IN PRACTICE

A22

INTRODUCTION TO PAEDIATRICS: UTILISING EARLY SIMULATION TO ENHANCE MEDICAL STUDENTS' PREPAREDNESS FOR CLINICAL PLACEMENTS

<u>Sophie Jones</u>¹, Caroline Storey¹; ¹University Hospitals Dorset, Poole, United Kingdom

Correspondence: sophiejones0@icloud.com

10.54531/HYQK2466

Introduction: Medical students at University Hospitals Dorset have an 8-week placement in Paediatrics, where they are expected to develop their skills in history taking and examination of children. Previously these skills were introduced through lectures, prior to students commencing placement, where they would be expected to practice their new skills on patients. Informal feedback showed that students found this daunting. Literature on this topic shows that students find an abrupt transition from theory to practice with real patients to be challenging [1]. To address this, we designed a simulation session to occur prior to clinical placements, where we gave students the opportunity to practice their skills in a safe and low-pressure setting.

Aims: 1) To increase student understanding of paediatric history taking and examination. 2) To increase student confidence assessing children prior to clinical placements.

Methods: 29 students attended a simulation session covering common paediatric presentations, including wheeze, reduced oral intake and abdominal pain. Students could take a history from a simulated parent and examine the paediatric manikin. The scenarios were designed to be slow-paced, with opportunity to ask the group or faculty questions throughout, to prioritise problem-solving in a psychologically safe manner. A learner-led debrief was then followed by relevant micro-teaching by a consultant Paediatrician.

Results: After the session, 100% of students agreed that simulation was a useful way to learn paediatric history taking and examination. 100% of students also felt more prepared to clerk patients during their placement after practicing their skills during simulation. When surveyed

again at the end of their placement, 92% agreed that their confidence in seeing patients was improved as a result of participating in this session. Informally, staff working in the department reported they observed increased willingness for the students to see patients themselves early in the placement when compared to previous cohorts who did not have this intervention.

Discussion: Simulation is a learning tool that embodies experiential learning theory, whereby students learn through a cycle of experience, reflection and experimentation [2]. Feedback from students and staff showed that simulation was a valuable method of teaching the skills of paediatric assessment, and that it prepared students well for their upcoming placement by increasing their confidence and willingness to assess real patients. This project could be enhanced with formal data collection around staff experiences of working with students who have had early exposure to simulation in contrast to traditional methods of teaching.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

- Dornan T, Bundy C. What can experience add to early medical education? Consensus survey. BMJ [online]. 2004;329(7470):834. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC521574/ Accessed 16 April 2025
- 2. Kolb, DA. Experiential learning: Experience as the source of learning and development. 2nd ed. New Jersey: Pearson Education; 2015.