Abstract 1670 Table 1

Mean Scores	2019–20	2020–21
Station A	79.4%	73.5%
Station B	76.2%	79.0%
Total	77.8%	76.2%
Global Assessment	73.9%	72.0%

pOSCE mark sheets from 2019–2020 with 49 from 2020–2021. The mean scores are outlined in the table 1 below.

Conclusions Our evaluation provided evidence that students' paediatric clinical performance was similar from both courses. Whilst this is reassuring, perhaps one aim of a redesigned course would be increased clinical performance. Maintained performance despite the shortened course may have been due to the introduction of regular bedside teaching on the 2020 course. Limitations of our study included OSCE limitations and small sample size. Keeping practice assessments unchanged when introducing new courses can facilitate early course evaluation. Shorter courses may not reduce clinical performance when well designed.

British Association of Child and Adolescent Public Health

1672 SOCIAL, PSYCHOLOGICAL AND NEURODEVELOPMENTAL RISK FACTORS AND ROAD TRAFFIC ACCIDENT'S INVOLVING YOUNG PEOPLE

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Objectives Young people aged 16–24 are at increased risk of serious injury from a road traffic accident (RTA). Studies often examine young people's 'risky' driving behaviours as risk factors for RTAs. However, few explore social, psychological and neurodevelopmental factors that may lead young people to engage in 'risky' behaviours.

This study sought to examine the relationship between RTA's, injuries sustained, and pre-existing social, psychological and neurodevelopmental risk factors. It was hoped a clearer understanding of risk factors can inform support practices, with a view to decreasing behaviours that can cause life-changing injuries.

Methods 16 people (88% male) admitted to hospital following an RTA took part in this study. Ages ranged from 15 – 22 ($M = 18.63$, $SD = 2.30$). A youth worker used a questionnaire to explore their social, psychological and health history. Each interaction was coded for number of pre-existing social, psychological and neurodevelopmental risk factors (identified by RCPCH (2020) and Gicquel et al. (2017)). Injuries and whether a helmet was worn at time of RTA were also recorded. Excel was used to examine data.

Results Table 1 shows that being 'expelled, suspended from, or did not finish school' was reported significantly more than any other risk factor. Number of risk factors for each person ranged from 0 – 6 ($M = 2.31$, $SD = 1.66$). Additionally, 50% of those riding motorbikes, bicycles or scooters were not wearing a helmet at time of accident.

Abstract 1672 Table 1 Reported pre-existing risk factors

Police involvement or anti-social behaviour	13%
Substance misuse	13%
Neurodevelopmental or learning difficulty	25%
Physical or emotional abuse	18%
MH or behavioural difficulties	31.30%
Expelled/suspended from or did not finish school	63%

A Pearson correlation revealed a moderate positive relationship between number of pre-existing risk factors and number of injuries sustained, however this was not significant with $r(14) = 0.35$, $p = 0.18$. Mean number of risk factors reported by those who were 'expelled, suspended from, or did not finish school' ($n = 10$, $M = 3.30$, $SD = 1.06$) was higher than for those who did not report this ($n = 6$, $M = 0.66$, $SD = 1.03$). The difference between means was significant, $t(14) = 4.86$, $p < 0.001$. The mean number of injuries sustained by those who were 'expelled, suspended from, or did not finish school' ($n = 10$, $M = 3.10$, $SD = 1.85$) was also higher than those sustained by patients who did not report this ($n = 6$, $M = 2$, $SD = 1.55$). However, this difference was not significant, $t(14) = 1.22$, $p = 0.12$.

Conclusions A high proportion of RTA's appear to involve young males and those expelled, suspended from, or not finishing school. The latter cohort seem to have a higher number of other pre-existing risk factors, whilst their RTA's may be more severe. This study demonstrates the necessity to recognise pre-existing risk factors that can increase risk of RTA's and calls for a holistic approach to managing the educational and behavioural needs of young people if we are to decrease risk of RTA's.

Paediatric Educators' Special Interest Group

1673 THE COVID-SAFE OSCE: INTRODUCING A NEW VIRTUAL OSCE INITIATIVE FOR PAEDIATRIC UNDERGRADUATES

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Background The Objective Structured Clinical Examination (OSCE) is a widely used assessment tool used to evaluate the clinical and practical skills of UK medical students. It has been shown that participating in a mock OSCE can benefit students by reducing anxiety and increasing confidence in their summative assessment (Robinson et al, 2017). The current COVID-19 pandemic has made traditional face-to-face learning events, such as mock OSCEs, unviable and opens the door to online initiatives that effectively substitute in-person teaching.

