Conclusion This report builds-upon our knowledge around the understanding of children’s medicine and attitudes towards it during this period. Analysis suggests perhaps an earlier establishment of an infrastructure for children at Guy’s Hospital than previously documented. Bird’s work was out of the ordinary not only in his inpatient care of children, but also in his determination to enhance teaching and understanding of children’s medicine amongst colleagues and students.

CONCEALED PREGNANCY: FROM 18TH- AND 19TH-CENTURY NOVELS AND SCIENTIFIC TEXTS TO 21ST-CENTURY MEDICINE

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Aims The primary objective of this study is to explore the representation of concealed pregnancy in 18th and 19th century novels and medical texts, in order to better understand its persistence into the present time. Subsidiary objectives are to enhance the role of culture in promoting personal development, creativity and well-being for medical practitioners who deal with distressing cases; and to increase understanding of the ways that literature has responded to scientific ideas and progress, and vice versa.

Methods A Literature Research and Suggested Reading and Writing Exercises.

Results This joint presentation draws on the cross-fertilisation in method and subject matter between literary and medical texts. It brings together a novelist and literary critic with a community paediatric consultant to promote connections between literary depictions and medical studies of concealed pregnancy. The narrative of seduction, so powerful in the 18th-century novel, influenced the way concealed pregnancy and infanticide was represented not just in novels but also in the medical texts of the period. Because this area is vast, we will present a brief overview before focusing on two exemplary texts. William Hunter’s 1783 paper, ‘On the Uncertainty of the Signs of Murder, in the Case of Bastard Children’ was of lasting historical importance, and was a probable influence on George Eliot’s compassionate portrayal of concealed pregnancy and possible infanticide in her 1859 novel Adam Bede. We will show how the key ideas in these texts continue to be integral to 21st-century medical research and practice with respect to pregnancy denial, concealed pregnancy and infanticide; they highlighted the continued need for multiple disciplines to intersect in order to make progress in these areas. We will leave participants with a reading exercise and a writing exercise to take away and do on their own, should they wish to.

Conclusion These literary and scientific precursors remain relevant to contemporary practitioners. However, they can be overlooked when we consider how far medical practice has travelled and yet how close it remains to the questions that were being asked about concealed pregnancy, pregnancy denial, and infanticide in the 18th- and 19th- centuries. Despite progress, these tragic outcomes for pregnant women and their new-borns are still with us, and these centuries-old texts remain all too familiar.

Abstracts

ADVERSE CHILDHOOD EXPERIENCES- WHAT DO PAEDIATRIC TRAINEES ACTUALLY KNOW?

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Aims Adverse childhood experiences (ACE’s) encompass many traumatic events occurring in early years (0-17years) including, but not limited to, childhood abuse and household dysfunction. It’s known that ACE’s can increase the risk of long-term morbidity and mortality, and this increases with greater exposure to the number of ACE’s. ACE’s were first described in 1998 in the Kaiser-Permanente Study, however they became more widely recognised worldwide following the publication of Dr Burke-Harris’s book describing Felitti’s original research and her clinical experiences in San Francisco. The Royal College of Paediatrics and Child Health Curriculum states that trainees should be able to apply knowledge of the impact of Adverse Childhood Experiences in working with vulnerable CYP across a variety of clinical settings. Following personal anecdotal experience, it was hypothesised that trainee’s knowledge of this was poor so a pilot study in the North-West of England was completed- which confirmed the hypothesis- only 46% of trainees having heard of ACE’s, 96% stating that they didn’t know enough about them and 94% wanting training on ACE’s.

Methods This led to national dissemination of the survey to assess if these results were replicated across national paediatric trainees. This involved contacting the training programme directors of the 22 deaneries and the known trainee research networks and asking them to disseminate the anonymous survey.

153 responses were collected (including the North-West data) with a variety of trainee levels and clinical fellows.

Results From this data, 67.9% reported they were aware of ACE’s, with 88.9% stating they felt they didn’t know enough about them. 84.3% of trainees had never received formal training on ACE’s.

The data also showed that 73.2% reported they had not heard their senior colleagues discussing ACE’s in general discussion or in the context of patient care, with 88.2% having the impression that senior colleagues weren’t aware how to manage a patient who had experienced multiple ACE’s.

When questioned about trauma-informed care (which aims to prevent re-traumatisation and aims to improve health outcomes) only 25.4% were aware of the approach with only 9% knowing the key principles of trauma-informed care.

Finally, when asked if trainees wanted to have further training on ACE’s and trauma informed care, 95.4% said they did. With 96% reporting that they wanted more guidance on how to manage children with ACE’s.

Conclusion This study clearly highlighted the gap in knowledge of trainees nationally, despite it being part of RCPCH curriculum, and the clear need and desire for further training on ACE’s. This study has led to the production of a regional ACE teaching programme with the hope that it could be spread across deaneries and across to other specialties.