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A simulated 2 day pediatric ward experience for 4th year medical students preparing for residency entry

What was the specific educational challenge you faced as a result of COVID-19?

Preparing 4th year medical students to re-enter the wards as interns without access to patients or the electronic health record (EHR).

What did you do? What lessons did you learn?

We created a 2 day simulated wards experience for four sub-interns that was designed in both format and timing to adhere as closely to a wards experience as possible. Four patient cases were selected, and the key EHR components were de-identified and formatted to resemble the EHR in Word (documents and images) and Excel (labs, assessments, and medication administration record). The experience was facilitated by an attending physician and two senior residents. Students received information in the form of emails at 7AM, and were able to ask additional questions about the history and physical examination until rounds, which were held at 9AM with a senior resident and attending physician. Students were expected to present the case in <10 minutes. For one student, a rapid response team activation occurred during rounds. The student was given new history and physical examination findings, discussed the case with their senior resident, and presented the case to a PICU attending. After rounds, sub-interns called consultants, played by the facilitators. At 2pm they received additional clinical information as well as new laboratory and imaging findings. At 3pm, they presented a clinical update, what they had learned from reading, and an updated plan. They then gave a signout to the "night team". They submitted a complete History and Physical Examination by 6pm. Morning rounds were repeated on day 2, and they subsequently received the remainder of the medical record for the stay. On day 3, they presented a discharge plan, answered a clinical question they had developed, handed off the patient to the Primary Care Provider, and submitted a discharge summary. After each element of the experience, sub-interns received feedback from a facilitator.

What feedback (if any) did you receive from your learners about what you tried?

Per the clerkship Director, Esther Chung, sub-interns reported that this experience was the "highlight" of the sub-internship. Formative feedback from students about the final day, which had confusing instructions, will allow us to fine-tune the experience for future students. Senior resident facilitators reported this experience provided an opportunity to participate in clinical teaching with medical students who had been removed from ward rotations.

What changes, if any, will you incorporate into your teaching approaches in the years ahead as a result of what you did?

This form of simulated rounds could be a useful tool for Transition to Residency, as well as a tool for preparing pre-clinical students for the reality of clerkships. Disadvantages of this approach which might be addressed in the future iterations include: 1) Rounds were provider-only, while best practice for ward rounds is patient-centered multidisciplinary rounds. 2) There is no opportunity for interacting directly with patients. 3) Abstracting data was very time-consuming (8-10 hours of time per patient).