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

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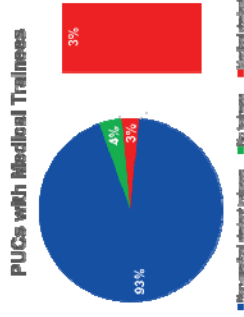
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Background

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.¹ Constraints on clinical teaching slots² 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.

Design

Objectives were created through review of the Council on Medical Student Education in Pediatrics 3rd year objectives³ and KU pediatric clerkship objectives. We found multiple objectives could be met in PUC.

Objective	Chief Complaint
1. Name two strategies to quickly develop rapport with families	1. Cough
2. Name two exceptions to adolescent confidentiality	2. URI
3. Perform two observed patient encounters (first encounter)	3. Fever
4. Perform two observed patient encounters (second encounter)	4. Sore throat (includes Streptococcal pharyngitis)
5. Perform or observe a history and physical on a patient presenting with suicidality	5. Ear pain
6. Obtain a diet history on an infant	6. Abdominal pain
7. Assess state of hydration – recognize exam findings of dehydration, explain how to use oral rehydration therapy for mild/moderate dehydration	7. Vomiting/diarrhea
8. Elicit or observe an appropriate history surrounding an ingestion (type, route, amount, timing)	8. Dermatitis/rash
9. Demonstrate knowledge about the use of the poison control center and other resources for patients presenting with ingestions	9. Injury
10. Identify signs of critical illness	10. Joint pain/limping
11. Describe the initial emergency management of seizures	
12. Describe the initial emergency management of severe respiratory distress	
13. Describe the initial emergency management of head trauma	
14. Describe the initial emergency management of cervical spine trauma	
15. Describe the initial emergency management of head trauma	
16. Recognize when intentional injury or non-accidental trauma ought to be considered in a patient's differential	
17. Observe a respiratory therapist during patient care	
18. Observe a preceptor's approach to a clinical question or discuss their approach when they have a clinical question	

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.⁴

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

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