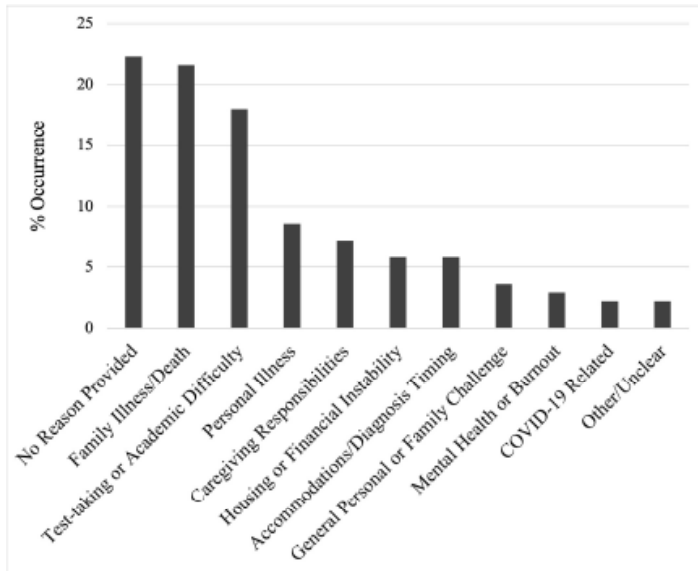


chi-square tests, and exploratory logistic regression examined associations by gender, degree type, IMG status, and exam type, as well as disclosure patterns.

**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



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%
<i>*Some applicants listed more than one strategy, so percentages do not total to 100.</i>		

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.

## 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.