of shift evaluations of 4th year medical students rotating in the emergency department (ED) from May 2024 to March 2025 at a level 1 trauma center with an ACGME-accredited 3-year EM residency program. We calculated the total score of end-of-shift evaluations for each 4th year medical student rotating through EM. These scores were used to determine a student's final grade. End-of-shift evaluations included 9 parameters: Clinical knowledge/history taking/physical exam, Clinical reasoning, Charting, Work ethic, Communication/bedside manner, Enthusiasm, Knowledge confidence, Kindness/empathy, and Response to feedback. Total score was 54 for each end-of-shift evaluation. We then calculated a cumulative score by adding the total scores from 8 consecutive end-of-shift evaluations for a potential total score of 432. The main outcomes were i) having a SLOE, and ii) SLOE ranking into categories of top 10%, top third, middle third, or lower third.

Results: There were 54 medical students who rotated though the ED from during the study period, 34 (63%) were female and 20 (37%) were male. Twenty-five (46%) had a SLOE, and 29 (54%) did not. The average cumulative end-of shift score for student rotators with a SLOE was 375.5 (95%CI 366.7-384.3) versus 354.1 (95%CI 340.3-367.9) without a SLOE (p=0.013). There was a significant correlation between cumulative end-of-shift evaluation scores and SLOE ranking with a rho of 0.701 (p<0.001) with higher rankings having higher scores. The mean cumulative score for those ranking top 10% on their SLOE was 409.4 (95%CI 358.6-460.2), those ranking top third was 386.0 (95%CI 369.9-402.0), those ranking middle third was 370.5 (95%CI 360.0-380.9), and those ranking bottom third was 356.9 (95%CI 345.0-368.7) (p<0.001).

Conclusion: This study demonstrates that higher cumulative end-of-shift scores in 4th year medical student rotators were significantly associated with both receiving a SLOE and with incremental increases in SLOE ranking categories.

55 Impact of Early Exposure on Interest in Emergency Medicine Among Underrepresented Undergraduate Students

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Background: For undergraduate college students (UCS), early-exposure programs in medicine stimulate their interest, positively influencing their career aspirations and clarifying misconceptions. These programs aim to diversify the physician workforce and reduce barriers by targeting underrepresented in medicine (URM) groups. This study evaluated how early Emergency Medicine (EM) focused sessions influence URM UCS familiarity, interest, and perceived barriers.

Methods: URM UCS attended faculty-led EM sessions as part of structured enrichment programs that provided an overview of EM and career pathways. Students completed voluntary, anonymous pre- and post-surveys assessing their EM familiarity, interest, and perceived barriers. These yearly sessions were completed in 2024 and in 2025.

Results: Combining data from both sessions, a total of 109 UCS completed the pre-survey with 87% post-survey response rates. UCS in the 2024 session included 47.4% Black/African American, 26.9% Hispanic/Latino, 3.8% mixed ethnicity, and 71.8% female; demographic data was not collected in 2025. Before the sessions, 13% of UCS were very familiar to extremely familiar with EM, while 37% of UCS expressed probable or definite interest. Barriers included financial cost (73% UCS), lack of mentorship (57% UCS), academic challenges (53% UCS), and insufficient exposure to medicine (44% UCS). EM-specific barriers included stress (65% UCS), work-life balance (58% UCS), and inadequate exposure to EM (59% UCS). Post-intervention, familiarity rose to 74% (UCS), with 84% (UCS) reporting increased interest. Students identified mentorship (84% UCS), shadowing (96% UCS), workshops (72% UCS), and info sessions (64% UCS) as key in fostering further intent to explore a career in EM.

Conclusion: This study underscores the need for targeted EM programs to support diversity through department-led initiatives for increased exposure through mentoring and shadowing for UCS URM groups. Addressing persistent barriers and limited exposure through mentorship and longitudinal engagement may further enhance efforts to diversify the EM workforce. Future plans include tracking students' academic trajectories to evaluate retention of URM students in EM.

56 Framing Failure: Thematic Analysis of Applicant-Cited Reasons for Exam Failure in EM Residency Applications

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Background: Variation exists in how applicants and advisors approach discussion of board failures on EM residency applications. Understanding these narratives may inform advising and holistic review practices.

Objective: To examine applicant-cited reasons for exam failure and variation in disclosure and themes by gender, degree type, and International Medical Graduate (IMG) status.

