

## Supplementary Data

### Appendix A. Standardized Letter of Evaluation (SLOE) Template.<sup>1</sup>

#### B. Qualifications for EM. Compare the applicant to other EM applicants/peers.

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.  
 Above Peers (Top 1/3)     At level of peers (Middle 1/3)     Below peers (Lower 1/3)
2. Work ethic, willingness to assume responsibility.  
 Above Peers (Top 1/3)     At level of peers (Middle 1/3)     Below peers (Lower 1/3)
3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.  
 Above Peers (Top 1/3)     At level of peers (Middle 1/3)     Below peers (Lower 1/3)
4. Ability to work with a team.  
 Above Peers (Top 1/3)     At level of peers (Middle 1/3)     Below peers (Lower 1/3)
5. Ability to communicate a caring nature to patients.  
 Above Peers (Top 1/3)     At level of peers (Middle 1/3)     Below peers (Lower 1/3)
6. How much guidance do you predict this applicant will need during residency?  
 Less than peers     The same as peers     More than peers
7. Given the necessary guidance, what is your prediction of success for the applicant?  
 Outstanding     Excellent     Good

#### C. Global Assessment

1. Compared to other EM residency candidates you have recommended in the last academic year, this candidate is in the:

Ranking	# Recommended in each category last academic year
<input type="radio"/> Top 10%	<input type="text"/>
<input type="radio"/> Top 1/3	<input type="text"/>
<input type="radio"/> Middle 1/3	<input type="text"/>
<input type="radio"/> Lower 1/3	<input type="text"/>

Total Number of letters you wrote last year:

2. a. Are you currently on the committee that determines the final rank list?  Yes     No
- b. How highly would you estimate the candidate will reside on your rank list? (see instructions if questions)  
 Top 10%  
 Top 1/3  
 Middle 1/3  
 Lower 1/3  
 Unlikely to be on our rank list

1. The Standardized Letter of Evaluation (SLOE). Used with permission granted by the Council of Residency Directors in Emergency Medicine (CORD-EM). Accessed December 10, 2021. <https://www.cordem.org/resources/residency-management/sloe/esloe/> Accessed August 10, 2022. <https://www.cordem.org/globalassets/files/academic-assembly/2019-aa/handouts/day-3/sloe-101-an-introductory-course.pdf> or <https://www.uslegalforms.com/form-library/66403-official-cord-standardized-letter-of-evaluation-sloe>

## Appendix B. Supplemental Discussion of the Analytic Approach

A repeated-measures ANOVA allows for the analysis of the 7QEM ratings as dependent variables. Separate t-tests examined the dependent variables of GA, and RL, with one independent variable of UIM<sup>1</sup> status, to determine if ratings differed between groups. Separate t-tests examined the GA ratings and RL position, with one independent variable of UIM status, to determine if mean ratings differed between groups. We used these analyses to identify evidence of differential scoring between UIM and non-UIM students.

If 7QEM ratings are truly objective assessment measures, the models should be identical for UIM and non-UIM applicants. We examined how well each 7QEM rating was associated with GA or RL for UIM vs non-UIM applicants. We created separate multiple linear regression models to estimate the formula for the slope of GA ratings—one model for UIM applicants and a different model for non-UIM applicants. The regression analysis provided standardized beta coefficients, which can be compared between UIM and non-UIM regression models.

These analyses were used to answer the following questions about the data:

1. Are the 7QEM questions, GA, and RL mean ratings different for UIM and non-UIM applicants?
2. Is the relationship between the 7QEM scores and the GA different for URM compared to non-URM applicants?
3. Is the relationship between the 7QEM scores and the RL different for URM compared to non-URM applicants?

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<sup>1</sup> \* Underrepresented minority (URM) was defined by the Association of American Medical Colleges (AAMC) to initially reflect the racial groups of Black, Mexican-American, mainland Puerto Rican, and Native American (American Indian and natives of Alaska and Hawaii). This definition was later expanded to the current definition that includes racial and ethnic populations who are underrepresented in medicine (UIM) compared to the general population. In the abstraction of self-identified race/ethnicity, we used the original AAMC definition for URM.