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A Novel Medical Student-Intern Mentorship Program in an Emergency Medicine Sub-Internship

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implemented for the last two years and well received. The milestones tool provided objective data for focused feedback on rural specific scenarios and task switching competencies. Post-simulation surveys assessing the usefulness, relevance, and execution used a 1–4 scale (4 being highly satisfied),

NAME:		DATE:				
Milestones Simulation: Rural Emergency Medicine MultiSIM – Peritonsillar Abscess						
Milestone		Action	Clear Evidence	Some Evidence	Not Completed	
PC1	1	Places patient on cardiac monitor and continuous pulse ox				
	2	Immediately addresses worsening airway protection and provides supplemental oxygen				
	3	Readdresses airway protection with supplemental oxygen and determines futility				
	4	Identify respiratory failure and promptly secures airway with cricothyrotomy				
PC2	1	Obtains basic history and physical exam				
	2	Obtains information regarding past medical/surgical history and allergies				
	2	Addresses pertinent clinical exam features for PTA				
	3	Focuses on airway examination given patient's primary complaints and concern for impending airway				
PC3	4	Asks for further information within EMR				
	1	Understands need to obtain imaging of neck				
	2	Obtains the correct diagnostic imaging and CBC, BMP, strep mono				
	3	Delays the diagnostic test following airway failure				
PC4	4	Appropriately interprets CT results following securing airway				
	4	Orders ABG and CXR following intubation				
	1	Provides patient with differential of concerns, can be prompted				
	2	Appropriately identify patient as sick				
PC5	3	Narrows differential via clinical assessment				
	4	Considers new diagnosis after ventilator difficulties when nurses asks why he is not oxygenating well despite intubation				
	1	Asks about allergies to medications				
	2	Treatment with antibiotics				
PC6	3	Adjunctive measures with steroids				
	4	Orders appropriate sedation medications following intubation				
	1	Addresses airway concerns				
	2	Provides supplemental oxygenation				
	3	Early transfer decision prior to airway compromise				
	4	Securing of airway				
	4	Completion of transfer and airway management following intubation				
	PC7	1	Basic airway management skills			
2		Appropriately gathers supplies for cricothyrotomy and procedural medications				
2		Identifies landmarks for cricothyrotomy				
3		Post procedure imaging and airway securing				
	3	Post procedure sedation				
	4	Ventilator management after airway has been secured (Increases PEEP after difficulty with oxygenation)				
	Milestones Simulation: Rural Emergency Medicine MultiSIM – Postpartum Hemorrhage					
	PC1	1	Patient is immediately placed on monitors			
2		Address imminent delivery and needs to deliver baby				
3		Identifies risk of destabilization of patient following delivery				
4		Intervenes in a timely manner with medical management				
PC2	4	Performs timely tamponade of bleeding				
	1	Obtains abbreviated history and physical exam				
	2	Obtains appropriate GPA history, prior delivery history				
	3	Ascertains GBS status and Rh status				
PC3	4	Reviews EMR information to ascertain patient's baseline hemoglobin				
	1	Understands need to obtain labs post delivery				
	2	Obtains CBC, BMP, Rh factor				
	3	Appropriate interpretation of hemoglobin and Rh				
PC4	4	Administers rapid transfusion and Rhogam				
		Discusses differential of postpartum hemorrhage with patient				
	2	Identify patient as at risk of decompensation				
	3	Narrows down differential by examination				
PC5	4	Frequent reevaluation of patient hemodynamics after various interventions				
	1	Address postpartum hemorrhage with physical examination				
	2	Administer oxytocin				
PC6	1	Prepare appropriate preparation for delivery				
	2	Administer penicillin given GBS status				
	3	Perform appropriate steps of delivery				
	3	Perform post-delivery assessment of infant				
PC7	4	Address nuchal cord and assess for shoulder dystocia				
	4	Supportive warming methods and nasal bulb suction				
	1	Address need for uterine tamponade after medical management				
	2	Order transfusion to supplement management				
	4	Place uterine tamponade device				
	Milestones Simulation: Rural Emergency Medicine MultiSIM – Retrobulbar Hemorrhage					
	PC1	1	Obtains focused history			
		2	Performs appropriate physical exam, completely exposing the patient			
3		Performs thorough ocular exam (Pressures, visual acuity, assessment for ruptured globe)				
3		Identifies need for emergent management of orbit				
PC2	4	Timely discussion with patient regarding lateral canthotomy				
	1	Diagnosis not delayed by imaging				
	2	Rapidly obtains medical supplies for lateral canthotomy				
	3	Administers appropriate medication support (amiodolys, lidocaine)				
	4	Verbalizes the appropriate steps for performing a lateral canthotomy and checks pressure				
	4	Administers appropriate post management with steroids, acetazolamide, timolol, etc.				
	Milestones Simulation: Rural Emergency Medicine MultiSIM – Overall					
	PROF1	1	Honest and genuine approach			
2		Sensitive and respectful regarding patient beliefs/delays in presentation				
PROF2	1	Arrives on time and appropriately dressed				
	1	Establishes rapport with patient				
TCS1	1	Listens and does not ask repetitive questions				
	2	Elicits why patient in EC				
	3	Effectively communicates needs for various procedures with patients				
	1	Respected with staff and consultants				
CS2	2	Integrates staff concerns into their assessment				
	3	Clearly and concisely addresses reason for consultation				
	4	Remains composed and used appropriate communication strategies despite multiple disruptions				
	SBP1	1	Demonstrates knowledge of coordination of care			
2		Integrates use of interprofessional team in routine settings				
3		In complex clinical situations, effectively assesses needs for patient transfer to secondary facility				
4		Makes appropriate rationale regarding order in which patients will require transfer to other facility				
Task Switching	1	Remains focused upon task at hand				
	2	Can multitask between few tasks, integrating levels of active requirements, with some obstacles that affect care, requiring redirection				
	3	Multitasks effectively between multiple patients, requiring some prompting to have nurse check on other patient while performing procedure				
	4	Multitasks effectively without prompting, effectively managing multiple patients safely at the				