Objectives We set out to design and run a novel, peer-led virtual OSCE experience for paediatric undergraduate students. Our aim was two-fold. First was to produce a viable and reproducible way of running an online mock OSCE which provided our students with a simulation comparable to an in-person session. Second, was to develop this session using feedback from students about the design and content with an aim

to increase their 'buy-in' and confidence in the process and ensure we provide a meaningful learning experience.

Methods The first session was designed and run by a multidisciplinary group of educators. We devised an online learning session which comprised of peer-led, multi-role OSCE stations with integrated expert clinician feedback.

Using the online system Blackboard Collaborate (BC) we were able to accommodate 120 students simultaneously in 3 sessions, each facilitated by an administrator, paediatric consultant and clinical teaching fellow. The students were split in to smaller 'break out rooms' of 4 and rotated through 10 OSCE stations of varying clinical scenarios.

The students simulated the roles of candidate, actor and examiner, each giving a distinctive learning perspective. The clinicians observed stations and then ran feedback sessions at the end of each circuit. This was an opportunity for students to ask questions and for the clinicians to provide guidance based on their observation.

Using Likert scales, we asked the students to rank their confidence at the beginning and end of the session and gathered qualitative feedback from faculty and students.

Results Students gave overwhelmingly positive feedback.

14% vs 70% of students indicated a confident response about passing the OSCE in the pre-course vs post-course question. The average confidence score was 2.72 vs 3.69 for pre and post; a statistically significant change ($p = <0.05$). 96% students agreed that the online OSCE had been useful.

Faculty felt the sessions were well planned and ran smoothly. The students found the session beneficial and gave valuable suggestions about timing and size of stations. This feedback has been used to adjust the design of subsequent sessions, the first of which will take place in March 2021.

Conclusions In conclusion, this project provides a framework for how a virtual programme can be effectively used in place of traditional face-to-face teaching. The session was designed and organised by faculty, but peer led and it received positive feedback. The qualitative feedback has been incorporated into the session design. With continued PDSA cycles and iterative development we aim to continue to improve the quality of this mock OSCE programme and the student's confidence in it.

British Association of Perinatal Medicine and Neonatal Society

1674

PARENTAL VIEWS ON NEURODEVELOPMENTAL FOLLOW-UP OF CHILDREN BORN PRETERM

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Abstract 1674 Table 1 Emerging key and sub-themes from interviews

Prior knowledge of neurodevelopmental outcomes for preterms

- Naïve
- Minimal
- Knew there could be a problem but not sure what to look out for

Personal experience with neurodevelopmental assessments for preterms

- Children received health checks but nothing on neurodevelopment
- Health visitors less knowledgeable and competent to provide preterm neurodevelopmental follow-up
- Parents feel incompetent to assess their children's neurodevelopment
- Difficulty in getting referral for neurodevelopmental follow-up
- Need for closure before discharging from neurodevelopmental follow-up

Parent experience with preterm birth

- Depressing
- Demanding
- Uncertainties
- Worries
- Unprepared for preterm birth
- Limited ongoing support
- No concerns

↓

Lessons learnt

- Although parents' experience of preterm birth was not the focus of this study, parents spoke spontaneously about their personal experiences and the challenges of a preterm birth
- Preference for neurodevelopmental follow-up by the neonatal team to alleviate concerns

Parental recommendations

- Train health visitors on neurodevelopmental patterns of preterms to better support parents
- Provide opportunity for parents to request neurodevelopmental follow-up
- Establish a contact link or hotline for parents to go to if they have concerns
- More information sharing from the NHS
- Neonatal team to catch-up with parents post-discharge
- Provide assurance to parents about their preterm child's development
- Benchmarking for preterm milestones

Communication and information flow with the NHS (about preterm neurodevelopment)

- Received general information but not on neurodevelopment
- Reassuring care team
- Never had any conversation on preterm neurodevelopment
- Limited information and don't know what to expect

Parent satisfaction with current neurodevelopmental follow-up for preterms

- Good
- Dissatisfied
- Quite poor
- Unable to rate satisfaction due to absence of neurodevelopmental follow-up for their preterm child

Impact of Covid-19

- Disappointment with missed opportunity for comprehensive developmental follow-up due to Covid-19
- Limited or no interaction with health visitors due to Covid-19 impacting care for preterms