Paediatric Educators' Special Interest Group

1212 CHILDREN'S INVOLVEMENT IN MEDICAL EDUCATION: A SCOPING REVIEW

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Background Whilst in its origin healthcare delivery took a paternalistic stance, recent years have seen the adoption of a more 'patient-centred' approach to healthcare. Research in the adult literature has shown that a patient-centred approach has a positive impact upon a person's health and wellbeing. Within the medical education context patients traditionally adopted a passive role, supporting the educational interaction between clinician and student. As the field of medical education has advanced, patients have played a more active role, and educational encounters have moved towards a more patient-centred approach.

Objectives Until now the focus on patient-centred involvement in education has been largely on the adult population. But children are not just little adults, and the lessons learned from adult research may not be directly translatable to a paediatric population. This study aims to explore what has been written about the involvement of children as real patients in medical education.

Methods We performed a scoping review using the Arksey and O'Malley framework. Six databases were searched, yielding 1911 articles. Following screening 46 were included for review. Article characteristics were collated and presented through charting and narrative description.

Results The majority of articles were from North American and the United Kingdom. Questionnaires and interviews were the most commonly used methods of eliciting data. Topics discussed included: (i) experiences of children, parents, students, and healthcare staff involved in medical education; (ii) benefits and challenges of different learning contexts; (iii) motivating factors for involvement, and (iv) ethical considerations.

The reported benefits of involving children included children enjoying contact with students and health professionals, understanding their disease better, improving their relationship with healthcare staff, and developing personal empowerment. Children were motivated to take part through an altruistic desire to 'give something back'. But their involvement needed to be balanced against potential disruptions to their healthcare routines, protecting their confidentiality, and respecting them as human beings and not just as teaching objects.

The contexts in which children interacted with healthcare staff and students provided a variety of educational opportunities. The acute setting afforded students opportunities to observe interactions between children and their healthcare teams, and witness healthcare staff role modelling humanistic behaviours. In the community setting they benefitted from seeing children in their home environments, leading to a greater understanding of the daily lives of sick children.

Conclusions This scoping review has highlighted the important beneficial role that children can play in training future doctors, but their involvement is not unproblematic. This review has drawn attention to specific considerations that are unique to being a child within a medical education setting, including the complex power dynamics between children and adults,

families and healthcare professionals. In doing so it challenges our assumptions, and aids in future education design and research planning.

British Academy of Childhood Disability

1213 DEVELOPING A TOOL-KIT FOR THE ASSESSMENT OF AUTISM SPECTRUM DISORDER FOR CHILDREN UNDER 5 YEARS

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Background Before the coronavirus pandemic, children who were on the Early Years Neurodevelopment (EYND) assessment pathway and suspected to have possible Autism Spectrum Disorder, received clinic based appointments. This process included a parental interview by a doctor, a specialist speech and language therapy assessment, an autism diagnostic observation schedule (ADOS) and a feedback clinic slot. All were carried out on hospital sites. These were postponed in March following national guidance. The ADOS which is the gold standard assessment for Autism Spectrum disorder is invalid if delivered when a mask is worn. Alternative methods of assessment had to be explored.

Objectives Our aim was to continue providing a comprehensive evidence-based service for Autism Spectrum Disorder diagnosis. We devised a diagnostic toolkit for the assessment of Autism Spectrum disorder for children of 5 years and under which is valid for use during the current global pandemic. It brings telehealth to the forefront alongside patient involvement and coproduction. This toolkit results in more prudent healthcare.

Methods We utilised evidence-based telehealth methods to perform a specialist speech and language assessment in a child's home via video call. Parents were invited to share videos of everyday activities via a secure portal. We could observe the child in a meaningful setting and witness functional impact of their needs. Each case was discussed by a multi-agency panel based on DSM-V criteria.

Online training was undertaken by professionals to deliver in clinic the Brief Observation of Autism Symptoms (BOSA) based on the ADOS for covid times. Our clinic room facilities were made fit for purpose to observe assessments by video and audio through an observation window. Equipment was acquired. Parents were coached by the therapist to enable them to become the administrator. The patient journey was revised based on their need. Administrative processes have been streamlined with improved communication to parents who are now supported by specialist health visitors while their children are waiting to complete their assessment.

Results Telephonic feedback from the first ten parents whose children underwent a telehealth assessment has been positive; the home was deemed more natural and for some less distressing than clinic. Evidence to reach a diagnosis of Autism Spectrum Disorder was achieved in seven children out of a sample of eighteen children who underwent a specialist speech and language telehealth assessment. The other eleven children went on to have a BOSA clinic appointment. Of data collected thus far, eighty-six percent of parents were satisfied with their child's telehealth assessment.