

Abstracts

To assess the current knowledge and understanding of trauma informed care.

Methods A questionnaire pilot study, sampling pre-registration BSc nursing students in the first year of a three-year pre-registration degree

Results The results of this pilot study identify two clear themes:

1. Students identify not knowing enough about trauma informed care and wish to learn more.
2. Students identify a clear learning need around adverse childhood experiences. Requesting to attend a workshop with service user involvement which focuses on the lived experience and the effect of childhood adversity.

Conclusions Following evaluation of the research I wish to introduce the concept of trauma informed care for the second-year student nurses. Furthermore, work with the undergraduate medical school to introduce trauma informed care to medical students.

Conduct further research with other allied health professional students to ascertain their knowledge and understanding. For example, with samples of allied health professionals, paramedics and midwives.

Further research to be conducted with trained health care professionals to ascertain their understanding and knowledge.

This pilot study will be preparatory work for a larger scale study as part of a professional doctorate.

Children's Cancer and Leukaemia Group

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CHILDHOOD, TEENAGERS AND YOUNG ADULT CANCER SYMPTOM AWARENESS AMONGST FUTURE DOCTORS

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Background Child Cancer Smart (<https://www.cclg.org.uk/child-cancersmart>) is a UK public and professional awareness campaign aiming to raise awareness of the symptoms and signs of children, teenagers and young adult (CTYA) cancers. In seeking evidence for the campaign to enhance public and professional awareness, a series of systematic literature reviews of symptomatology of common cancer clusters of childhood are being conducted. The campaign is also assessing awareness amongst different target populations in order to inform the development of key messages as well as tailored educational resources.

Objectives To assess the level of knowledge and awareness on the symptomatology of childhood cancer amongst undergraduate and graduate-entry medical students at the University of Nottingham.

Methods The online cross-sectional questionnaire survey was carried out in October 2020. Inclusion criteria were all medical students who were in their 3rd, 4th or 5th years (Clinical Phase CP2-CP3) during the study period and consented to take part in the survey. Study questions covered respondents' perception about cumulative cancer risk across childhood and early adulthood, confidence in recognising signs and symptoms of CTYA cancers, factors which would potentially influence

clinical decision making, and the awareness of childhood cancer signs and symptoms.

Results A total number of 163 (90 CP2 and 73 CP3) clinical years students at the University of Nottingham took part in the survey. About 77% (126) of the respondents felt the quoted cumulative risk (1/200 by the age of 25) were higher than they expected. Only 6.7% felt confident to recognise the signs/symptoms of childhood cancer.

Factors likely to influence decision making included worsening of symptom (159, 98%), persistent/recurrent symptom (152, 93%), family history of cancer (148, 91%), accumulation of symptoms (145, 89%), gut instinct (140, 86%), multiple symptoms at presentation (119, 73%), multiple visits to healthcare professionals (109, 67%), parental concern (94, 58%), patient's age (70, 43%) and communication barrier (54, 33%).

On average, respondents identified 35.2 out of the 43 signs/symptoms. Top ranked signs/symptoms recognised by >95% of respondents were persistent/recurrent headache, lump or swelling in chest wall or armpits, abdominal distention or mass, persistent/recurrent tiredness or fatigue, visual abnormality, lump or swelling in face, jaw and skull, fever and night sweats and seizures or fits. The least recognised symptoms were torticollis (58%), leukocoria (59%), persistent earache (60%), developmental delay in young children (60%), slow growth (61%) and early/delay puberty (61%).

Conclusions This project provides the first insight into a gap in awareness of childhood cancer amongst medical students. This is important and further work is needed to understand whether this is a regional or national gap which could be improved through changes in the medical school curriculum nationally.

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IS HHV-6 ASSOCIATED WITH INCREASED MORTALITY IN PAEDIATRIC STEM CELL TRANSPLANT PATIENTS?

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Background Human Herpes Virus Type 6 (HHV-6) is a beta herpes virus which infects nearly 100% of people in early childhood and establishes lifelong latency in the host. Infection with HHV-6 in children seldom leads to severe disease or requires treatment.¹ However, in immunocompromised paediatric patients, such as those who undergo haematopoietic stem cell transplantation (HSCT), research has shown a significant association between reactivation of HHV-6 and severe clinical complications.² Despite this, there is insufficient evidence to decipher whether infection with HHV-6 in paediatric HSCT patients leads to an increased rate of mortality after transplantation.

Objectives We set out to examine the mortality rate in paediatric HSCT patients with and without HHV-6 infection as the first step of a wider project aiming to develop guidelines for HHV-6 screening paediatric SCT patients.

Methods We performed a retrospective, cross-sectional analysis of patients aged 0–18 years undergoing HSCT in Leeds Children's Hospital within the time period of October 2015 - December 2019. This data was cross-referenced with a list of all the patients who had HHV-6 detected in a BAL, Blood or