Intervention
Clerkship students develop clinical knowledge through chance clinical exposures and lectures which do not allow all students to fully integrate knowledge and practice progression within the Recorder-Interpreter-Manager-Educator (RIME) framework of student development.

Aim: Develop, implement, and evaluate an interactive multi-modal curriculum for clerkship students to learn and apply knowledge of pediatric concepts within a framework of a standard clinical experience.

Methods
Two comprehensive cases were developed covering pediatric concepts including vomiting, GERD, FTT, constipation, hematochezia, abdominal pain.

- Read case
  - Record a video on FlipGrid (educational video-based discussion forum) with differential diagnoses and next management step
- Watch FlipGrids in small groups and give feedback
- Develop group differential and management plan
- Review concepts in facilitated large-group
- Write and submit a modified SOAP note
  - Complete session survey with Likert scale questions and open-ended prompts
- Review exemplar note that is distributed

Results: Implementation and Evaluation
- 104 third year medical students across six unique pediatric clerkship rotations
- 93 submitted both FlipGrid video and post-session note
  - Case 1: 61 students
  - Case 2: 32 students

FlipGrid element score (out of 8):
- 77/87 students with ≥ 7 components
- Most common missed element: reasonable diagnosis

Note element score (out of 11):
- 63/87 students with ≥ 9 components
- Most common missed elements: problem list and reasonable diagnosis

Session Structure
- On the Wards
  - Read Sample Case
  - Record a FlipGrid Video
  - Share with Small Group
- Rounds Discussion
  - Small Group
  - Large Group
- Documentation
  - Problem-Based Assessment and Plan

“‘The format in which it was presented (i.e. forming a differential/presentation, discussion in small and large group, and then writing a note) felt fairly realistic to the clinical setting’

‘I think that this process is key to clerkships, but it is often not sufficiently emphasized using a traditional didactic “lecture-based” format. I thought that the FlipGrid, facilitated discussion, and assessment and plan note really pushed us into an application-based mindset.”

Figure 1. Session Simulates Clinical Experience through: history taking, formulation and presentation of differential diagnoses and basic management plans, and synthesis into a note.

Conclusions
1. Students appreciate the engaging and interactive curriculum.
2. Students value the practice of developing clinical skills in a low-stakes learning session.
3. A multi-modal approach incorporating video presentation, facilitated discussion, and modified SOAP note can support learner development within reporter and interpreter categories of the RIME framework.
4. FlipGrid is valuable technology for practicing oral presentations and obtaining feedback.

Future Directions
1. Use of curriculum to allow for evaluation of longitudinal learner development of skills
2. Evaluation of what types of clinical concepts are best learned in this format
3. Development of additional GI and other subspecialty cases in this format for use throughout a longitudinal integrated clerkship.
4. Compare clinical elements of presentations with written notes within a clinical setting for discrepancy

Figure 5. Sample Flip Grid Video