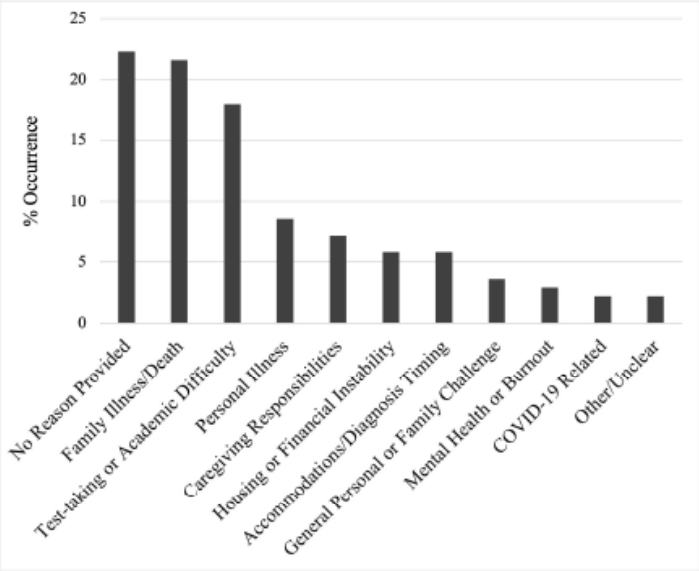
Methods: A single-site retrospective analysis of 2025-2026 EM ResidencyCAS submissions identified applicants with ≥1 USMLE/COMLEX failure. Two reviewers independently performed inductive qualitative coding of applicant narratives to categorize cited reasons for failure and self-reported improvement strategies. Descriptive statistics,

chi-square tests, and exploratory logistic regression examined associations by gender, degree type, IMG status, and exam type, as well as disclosure patterns.

Results: Of 1195 applications for the 2025–2026 cycle (≈30% of all EM applications), 199 (16.7%) had ≥1 USMLE/COMLEX failure. 117 (58.8%) addressed failure(s) in a reflective statement (n=66, 56.4%), personal statement (n=45, 38.5%), or both (n=6, 5.1%). 140 reasons for failure were cited (Figure 1), including family illness/death (n=30, 25.6%), test-taking or academic difficulty (n=26, 22.2%), personal illness (n=12, 10.3%), and caregiving responsibilities (n=10, 8.5%). 32 applicants (27.4%) mentioned failure(s) without explanation. Women were more likely than men to attribute exam failure to caregiving demands (8.3% vs 1.1%, p = 0.023), and IMGs were less likely to cite personal/intrinsic causes than non-IMGs (12.9% vs 28.5%, p = 0.017).

Many applicants (n=67, 57.3%) outlined changes leading to success while 37 (31.6%) did not. Improvement strategies included altered study approach (n=53, 53.5%), seeking support/mentorship (n=19, 19.2%), wellness/self-care (n=14, 14.1%), and additional time off (n=9, 9.1%) (Table 1). Reporting did not vary by gender, degree, or IMG status.

Conclusions: These findings highlight the need for structured advising on discussing academic setbacks and for holistic review practices that recognize resilience and improvement following prior challenges.



Improvement Strategy	n	%
Changed study approach	53	53.5%
Sought support/mentorship	19	19.2%
Wellness/self-care	14	14.1%
Took additional time off	9	9.1%
No strategy described	37	31.6%

**Some applicants listed more than one strategy, so percentages do not total to 100.*

57 Prevalence of Mentorship Among Pre-Medical & Medical Students: A Comparison Across Genders

Adriana Facchiano, Patrick Cheatle, Chloe Jeanmonod

Introduction: Formal and informal mentorship is a critical component of all levels of medical training, allowing opportunities for personal and professional development, participation in scholarly activities, and career exploration. While it is a requirement by United States accreditation bodies that medical schools provide mentorship programs, such programs are not standardized and there is no such requirement at the undergraduate level. Additionally, studies in other professional fields have shown that men are more likely to have mentors than women. This study aimed to compare the prevalence of mentorship among medical and premedical students and discern if there are gender differences.

Methods: Pre-medical and medical students were recruited to complete anonymous web-based surveys. Pre-medical students were recruited by email to 200 college programs chosen at random via the coordinator for their medical professional interest groups. Medical students were recruited by email to 200 medical schools chosen at random via the dean of students. Students were also recruited on shift at the primary study site via QR codes in the emergency department. Students indicated if they had a mentor in their specialty of interest. Choices between male-identifying and female-identifying students were compared using chi square. The study was IRB reviewed.

Results: 238 medical students (147 (61.8%) female, 91 (38.2%) male) and 144 pre-medical students (119 (82.5%) female, 25 (17.4%) male) enrolled. Two medical students and 1 pre-medical student are non-binary and were excluded from analysis. 61% of medical students had mentors versus 18% of pre-medical students ($p < 0.05$). There were no significant differences in mentorship between genders in either group (p=0.74 for medical students, p = 0.81 for pre-medical students).

Conclusion: There is a mentorship gap in medical education, particularly in the undergraduate setting. This gap highlights a critical deficiency in the pre-medical experience and underscores the need for early, structured opportunities for guidance and professional development.