

## **Virtual simulated well child visits for an online Pediatric Clerkship while Sheltering-At-Home during COVID-19**

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### **Need for innovation/background**

When clerkship students were pulled from clinical sites due to the pandemic, we sought to provide instruction on well child visits. We developed, implemented, and evaluated a method of teaching simulated “well child visits” via teleconferencing. Recognizing challenges of teleconferencing, we focused on non-exam portions of the visit.

### **Objectives/Purpose**

Develop, implement, and evaluate a virtual well child visit

### **Instructional methods/materials used**

Curriculum development followed the GNOME model (1). Goal was to provide knowledge and experience of conducting a well child history, interacting with parents and children of various ages, offering anticipatory guidance, and answering common parent questions. Following a brief needs assessment, corresponding learning objectives were developed. Curricular methods were based on experiential learning (2). The teaching was divided into two teleconferencing sessions.

Session 1. Students were placed into small groups, assigned a patient age (infant, toddler, preschool, school-age or adolescent), and sent to virtual breakout rooms to discuss what to ask on history, and then rejoined the large group room. Volunteer patient/parent dyads were scheduled for Zoom “appointments”. To protect confidentiality, they were advised to fictionalize responses as desired. The assigned group of students interviewed the dyad. A faculty facilitator called “time out” to give specific feedback. Following the history-gathering, students from the large group provided management plan and suggested anticipatory guidance.

Session 2. For additional opportunity to address common parenting questions and offer anticipatory guidance, each student was assigned a question to pose. Students in the group contributed ideas and examples. Then, the faculty facilitator modeled delivery of the complete answer.

Evaluation included student surveys and content analysis of survey comments.

### **Educational outcomes**

37 students completed both sessions. All students were able to identify at least two new pieces of information they learned from each session. Themes from survey comments included: structure allowed all students to participate, real patients and case-based learning via teleconferencing is valuable, structure promoted learning from both peers and faculty.

### **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 these simulated visits did not occur during a busy clinic session, 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 an opportunity for teaching comprehensive well child history taking and practice answering a wider variety of parent questions. Long term, it can also be used when clinics do not have an adequate population of certain age patients (adolescents in pediatric practices, young children in family medicine practices).

### **References**

1. Roberts KB. Educational principles of community-based education. *Pediatrics*. 1996;98(6 Pt 2):1259-1263.
2. Kolb DA. *Experiential Learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall; 1984.