 as Latinx/Afro-Caribbean. Thematic saturation was reached after 7 interviews, indicating adequate sample size. Two themes emerged: 1) applicants reported seeking URM representation among residents and faculty who could be mentors and role models and 2) while applicants noted structured programming for URM trainees, they valued speaking with URM trainees in organic settings such as socials and 1:1 conversations.

Conclusion: URM applicants value representation and hearing directly from other URM trainees during the application process. Best practices in URM trainee recruitment should highlight opportunities to hear about the URM experience. However, work is needed to minimize the impact of any “minority tax” this imposes on URM residents.

10 Differences in Standardized Letter of Evaluation (SLOE) 2.0 Scoring Between Men and Women as well as Underrepresented in Medicine and Non-underrepresented in Medicine Applicants

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Background: The Standardized Letter of Evaluation (SLOE) is vital for application screening in emergency medicine (EM). We previously described differences in SLOEs between men/women and between underrepresented in medicine (URiM)/non-URiM students. SLOE 2.0 is new and its differences in scores between men/women and URiM/non-URiM students has not been explored. Objective: The objective was to assess differences between SLOE 2.0 scores