impairments (SNI), and is a source of stress for children and families alike. Currently, there is no consensus among clinicians on how to manage PIUO and it is often difficult to determine the source of pain. Lacking an explanation for the source leaves clinicians unable to effectively treat the pain and increases a caregiver's obstacles in providing care. Limited research exists on the effect of PIUO on children with SNI and their families.

**OBJECTIVES:** To explore and characterize the overall experience of PIUO for children with SNI and their families.

**DESIGN/METHODS:** Semi-structured interviews were conducted with parental caregivers of children with SNI who experience PIUO and are followed by the Complex Care Program at SickKids. Interview guide topics included pain expression and management, healthcare-team support and family coping. Interviews were conducted until saturation was reached. Interviews were audio-recorded, transcribed verbatim, coded and analyzed by two independent reviewers using an inductive six-step thematic analysis process on NVivo software.

**RESULTS:** Fifteen caregivers were interviewed, with 93% being mothers and 33% being a visible minority. Interviews revealed two major themes and associated subthemes (in parentheses): 1) Day-to-day life with PIUO (pain expression and frequency, management, and quality of life) and, 2) Areas for improvement (diagnostic process, resources and support, healthcare-team interactions). Characterizing the PIUO experience is an important area of research as findings can be used to guide clinical teams in providing holistic family-centered care to children with SNI. The findings support the need for clinical innovation by adjusting practice guidelines through the creation and implementation of an integrated clinical pathway to identify treatable causes of pain and irritability in children with SNI.

**CONCLUSION:** Diagnostic tests for PIUO are often inconclusive and stressful for patient-families. Limited pharmacological and non-pharmacological treatments exist for PIUO. Parental caregivers describe the experience as emotionally challenging and requested support for coping. Future research should focus on interventions for PIUO in children with SNI and reducing caregiver stress and burden.

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## PEDIATRIC RESIDENT KNOWLEDGE AND COMFORT IN PROVIDING CARE TO TRANSGENDER YOUTH: A SINGLE CENTRE NEEDS ASSESSMENT

**Helen Paciocco, Natasha Johnson, Andrea Hunter**

**BACKGROUND:** Transgender youth experience high rates of health disparities and inequities. There is currently no formal curriculum for transgender health within our centre's pediatric residency program. This gap in training is similar to other programs across the country. With the drastic rise in trans youth patients seeking care, general pediatricians will be the first point of contact for many. Pediatricians therefore need to be equipped with the proper knowledge and skill to provide care to these patients.

**OBJECTIVES:** We conducted a needs assessment to assess pediatric residents' comfort with the health care needs of transgender patients, and to assess knowledge about the medical management of transgender youth. The goal was to identify learning gaps within our centre's residency program to guide future curriculum.

**DESIGN/METHODS:** A survey with Likert scale and case-based questions, based on literature review, identified key components of trans care. The study was granted an exemption from ethics review.

**RESULTS:** We achieved a 50% response rate (24/58) from pediatric residents, and 50% of these residents were in their senior years (PGY3 and PGY4). All residents felt it was important to have trans specific training during residency. While the majority of senior residents received training during their residency, the total duration was estimated to be ≤ 5 hours. Despite the training received, only 50% [95% CI: 30, 70] of residents felt comfortable asking patients about their gender identity, and only 8% [0, 19] and 33% [14, 52] of residents were comfortable diagnosing gender dysphoria in children and teens, respectively. Most residents felt uncomfortable addressing trans specific health care needs, and 83% [62, 100] of senior residents were uncomfortable counselling patients on available gender affirming pharmacologic agents. Similarly, 92% [77, 100] of senior residents felt uncomfortable prescribing either GnRH analogs or hormonal therapy for trans youth. Lastly, only 58% [30, 86] of senior residents felt comfortable performing Tanner staging in trans patients.

**CONCLUSION:** In order to help narrow the gap in care for trans patients, we need to better educate pediatric residents on trans specific health care. Future curriculum should focus on discussing gender identity, identifying gender dysphoria, performing Tanner staging, and counselling patients on gender affirming pharmacologic therapies. These skills are critical for general pediatricians to adequately provide care to trans youth.

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## HOUSE RULES AND CLEAN KIDS: THE DOWN-LOW ON TOBACCO

**Caseng Zhang[1], Alex Hicks[2], Alvaro Osornio-Vargas[2], Lesley Brennan[3], Matt Hicks[2], Anne Hicks[2]**

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**BACKGROUND:** Despite multiple published guidelines outlining the potential health risks caused by tobacco smoke, young children continue to be exposed to the detrimental effects of household smoking. Environmental factors also have the potential to influence levels of tobacco exposure in children. Many factors such as comfort can influence the decisions of smoking parents to smoke indoors, increasing potential harm for children. Understanding the correlation between various locations within the household and tobacco exposure is helpful in informing a harm reduction strategy for smokers. This project compared the location of reported tobacco use to detection of the nicotine byproduct cotinine in children's urine samples.

**OBJECTIVES:** To determine the impact of smoking location on unintentional tobacco exposure in children.

**DESIGN/METHODS:** This prospective cross-sectional study focused on children under age ten, since 13% of Canadian children in grades 6 and up have tried a cigarette at least once. Of 286 parents approached during a pediatrician visit, 231 agreed to complete an exposure questionnaire and 132 children were able to provide a urine sample during the visit. A standard ELISA assay was used to measure urine cotinine.

**RESULTS:** About half of the 31% of households that reported smoking had an indoor smoking ban. Some indoor smokers isolated their activity to the garage (56%). Of the 84 children with detectable urine cotinine, 62 lived in homes that reported smoking. This suggests that some children were exposed to tobacco smoke through other sources or the underestimation of potential tobacco exposure. Fifteen percent of children from smoking homes had cotinine levels similar to nonsmoking homes. Children of indoor smokers were more likely to have detectable cotinine than those of outdoor smokers.

**CONCLUSION:** Roughly 50% of smokers with children have an indoor smoking ban as a harm reduction strategy. In our study, children of smokers with an indoor smoking ban were less likely to have detectable urine cotinine. Although not smoking is the best strategy, limiting smoking to outside is an optimal harm mitigation strategy. For families with indoor smokers, encouraging them to isolate smoking to a single space like the garage may decrease unintentional pediatric exposure.

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## ACTUALLY, IT IS EASY BEING GREEN: TEN YEARS OF THE CANADIAN PAEDIATRIC SOCIETY ANNUAL GENERAL MEETING VIEWED THROUGH A SUSTAINABILITY LENS

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**INTRODUCTION/BACKGROUND:** The Canadian Paediatric Society (CPS) recently released the "Global climate change and health of Canadian Children" statement. As climate rapidly evolves from "change" to "crisis" there is an increasing pressure toward sustainable conferencing. Knowing the value of attending meetings, the growing body of literature evaluating travel-related carbon cost and convention sustainability can inform environmental harm minimization. Conferences can pressure venues to increase sustainability by choosing sites and venues wisely and communicating their requirements to rejected venues. They can also offer carbon offset purchase through credible companies (e.g. Gold Standard). Over the last 10 years the