

1 & 2. Problem identification, General Needs Assessment, and Targeted Needs Assessment

- Pediatrics is a field that has unique challenges that require specific skills that are not always taught in preclinical years including
 - Developmental history
 - Interviewing parents
 - Physical exam on patients of various developmental stages
- In inpatient pediatrics, Family Centered Rounding (FCR) is a best practice where the interdisciplinary care team rounds with the family to devise a plan
- This is the first year that rounding and pre-rounding in the EHR has been taught in the first-year curriculum
- FCR and navigating the EHR are both important skills that were not previously taught in previous years of our first-year medical student curriculum

3. Goals and Objectives

The goal of this session is to introduce key skills needed to take care of pediatric patients and reinforce EHR skills taught in the past

At the end of this session first year students will:

- Identify the differences between the pediatric and adult history and physical exam
- Navigate the EHR of a hospitalized patient
- Develop an assessment and plan for a hospitalized child
- Understand the importance of FCR

4. Teaching Methods

The two-part session contained various teaching methods Day 1 included:

- Low fidelity simulation of a child in diabetic ketoacidosis
- Standardized patient (SP) interview with the patient's parent
- Didactic information on pediatric history and physical
- Simulated EHR of the same patient for students to practice pre-rounding

Day 2 included:

- Panel discussion on experience of being a child with a chronic illness
- Discussion of family centered rounding
- SP encounter practicing family centered rounding
- Practice writing a SOAP note



Figure 1 Example of the PowerPoint used to guide the low-fidelity simulation

5. Implementation

- The Standardized Patient (SP) Program at UCLA, through the relationship with Foundations of Practice, provided SPs
- For the low fidelity simulation, a PowerPoint was used in conjunction with screen recordings of vitals signs using Resus Monitor
- Each corresponding slide in the PowerPoint constituted a different state based on the actions done by students
- A diabetic ketoacidosis case was chosen as the students were currently in their endocrinology block
- For feasibility, an existing chart was edited in the play environment of the EHR

6. Evaluation and Feedback

- In qualitative feedback, students appreciated that the simulation tied back to fundamental concepts taught during the endocrinology block
- Faculty feedback included wanting more guidance about the case before the day of the simulation including how to navigate the EHR
- The original simulation included a mannequin with AED which will not be used next year to simplify the case