

## Objectives & Projects

### Teaching

Conduct bedside teaching sessions during pediatrics 3<sup>rd</sup> year clerkship orientation

Refine and expand existing pediatric simulations

Teaching well-child exams and sports physicals at student-run free Well-Child Clinic

Contribute to case-based question bank that is distributed to clerkship students daily using group messaging service

### Mentorship

Update pediatrics clerkship guide for success, pediatrics-specific high-yield topics, and final exam resources

Update pediatrics residency interview and match guide for junior medical students

Provide visiting students a pediatric specific orientation and tour and act as a resource throughout their rotation

Participate in post-match panels to provide interview & application tips to junior students applying to pediatrics

### Leadership

Act as a liaison between pediatrics faculty, residents, medical students, and student groups (Whitehead Society & Pediatrics Interest Group)

Continually refine and improve PMSC position and participate in selection of future Chiefs

Gather and provide feedback to faculty from students regarding pediatrics clerkship and match advising

Lead case conferences for medical students focusing on complex pediatric cases with board focused preparation

## Background

- The Pediatric Medical Student Chief (PMSC) position at the University of North Carolina School of Medicine is one of the first of its kind, and this type of role has never been published in a peer-reviewed journal.
- Annually, senior medical students are chosen via a competitive application process to serve as PMSCs.
- PMSCs serve as educators and mentors and help to improve clerkships and pre-clinical education in their chosen specialty all while gaining valuable experience in these areas.
- PMSCs are available as points of contact for UNC students completing pediatric rotations at UNC Children’s Hospital and community hospitals as well as students completing visiting rotations at UNC.

## Future Projects

- Provide individual assistance to junior students
- Expand to other specialties in the School of Medicine and other medical schools.
- Partner with pre-clinical faculty to add pediatrics curriculum
- Create 4<sup>th</sup> year pediatric course selection guide

## Partnerships

American Academy of Pediatrics

SHAC: Well Child Clinic

UNC Whitehead Medical Society

UNC SOM Pediatric Interest Group

## Conclusions

- PMSCs contribute significantly to teaching, mentorship, and leadership within a medical school pediatric education program
- Senior students contribute to the education of junior students while developing their own clinical teaching skills
- With a unique student leader perspective, they are able to provide constructive feedback on medical curriculum as well as relate to junior students to provide support and advice

## Project Examples

### GroupMe Study Questions

### SHERPA Document

On your pediatrics rotation, you will be exposed to a group of faculty and residents who are dedicated to enhancing your learning experience by introducing you to the many aspects of the discipline.

For **Central Campus**, you will be most likely be assigned one of 3-4 locations for your pediatrics clerkship: UNC, Moses Cone Hospital in Greensboro, or WakeMed in Raleigh. No matter where you are, you will have 5 weeks of inpatient pediatrics (including a week in the newborn nursery). If you are in **Asheville, Charlotte, or Wilmington**, there is campus-specific information under section IX.

Most of the info included in this guide is relevant to your Peds rotation, regardless of site or campus. Your pediatric rotations are an exciting time to learn how to examine and talk to children and include their families in decisions about their care!

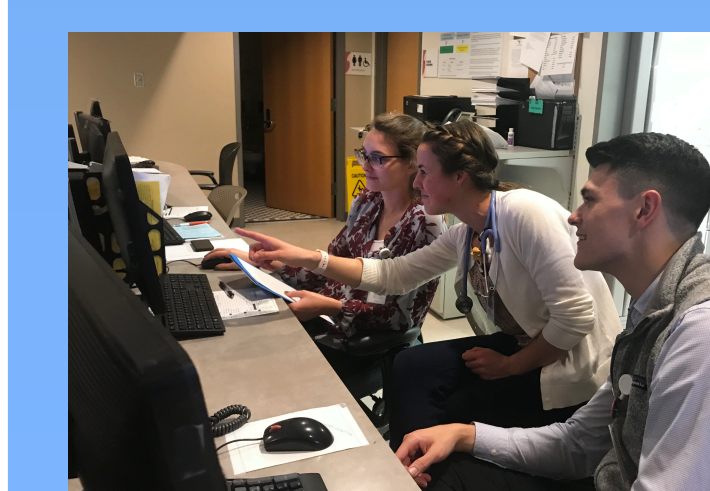
If this guide is #tldr, then please pay attention to items that are **colored!**

- How Rounds Work**
  - Many services will do **Family Centered Rounds**, which is something relatively unique to pediatrics. During FCR you will present to your team and to the family at the same time inside the patient’s room. You should primarily look at the patient and his/her parents (or other family). To make these presentations easy for the family to understand, it is important to either avoid medical jargon entirely, or clarify the medical terms as you go (e.g. “[to team] patient was tachycardic overnight, [to family] which means that his/her heart rate was higher than normal”). It might be helpful to run your plan by your intern before presenting in front of the family! Please see YouTube video for example of FCR: <https://www.youtube.com/watch?v=xPDHFUJxEeE>
- What do I bring? What do I wear?**

### AAP Collaboration: Gunlock Safety



### MS3 Orientation: EMR practice



## Our Team



PMSCs

Lynn West



Dr. Hobbs

Dr. Mills

Dr. Kihlstrom