the mean score in all domains were consistently above 3, most often 4. This replicable model provides a scalable framework for preparing EM residents nationwide to function independently in rural and critical access settings.

47 A Novel Medical Student-Intern Mentorship Program in an Emergency Medicine Sub-Internship

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Background: Most students applying to EM residencies complete sub-internships to gain exposure to residency programs and obtain a standardized letter of recommendation. Visiting students are under significant stress with pressure to perform in a new environment often without pre-existing support systems. Effective strategies to mitigate this are lacking in EM.

Objectives: To implement a medical student-intern mentorship program with the goal of improving the overall experience for visiting medical students in EM.

Design: We developed and implemented a near-peer mentorship program in our 4-week EM sub-internship in June 2025. All medical students enrolled in the sub-internship were paired with an EM intern mentor volunteer who was also rotating in our ED that month. For the July 2025 cohort, second-year resident mentors were used given interns just began residency. Mentor pairs were connected via email and students were instructed to contact their mentor. Due to the unique shift structure of the ED, we designed the interactions to be mentor/mentee initiated rather than scheduled. At the end of each rotation, anonymous surveys were distributed to participants to assess how the program was used, impact on student experience, and degree of burdensomeness to mentors.

Impact/Effectiveness: To date, 22 medical student-intern pairs have participated in the program. 93% of participants completed surveys. 21 (95%) students interacted with their mentor in-person at work and 2 (9%) interacted with their mentor outside of work. 20 students (90%) indicated it made their experience much better or slightly better. No students reported a negative impact. 16 students (73%) thought their intern mentor was more approachable than attendings. Higher student ratings of mentor approachability were correlated to more positive impact of the mentorship program on overall rotation experience ($p=0.004$). All resident mentors (100%) felt neutral, disagreed, or strongly disagreed that being a mentor was a significant time burden. In summary, this novel medical student-intern mentorship program positively impacted the experience of medical students without burdening residents. In the future, we plan to ensure mentors are mindful of the correlation with approachability and encourage residents to reach out to more passive students.