

whether medical students feel they benefit from a resident driven mentorship program during their audition rotations.

Background: Mentorship is important for professional growth and success in medicine. There are few formal mentorship programs for medical students on audition rotations.

Objective: We launched an EM resident-driven mentorship program to help medical students excel in their clerkships, develop relationships, and navigate residency applications. We hypothesize that students will rate the mentoring positively and will report that it improved their performance.

Method: Students were assigned a self-selected EM resident mentor for their four-week clerkship at a single institution. Allopathic and osteopathic students were matched with residents from MD or DO schools, respectively. Mentors were instructed to review: patient presentations, differential diagnoses, clinical decision-making tools, rotation advice, and the application and match process. Mentors were instructed to meet with their mentees and to check-in weekly. Following the rotation, students were sent an online anonymous survey consisting of 6 multiple choice and 3 free response questions. Simple descriptive statistics and qualitative methods were employed for data analysis. Initial coding was performed independently by two study authors and then reviewed by a third author with experience in qualitative methodology. Suggestions were merged via consensus into a final code set that was used for thematic analysis.

Result: Six audition rotations occurred over the study period. Of the 47 students, 74% (n=35) responded to our survey. 97% (n=34) of participants recommended continuing this program, 91% (n=32) rated this program helpful, and 64% (n=16) stated that this improved their success on the rotation. Preliminary qualitative analysis of students' responses revealed the themes in Figure 1.

Conclusion: Preliminary data suggests that students found having a mentor during their audition rotations was meaningful. We believe students can benefit from a resident-driven mentorship program during their auditions.

Theme	Student Response
Clerkship Success	"I met him the first week of the clerkship and he provided me with some useful information on how to tackle the rest of the rotation. He helped me understand what my role should be."
Application Advice	"Getting outside feedback from someone who has so recently experienced the same challenges and found their way through those hurdles was just what I needed."
Enhanced Medical Knowledge	"They can teach from a supervising role because they went through intern year and learned from their own mistakes."
Team Camaraderie	"It can be hard adjusting to a new environment and a friendly face definitely helped."
Program Insights	The "mentor program was very good for general information and also to get a feel for the type of program..."
Safe Space	"It was helpful to have support from someone who truly wanted me to succeed and was willing to help me through the challenges I faced."

Figure 1.

37 Integration of Self Evaluation into Emergency Medicine Resident Assessment and Direction (I SEEM RAD)

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Learning Objectives: We aim to examine resident self-

evaluation using ACGME Milestone criteria as a potential tool in improving the quality of feedback given at scheduled semiannual meetings, which occur after meetings of faculty committees to evaluate residents on Milestone criteria.

Background: In 2013 the Accreditation Council of Graduate Medical Education (ACGME) introduced "Milestones" designed to nationally standardize the evaluation of residents during required semiannual Clinical Competency Committee (CCC) meetings. Previous studies compare resident self-evaluation on milestones to faculty evaluation, with varying degrees of agreement, but integration of self-evaluation into the formative feedback process has not yet been directly studied.

Objective: To compare the quality of feedback given in semiannual reviews before and after the incorporation of resident self-evaluation into the feedback process.

Methods: This was an interventional study conducted in a single residency program at a major academic hospital over one calendar year. Residents first engaged in a semiannual review without self-evaluating. At the next semiannual review, the same residents completed a self-evaluation of ACGME milestones which was provided to the faculty member assigned to conduct their semiannual review. After both semiannual reviews residents and faculty completed brief surveys rating feedback quality. Two-sided Wilcoxon signed-rank tests were used in comparison analysis.

Results: One resident did not self-evaluate prior to the semiannual review and was excluded from analysis. Residents found feedback after the self-assessment more actionable (p = .013), insightful (p = .010), and better overall (p = .025). Similarly, faculty felt their feedback was more actionable (p < .001), more insightful (p < .001), better communicated (p < .001), led to improved resident understanding of milestones (p < .001), and were overall more satisfied (p < .001).

Conclusion: Integration of self-evaluation into semiannual reviews improves feedback given to residents as perceived by both residents and faculty. Although limited by sample size, the results are promising for a simple, evidence-based intervention to improve feedback during an existing mandated feedback opportunity.

38 Interviewers with lower academic rank had higher odds of changing their scores for applicants after a group discussion

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Learning Objectives: Interviewers with lower academic rank had higher odds of changing scores after a group discussion in this cross-sectional observational study. Interviewer sex, initial score, and interviewee final rank group (top, middle, or lower third) also had significant