

# VIRTUAL SIMULATED WELL CHILD VISITS FOR AN ONLINE PEDIATRIC CLERKSHIP WHILE SHELTERING-AT-HOME DURING THE COVID-19 PANDEMIC

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## BACKGROUND

- When students were pulled from clinical sites due to the pandemic, we sought to provide instruction on well child visits to meet clerkship content requirements
- Recognizing challenges of teleconferencing, we focused on non-exam portions of the visit

## PURPOSE

To develop, implement, and evaluate a virtual well child visit

## METHODS

- Curriculum development followed the GNOME model
- Goal was to provide knowledge and experience of:
  - Conducting a well child history
  - Interacting with parents and children of various ages
  - Offering anticipatory guidance
  - Answering common parent questions
- Curricular methods were based on experiential learning.
- Teaching was divided into 2 teleconferencing sessions
- Evaluation included student surveys and content analysis of survey comments

## METHODS: SESSION DESCRIPTIONS

### Session 1

- Students placed in small groups, assigned patient age,\* sent to virtual breakout rooms to discuss what they wanted to ask
- Volunteer patient/parent dyads were scheduled for Zoom "appointments"
- Assigned group of students interviewed the dyad
- Faculty facilitator gave specific feedback
- Students from the large group provided management and suggested anticipatory guidance

### Session 2

- To address common parenting questions and offer anticipatory guidance, each student assigned a question to pose
- Students in the group contributed ideas and examples
- Faculty facilitator modeled delivery of a complete answer

\*Ages covered: infant, preschool, school age, teen

## RESULTS

- 37 students completed both sessions
- All students were able to identify at least 2 pieces of new information they learned from each session

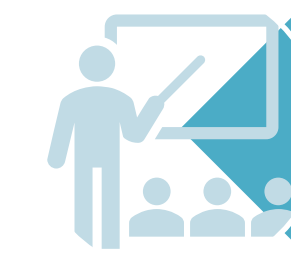
### Themes from Survey Comments



Structure allowed all students to participate



Real patients and case-based learning via teleconferencing is valuable



Structure promoted learning from both peers and faculty

### Representative comments from students

*More comprehensive than what I learned in clinic.*

*I enjoyed learning from my peers. / I liked seeing how my peers interview.*

## DISCUSSION

While not a perfect substitute for real patient encounters, students gained experience and learned clinical pearls based on virtual group well child visits.

Since teaching was outside of clinic, students learned well child history taking and parent advising in a methodical and detailed fashion.

Beyond providing required clerkship content, these sessions created opportunities for direct observation, facilitated discussion, and faculty and peer teaching.

In an in-person clerkship, virtual simulated visits can provide opportunity for teaching comprehensive well child history taking and practice answering a wider variety of parent questions.

Long term, this could also be used when clinics do not have an adequate population of certain age patients (teens in some peds practices, young children in some family medicine practices).