

statements regarding presentation skills pre- vs post-workshop (effective frame/context, clear history/physical exam, convincing top differential diagnoses, comprehensive management plan, appropriate confidence, clear/effective communication, organized/structured approach). All ratings of self-efficacy (N=23) increased with statistical significance ($p < 0.001$) and large effect size; the average self-efficacy rating was 2.50/5 pre-workshop versus 4.32/5 post-workshop. Average workshop rating (N=55) was 4.73/5.

Impact/Effectiveness: This workshop improved students' self-efficacy in oral case presentation skills. Peer-teaching, repetition, and feedback opportunity aided workshop success. Medical educators can adapt this educational model to help learners practice and elevate oral case presentations.

38 Buddy System: An Interventional Peer-Mentoring Program Between Fourth-Year Medical Students and Emergency Medicine Residents

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Learning Objectives: To implement a peer mentorship program and assess its impact on the levels of stress and self-esteem of fourth year medical students.

Background: Residents and medical students often face significant stress during their training which negatively impacts their wellbeing and job satisfaction. Peer mentoring is a dynamic social construct shown to have a positive effect on psychosocial wellbeing, stress reduction, and job satisfaction. We hypothesize that implementing a buddy system between emergency medicine (EM) residents and fourth year medical students will have a beneficial effect towards decreasing stress levels and improving self-esteem during their EM rotation.

Objectives: To implement a peer mentorship program and assess its impact on the perceived levels of stress and self-esteem of fourth year students.

Curriculum design: We implemented a 5-week 1:1 peer-mentoring program between 27 students and current EM residents at a Level I Trauma center over three rotation months. Prior to the rotation, they each received an email introducing the buddy system and outlining suggested topics and a meeting frequency of three times. Students completed surveys incorporating the 10 item Perceived Stress Scale and the Rosenberg Self-Esteem Scale both one week prior and on the last day of the rotation. Random numbers were assigned for anonymity.

Impact: In total, 25 of 27 pre and post surveys were collected. Preliminary data shows that 84% of buddy pairs met at least three times, 92% of students perceived the intervention positively, and 84% believed it contributed to

their overall wellbeing. This is an easy platform to implement with no cost or constraints on a residency program. By implementing peer-mentorship early it can have a rapid positive effect, foster a larger network of mentorship, and improve the psychological safety of trainees.

39 Can a Modified Medical History Performed (in a Virtual Setting) by Medical Students Provide a More Efficient and Accurate History?

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Learning Objectives: To determine whether a history elicited by using an modified format of questions, i.e. past medical history prior to history of present illness, can reduce the amount of time necessary to obtain vital historical elements compared to the traditional history-taking format in a virtual environment.

Introduction: History-taking and communication skills are essential for accurate and efficient diagnosis in Emergency Medicine. The traditional history begins with the patient's chief complaint, followed by the history of present illness, past medical, surgical, social history, medications, and allergies. We propose an alternative history-taking method to obtain the medical history before eliciting the history of present illness to obtain key historical elements more efficiently.

Educational Objectives: To determine whether a history elicited by using a modified format of questions can reduce the time necessary to obtain vital historical elements while preserving complete assessment compared to the traditional history-taking format; history of present illness before medical history.

Design: The study enrolled 3rd and 4th-year medical students randomized to alternative history or traditional history taking methods. Students were placed in a Zoom room with a standardized patient who provided epigastric pain, flank pain, or syncope narrative. The virtual histories were recorded and later reviewed for comprehensiveness and timing. Results: Most students were 4th-year medical students (74.8%) who completed family medicine and internal medicine rotations (54.2%). The average time for history was 609 seconds vs. 617 seconds for the alternative and traditional groups, respectively (p -value 0.76). The alternative history elicited 14 of the 19 key elements of the history more than 70% of the time compared to the traditional (12 of 19).

Conclusion: This pilot study demonstrated that an alternative history method elicits more key elements than traditional history. It establishes that randomized simulated patient studies can be utilized in a virtual environment in place of in-person. Further studies can continue using the