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A “Passport” to Urgent Care: Medical Student Education in the Pediatric Urgent Care Setting

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Background
Pediatric Urgent Care (PUC) serves as a rich environment to teach outpatient pediatric acute care. 96% of PUCs host trainees, but only 4% host medical students. Constraints on clinical teaching slots necessitate the utilization of novel settings.

Fall 2017, the University of Kansas (KU) School of Medicine approached the Division of Urgent Care at Children’s Mercy Hospital (CMH) in Kansas City, Missouri to host 3rd year medical students as part of their pediatric clerkship.

The PUC became a new site for medical student education, necessitating the development of a new curriculum.

Objective
Create a curriculum for pediatric clerkship students in PUC

Advantages
- High patient volume
- Pediatric acute care problems

Challenges
- Rapid patient turnover
- Multiple student preceptors

Setting
Starting July 2018, two of the three CMH PUC sites host 3rd year KU medical students for two weeks of ambulatory care out of their 8-week pediatric clerkship.

Objectives were created through review of the Council on Medical Student Education in Pediatrics 3rd year objectives and KU pediatric clerkship objectives. We found multiple objectives could be met in PUC.

Chief Complaint
1. Cough
2. URI
3. Fever
4. Sore throat (includes streptococcal pharyngitis)
5. Ear pain
6. Abdominal pain
7. Vomiting/diarrhea
8. Dermatitis/rash
9. Injury
10. Joint pain/limping

Expectations:
- Review website
- Supervised procedures
- Two notes per shift
- Student-led teaching
- Passport
- Evaluations

Working with multiple preceptors, objectives were formatted into a “passport”. Medical students expected to demonstrate these objectives at the “shows how” level of Miller’s Pyramid.

The Passport functions as a checklist to ensure the student receives a broad education on acute pediatric concerns. Topics that are not covered by patient encounters are covered through brief teaching sessions.

Discussion
The curriculum will be evaluated through post-rotation surveys of the rotation and all preceptors. The last 60 minutes of each student’s last shift are reserved for evaluation completion. Evaluations will be anonymously compiled and, once enough have been collected to ensure that anonymity, distributed to the preceptors and discussed with UC leadership.

Conclusion
Medical students increasingly need more venues for hands-on education, and urgent care provides a unique opportunity to provide this education. As urgent care continues to grow as a field, it will become increasingly important to incorporate it into medical education. Our efforts represent the initial steps toward a goal of national urgent care education for medical students. Future work will include evaluation of how medical student education impacts patient turnover in urgent care and measuring student & preceptor satisfaction.

References