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A Formal Mentorship Program Improves Quality and Access

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## 55 A Formal Mentorship Program Improves Quality and Access

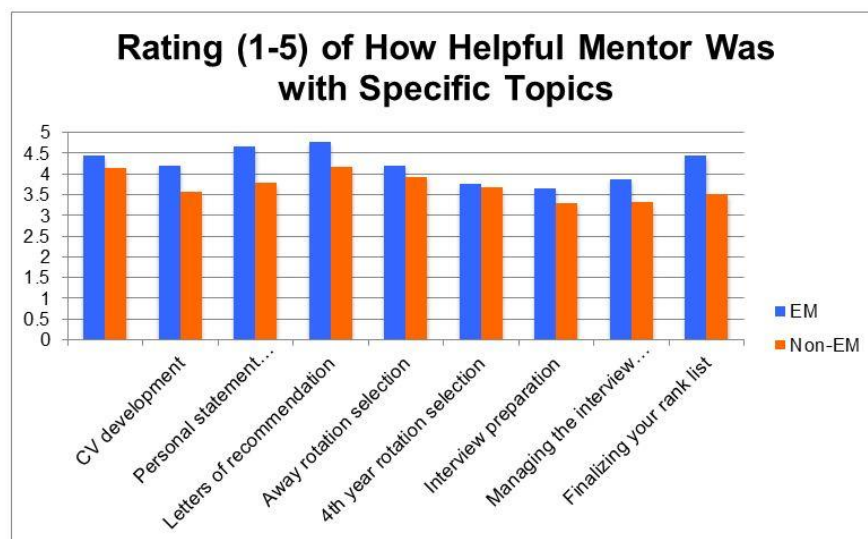
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**Background:** Faculty mentorship of students entering the annual residency match is essential, yet barriers exist to matching students with high-quality mentors.

**Educational Objectives:** To create an effective, standardized mentorship program for students entering the residency match in Emergency Medicine (EM), and to evaluate its capacity to eliminate common barriers to excellent mentorship.

**Curricular Design:** Using data from prior student surveys, faculty discussion groups, and individual student feedback, a framework for mentorship with specific discussion topics and a suggested meeting timetable was created and provided to all participants. Students were formally assigned to one of 10 selected EM faculty. Both mentors and mentees were asked to follow the guidelines of the mentorship program and received consistent encouragement through the 12 month cycle.

**Impact:** The participating students, as well as GUSOM students applying into all specialties, were surveyed about their mentorship experience at the end of the application cycle in March. Ten students in the formal EM mentorship program, and 70 medical students entering other specialties responded to the survey. 18% of non-EM students had difficulty identifying an appropriate mentor, whereas 0% of the students in the mentorship program faced this challenge ( $p=0.16$ ). Students in the formal mentorship program reported higher rates of satisfaction with assistance they received on specific pertinent components of the residency application process (Fig 1). On a scale of 1-5, all students valued availability (4.9) and residency match knowledge (4.95) in their mentor over faculty reputation (academic 4.1, clinical 4.1 or national 3.5) and research access (3.6). By eliminating access barriers and significant variance, a structured mentorship program for the residency applicant may be an effective tool both in other specialties and at other institutions.



**Figure 1.** Comparison between EM and non-EM respondents on how helpful their mentor was with particular topics (1=not helpful at all, 5=very helpful).