

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

Yehuda Wenger, Ramin Tabatabai, Brad Stone, Linda Papa, Jesus Roa

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?

Simi Jandu, Kristen Cuadra, Steven Joseph, Brett Todd, Ronny Otero

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

virtual environment to determine whether this history-taking method is effective for more medically complex emergency department patients.

40 Development of a Longitudinal Elective Focused On Undergraduate Medical Education

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Learning Objectives: We aimed to develop a longitudinal undergraduate medical education elective for academic-bound residents based on the responsibilities and expectations of an emergency medicine Clerkship Director.

Introduction: With the growing complexity and nuance of the EM application process, the need for well-trained Clerkship Directors (CDs) and advising faculty is greater than ever. Development of electives exposing residents to the intricacies of advising in the residency application process and of running an EM subinternship can help develop faculty skilled in these areas and prepared to take on the role of CDs in EM.

Educational Objectives: We developed a longitudinal elective introducing residents to undergraduate emergency medical education with objectives derived from the responsibilities and expectations of an EM CD. These objectives included developing skills in giving feedback and advising, reinforcing good practice in teaching and administrative responsibilities, and acquiring skills in summative evaluation.

Curricular Design: We chose to forgo the traditional block elective and instead utilized a longitudinal elective structure coinciding with medical student audition rotations. Residents worked fewer clinical shifts per month during audition rotations, allowing the flexibility to participate in and complete all elective responsibilities. Residents participated in monthly orientation, mid-rotation feedback and advising sessions, and composed Standardized Letters of Evaluation (SLOEs) with graded responsibility. After observing two blocks of each session, residents transitioned to leading these under direct supervision of the CD. Residents then completed summative feedback for use in the program's SLOEs.

Impact: Utilization of a longitudinal elective allows residents ample time for career exploration and skills development without the constraints of the traditional one-month elective timeline. Residents were able to apply advising strategies learned early on, confidently advising students in residency applications, accurately identifying at-risk students, developing introductory knowledge to complex cases and generating SLOE writing strategies.

41 Jazzing Up Virtual Interview Season With a Residency Program Information Portal for Interviewees

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Learning Objectives: To asynchronously connect interviewees to our residency program through a digital platform designed to recreate personalized knowledge-sharing.

Background: Emergency medicine residency recruitment has continued in the virtual environment in 2021. Remote interviews limit the personalized exchange that occurs between program and applicant. Virtual interviews, while more equitable and financially feasible, result in applicants feeling less familiar with the program. To compensate, an emphasis on digital presence is needed. A well-curated website can provide foundational information about the program but typically lacks the personalized quality of an in-person on-site interview.

Objectives: To asynchronously connect interviewees to our residency program through a digital platform designed to recreate personalized knowledge-sharing.

Design: We created a website to convey personalized program information to 2021-2022 interviewees called the "Stanford Applicant Access Zone (SAAZ)." Through this private interviewee-only platform, we recreated many of the discussions and presentations that otherwise occur during an in-person interview. SAAZ contains interview logistics for the interview day, future engagement opportunities, videos highlighting unique features of the program, and a tour. We tracked the number of visits and page views to gauge use.

Impact/Effectiveness: As of 11/23/21, there were 184 users of 210 invitees who account for 1506 page views. The peak usage was in the first week of November after invites were sent, with spikes in usage on a weekly basis thereafter, consistent with interview days. The average engagement time was 248 seconds. Apart from the welcome page, the most commonly viewed page was "Interviews" at 337 views (2.36/user), followed by "Engage" at 279 (2.18/user), "Meet the Team" at 207 (1.92/user), and "ACCEL" at 152 (1.54/user). The interview day length decreased from 5 to 3 hours by relocating content to the website. SAAZ is a novel means to provide asynchronous program details while preserving personalized information sharing and shortening the virtual interview day.