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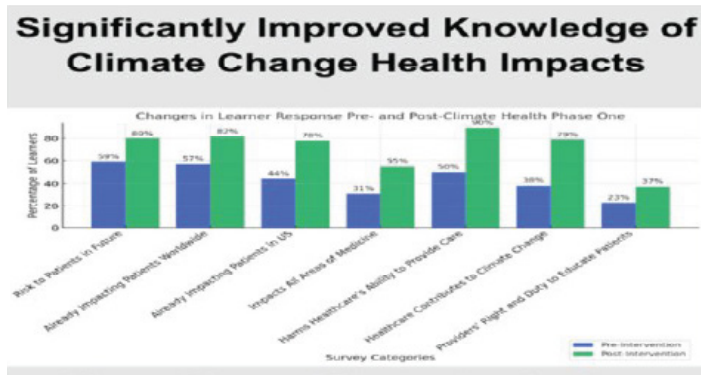
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changes in knowledge, attitudes, and perceived professional roles and responsibility.

Impact: A total of 145 students participated, with response rates of 92 percent for the pre-survey and 62 percent for the post-survey. Students demonstrated substantially improved understanding that climate change is already affecting patients in the United States and globally, influences all specialties, and contributes to strain on healthcare systems. Awareness of healthcare's contribution to greenhouse gas emissions more than doubled. Notably, the proportion of students who believed physicians have both a right and a duty to discuss climate-related health risks with patients and to provide anticipatory guidance rose from 23 percent to 37 percent. These findings suggest that an integrated, phased approach can deliver meaningful climate and health education without significant disruption to existing curricula. Future evaluation will focus on preclinical integration and the senior elective, with potential expansion into graduate medical education.



	Orientation	Integration	Planetary Health Senior Elective
Audience	Entire Entering Medical School Class	All 1 st and 2 nd Year Medical Students	Interested Senior Medical Students
Description	Intro Didactic Small Groups • Authentic Local Clinical Cases • Health Care's Impact • Advocacy Reflection	Integrate relevant material into all pre-clinical blocks eg – Reproductive block: heat and PM cause preterm labor	• PH Didactics • National Modules • EH Clinic • Advocacy at Capital • Small Group TBL • Final Project
Advantages	Foundational Base for Future Learning for All Incoming Students	Connects climate change as a threat multiplier Doesn't require additional curricular time	Students gain a deeper understanding of Planetary Health and Individualized project
Goals	Foundation	Application	Leadership

17 MatchMakerMD: A Novel Mentorship Pairing Software to Boost Scholarship

Shad Yasin, Kelly Reese, Andrew Mittelman, Kelly Mayo, Avery Clark

Background: Mentorship and scholarly productivity are

core expectations in graduate medical education, yet many EM departments lack systems to connect learners with potential mentors. Prior studies show that 94.1% of EM residents stated that mentorship was the key to success in residency. To address this gap, we developed a centralized portal to catalog active scholarly projects and research interests among EM residents, fellows, and faculty.

Educational Objectives: To increase accessibility of departmental scholarly activity and expertise, facilitate faculty-trainee mentorship, and enhance research collaboration and scholarly output.

Curricular Design: The intervention followed Kern's Six-Step Model. Our needs assessment drew from Program Evaluation Committee (PEC) meeting minutes and ACGME Survey weaknesses. In response, identification of mutual scholarly interests was prioritized. We surveyed residents, fellows, and attendings to collect research interests, ongoing projects, scholarly ideas, and mentoring capacity. After exploring options for dissemination, we deployed an interactive portal, iteratively improved the user experience via pilot rounds, and launched it during a department-wide scholarship day. Users can identify and sort collaborators through interest clustering, content expertise, and availability. A periodic newsletter highlights recent activity and encourages continued use.

Impact: Focus group feedback shows trainees have increased access to a more diverse pool of mentors, and faculty have convenient lists of mentees for collaboration. Ongoing evaluation is studying the quantitative impact on abstract submissions, poster presentations, and resident scholarly output. The implementation of a mentor/mentee pairing portal has transformed the process of identifying collaborators in an academic EM department. This model is easily scalable for other residencies or fellowships and offers promise for increasing faculty/trainee collaboration via deliberate team formation.

18 Innovating Emergency Medicine Simulation Training through Generative AI: A Pilot in Resident Education

Robert Tennill, Richard Selinfreund, James Waymack, Sharon Kim

Introduction: Early EM residency training requires rapid development of efficient diagnostic reasoning, information gathering, and communication skills. Traditional simulation is resource-intensive and limited in scalability. Advances in generative artificial intelligence (AI) now enable realistic, interactive patient avatars that integrate history, physical exam, diagnostics, management, and interpersonal communication. We piloted an AI-simulated patient program for PGY-1 residents to assess feasibility and educational impact.

Educational Objectives: To evaluate whether AI-simulated patient encounters improve early residents' confidence, diagnostic sequencing, clinical reasoning,