average assessment score across the group as a whole (95% CI 0.4-0.8, P = 0.00043). Survey data showed that 96.4% of the group reported improved confidence and 92.8% reported improved accuracy.

Conclusions: This study suggests implementing a formal radiology curriculum has the potential to significantly improve an EM resident's ability to accurately and confidently interpret radiographic images. Limitations included sample size, generalizability and selection bias.

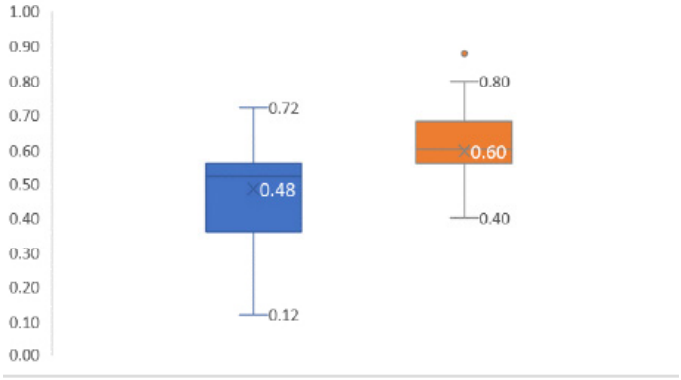

Figure 1. Quiz results: total.

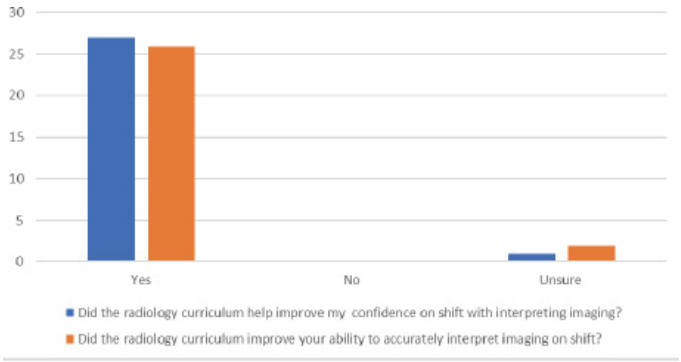

Figure 2. Post-survey: total.

18 Expanding an Emergency Medicine Sub-Internship Mentorship Program

Atizaz Hussain, Christopher Kuhner, Ridhima Ghei, Jeanette Kurbedin

Background: Mentorship is fundamental in medical education for trainees to receive career development advice. There are few formal mentorship programs designed for medical student success in both rotations & residency applications.

Objectives: We expanded an EM mentorship program for 4th-year EM-bound medical students on their sub-internship at an urban tertiary care hospital in Brooklyn, NY. Resident & attending mentors developed relationships with students & provided advice for the rotation along with the holistic residency application process. The goal was for students to view the mentorship positively & report that the program improved their performance.

Methods: Interns, senior residents, and attendings volunteered as mentors for 4th-year medical students. Mentorship groupings were based on schedules and pre-rotation survey responses. Resident mentors were trained to review patient presentations, differential diagnoses, and the application process with the students. Attending mentors were given a 1-hour presentation reviewing NRMP match data to guide students on applying. Students were sent a post-mentorship survey on their experiences. The data was analyzed via statistical analysis.

Results: Of the 40 sub-interns, 85% (n=34) responded. 100% (n=34) of students recommended continuing the program, 94.1% (n=32) rated the program helpful, and 76.5% (n=26) felt the program helped their performance. 64.7% (n=22) met their resident mentor out of work and 73.5% (n=25) had a shift with them. 29.4% (n=10) met their attending mentor out of work and 35.3% (n=12) had a shift with them. 67.6% (n=23) stated they will keep in touch with the resident mentor while 58.8% (n=20) were unsure if they will keep in touch with the attending mentor.

Conclusion: The data support that a formal mentorship program for medical students during their clerkship was beneficial. Including attending & resident mentors allow students different perspectives on the rotation & application.

19 External Validation of the Fresno Test - An Evidence-Based Medicine Assessment Tool

Catherine Yu, Sarah Dunn, Marc Berenson, Ariel Sena

Background: Evidence based medicine (EBM) is an entrustable professional activity for medical students entering residency. We have used the Fresno test for assessment of our emergency medicine (EM) clerkship EBM curriculum since 2018. It is a validated tool for assessing EBM competency and is composed of twelve free-response questions scored with a detailed rubric. Inter-rater reliability (IRR) for scoring this test was reported as 0.76 to 0.98 in the original development of this tool, however, there have been limited external validation studies for medical student cohorts.

Objectives: We sought to evaluate the IRR of the Fresno test as scored by multiple independent graders in our cohort of medical students as a measure of external validation of this tool.

Methods: In 2020-2021, grading of the Fresno test was done by a group of four faculty and two senior residents, with two individuals grading the test independently