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Development of a SLOE Review Committee to Limit Bias in SLOEs

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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

*Suchismita Datta, Lyncean Ung, Yash Chavda, Neil Dasgupta, Carmelina Price*

**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) 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.

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

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

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

| Question | n=28 | |
|---|---|---|
| **How did this session change your perception of the pain scale?** | | |
| *Response indicative of change in perception* | 25 | 89.3% |
| *Response indicative of no change in perception* | 3 | 10.7% |
| **What did you like about this session?** | | |
| *Interactive/Sharing/Discussion* | 12 | 42.9% |
| *Impact on Perspective* | 3 | 10.7% |
| *Medical Humanities* | 11 | 39.3% |
| *Blank/Missing* | 2 | 7.1% |
| **What could have been done differently to make this session better?** | | |
| *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 | | |
| **What is your role?** | | |
| *Faculty* | 3 | 10.7% |
| *Medical Student* | 6 | 21.4% |
| *PA student* | 1 | 3.6% |
| *Resident physician* | 18 | 64.3% |
| **Are you going to use this scale differently with your patients?** | | |
| *Maybe* | 1 | 3.6% |
| *No* | 3 | 10.7% |
| *Probably* | 11 | 39.3% |
| *Unsure* | 2 | 7.1% |
| *Yes* | 11 | 39.3% |

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

*Bryanne Macdonald, Liza Smith*

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

drafted SLOEs were independently reviewed by three SLOE committee members who provided one of three protocolized decisions: no revision suggested; agree with content but offer minor revisions; or referral to the SLOE review committee. The full committee then met for discussion and revision of all SLOEs referred for more substantial review until consensus was reached. Impact: This process has been utilized for three application cycles. In the initial year, 8(27%) SLOEs received at least one request for revision with 4(13%) referred to the review committee. In 2022, 6(25%) SLOEs were flagged for revision with 3(13%) referred to the review committee. In 2023, 13(43%) received a request for revision with 4(13%) referred for review. These data show our committee identified a small but consistent subset of SLOEs that may have unintentionally disadvantaged certain students. Introduction of such a committee provides a low-effort, high-reward method to identify and rectify unintentional messaging or biases.

## 10 Empowering Future Healers: Integrating STOP THE BLEED® Training Into the Medical School Journey

*Michael Kaduce, Erik Coll, Jordan Brafman, Natasha Wheaton, Michael Kaduce*

**Introduction:** Exsanguination continues to be the leading cause of preventable death in trauma patients, according to the World Health Organization. The American College of Surgeons' STOP THE BLEED (STB) course teaches lay rescuers to recognize life-threatening bleeding and utilize direct pressure, tourniquets, and wound packing to control severe bleeding. Despite medical students' education primarily focusing on hospital care, exsanguination too often occurs in the prehospital setting. Thus, we evaluated the effects of including a hands-on STB course in the first-year medical school curriculum.

**Educational Objectives:** 1. Prepare medical school students to recognize and intervene in the event of severe bleeding. 2. Compare the likelihood of intervention before and after the STB course.

**Curricular Design:** Basecamp, the orientation course for first-year medical students at UCLA, is an introduction to medical school and the student's future as physicians. During this course, students are provided both education and a mindset for success through self-inventory, reflection, small group discussion, online activities, and lectures. During the month-long course, students participated in a 60-minute STB course, including didactic and skills practice.

**Impact/Effectiveness:** 172 students became STB-certified and completed the post-course survey. Ten percent reported having taken a previous STB course. Before the course, 55% reported being somewhat/very likely to attempt to control severe bleeding. Following the course, that number increased to 99%, representing an 80% increase (Figure 1). Similarly, 41% were somewhat/very likely to use a tourniquet before the course. Following the course, that number increased to 100%, representing a 143% increase. Post course, 96% reported it is somewhat/very important to have a campus-wide STB training program and 97% reported it is somewhat/very important to have bleeding control equipment available in public spaces on campus (Figure 2).

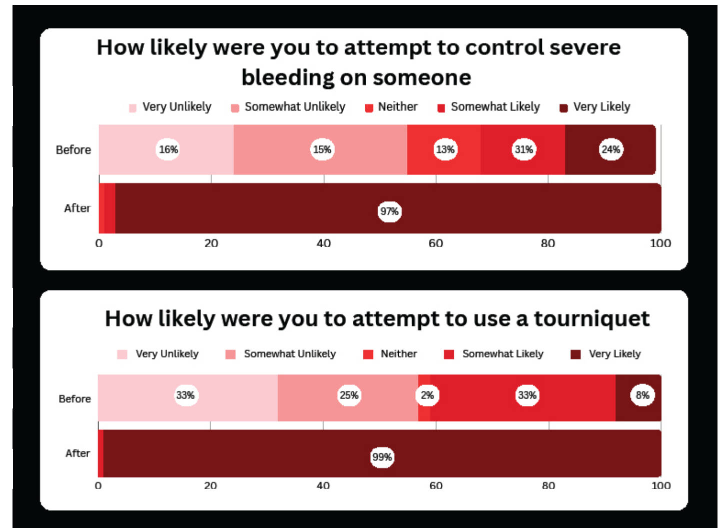


**Figure 1**.

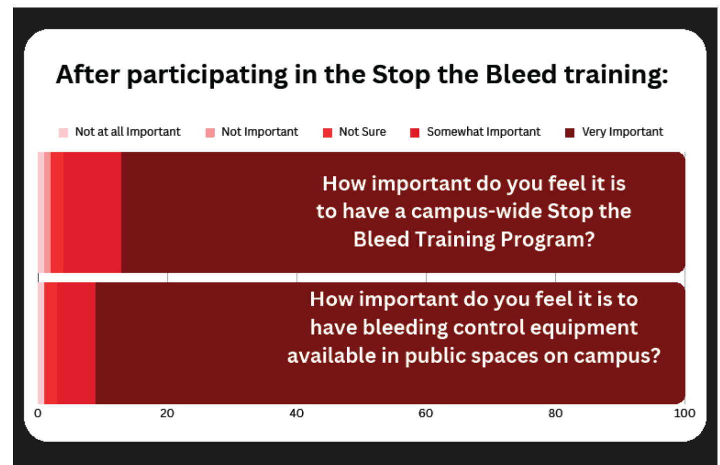


**Figure 2**.

## 11 Decreasing Risk and Stigma Among Patients Who Use Drugs: Creating an ED-Based Harm Reduction Curriculum

*Karrin Weisenthal, Jeremiah Ojha, Samantha Johsnonm, Zoe Weinstein, Jessica Taylor Taylor, Laura Welsh*

**Introduction:** People who use drugs (PWUD) represent 10% of ED visits nationally; many delay seeking care