A structured and well-implemented peer mentorship program is paramount for medical schools due to the inability of other sources of mentorship to adequately address the function of on-campus peer mentorship, especially with respect to stress reduction, a key target in medical education.

RESULTS:
- The second class (n=9) rated their subjective growth higher in all three domains (PPD, SR, & ET) than the inaugural class (n=14).
- Most utilized types of mentorship by class:
  - Inaugural class: faculty mentor (78.57%) & informal PM (71.42%)
  - Second class: on-campus PM (100%), faculty mentors & informal PM (77.78%)
- Greatest mean growth by type of mentorship (Table 1):
  - PPD: faculty mentor (0.442)
  - ET: faculty mentor (0.560)
  - SR: on-campus peer mentor (0.865)
- Informal peer mentorship utilization correlated with less growth in all three domains.

DISCUSSION:
Qualitative data analysis led to the emergence of three themes:
1. Students utilizing their faculty mentor have the greatest growth in PPD and ET.
2. Students utilizing on-site peer mentorship report the greatest mean growth in SR.
3. Informal peer mentorship utilization correlates with less growth in the three domains.

REFERENCES: