Providing anticipatory guidance in families during their child’s infancy is a key role of pediatricians. However, recommendations are not always followed, often due to time constraints. Patients in underserved populations may stand to benefit the most from this evidence based guidance. Medical students often feel unprepared to address common questions and maintain time constraints. Therefore, we felt the need for a concise, centralized information on topics of anticipatory guidance and available community and government resources for families.  

The pre-test had a mean score of 5.08 questions correct, group A had a mean score of 8.55 questions correct, and group B had a mean score of 7.33 questions correct out of nine. There was a statistical significant difference between the mean scores of the pre-test, group A, and group B. Further, group A had an average time less than 32 minutes, significantly faster than the group B average time of 73 minutes.

Conclusion:  
Case-based lecture is an effective and engaging method of delivering anticipatory guidance and valuable resources for students. The case-based lecture is a quick and engaging way to review important areas of AAP Healthy Newborn Discharge Criteria were met for less than 50% of newborns. Another study found that fewer than half of recommended AAP anticipatory guidance topics were addressed during well-child care visits, and less than adequate for newborn caregiver education.1 Patients in underserved populations may stand to benefit the most from this evidence based guidance.  

Medical students can play a significant role in bridging those gaps in medical student competency, anticipatory guidance, creating and evaluating student learning materials that efficiently and effectively bridge these gaps in knowledge, and simultaneously address language and literacy barriers, and maternal access to information that may impact family decision-making and maternal involvement in their obstetrics and gynaecology health care. 

As we collect more feedback from students, we will continue to develop and distribute evidence-based educational materials. For example, a student commented, “I would have thought that I know the answers to these questions, but I wasn’t sure of the details.” The course-based lecture was given to the students after the lecture. Students were engaged in the lecture content and found it helpful practice for future patient interactions. Students were interested in these topics still showed significant changes using the badge card. 

Student feedback after test administration reinforced the need for these materials. For example, a student commented, “I would have thought that I know the answers to these questions, but I wasn’t sure of the details.” The course-based lecture was given to the students after the lecture. Students were engaged in the lecture content and found it helpful practice for future patient interactions. Students were interested in these topics still showed significant changes using the badge card. 

Conclusion:  
A needs assessment was conducted by discussing student experiences during professional rotations and a case-based lecture.  

Background:  
We aimed to develop a student guide that would efficiently and effectively bridge those gaps in medical student competency, anticipatory guidance, create and evaluate student learning materials that efficiently and effectively bridge these gaps in knowledge, and simultaneously address language and literacy barriers, and maternal access to information that may impact family decision-making and maternal involvement in their obstetrics and gynaecology health care. 

Material and Methods:  
We conducted a needs assessment by discussing student experiences during professional rotations and a case-based lecture. We aimed to develop a student guide that would efficiently and effectively bridge those gaps in medical student competency, anticipatory guidance, create and evaluate student learning materials that efficiently and effectively bridge these gaps in knowledge, and simultaneously address language and literacy barriers, and maternal access to information that may impact family decision-making and maternal involvement in their obstetrics and gynaecology health care.

We partnered with pediatric leadership to distribute Societies’ guidelines, accessible reference materials were created to assist students in covering all areas of anticipatory guidance. Antenatal care.4 However, students often feel unprepared to address common questions and maintain time constraints. Therefore, we felt the need for a concise, centralized information on topics of anticipatory guidance and available community and government resources for families, especially in underserved populations. However, that makes our findings important in that students who completed ≤12 years compared with >12 years of education and those who were interested in thesetopics still showed significant changes using the badge card.

The case-based lecture is a quick and engaging way to review important areas of AAP Healthy Newborn Discharge Criteria were met for less than 50% of newborns. Another study found that fewer than half of recommended AAP anticipatory guidance topics were addressed during well-child care visits, and less than adequate for newborn caregiver education.1 Patients in underserved populations may stand to benefit the most from this evidence based guidance. Medical students can play a significant role in bridging those gaps in medical student competency, anticipatory guidance, creating and evaluating student learning materials that efficiently and effectively bridge these gaps in knowledge, and simultaneously address language and literacy barriers, and maternal access to information that may impact family decision-making and maternal involvement in their obstetrics and gynaecology health care.4

As we collect more feedback from students, we will continue to develop and distribute evidence-based educational materials.

Conclusions:  
We aimed to develop a student guide that would efficiently and effectively bridge those gaps in medical student competency, anticipatory guidance, create and evaluate student learning materials that efficiently and effectively bridge these gaps in knowledge, and simultaneously address language and literacy barriers, and maternal access to information that may impact family decision-making and maternal involvement in their obstetrics and gynaecology health care.

Limitations of this study include a small sample size and the test questions targeting specific areas that the students may already be familiar with. The questionnaires were not randomized, and the test questions were not randomly assigned. Therefore, this study has the potential to influence the students' responses in the test results. Moreover, it is important to note that the results cannot be generalized to all medical students or populations.

Conclusion:  
A needs assessment was conducted by discussing student experiences during professional rotations and a case-based lecture. We aimed to develop a student guide that would efficiently and effectively bridge those gaps in medical student competency, anticipatory guidance, create and evaluate student learning materials that efficiently and effectively bridge these gaps in knowledge, and simultaneously address language and literacy barriers, and maternal access to information that may impact family decision-making and maternal involvement in their obstetrics and gynaecology health care.

As we collect more feedback from students, we will continue to develop and distribute evidence-based educational materials. We will continue to develop educational materials that are relevant and engaging for medical students to engage in patient care and the clinical experience. Future Directions:  
As we collect more feedback from students, we will continue to develop and distribute evidence-based educational materials. We will continue to develop educational materials that are relevant and engaging for medical students to engage in patient care and the clinical experience.

References:  

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