



CANADIAN PAEDIATRIC SOCIETY

CPS news



September/October 2008

CPS poised to positively influence policy: New president

During the 85th annual conference in Victoria, Dr. Joanne Embree began a one-year term as president of the Canadian Paediatric Society. Dr. Embree is an infectious disease specialist in Winnipeg. This is an excerpt from her inaugural speech, delivered June 29 at the CPS Luncheon.

I would like to thank you all for the incredible honor that you have given me to be the president of the CPS. I look forward to working with you all over the next year. I would like to thank the previous presidents, and in particular my immediate predecessor Gary Pekeles, for doing such marvelous jobs during their tenures.

Each president helps fulfill CPS goals that were determined by predecessors while proposing his or her own initiatives. Each president brings their unique background, experience and expertise. As many of you know, I am a paediatric infectious disease specialist. You may not know that I have had a fair amount of administrative experience. I am beginning my eighth year as head of a university department known internationally for research in infectious diseases and emerging pathogens. I have had problems with my hearing and as a result I have learned how to listen carefully. I “run” marathons and so it is no surprise that I am very supportive of the Healthy Generations walk/run at our annual conference.



Photo by Shelly Ann Photography

Dr. Embree, CPS President for 2008-09, addressed delegates at the CPS Annual Conference in Victoria.

The CPS is a group of people, primarily paediatricians, with a variety of viewpoints on the practice of paediatrics—from the community paediatrician to the hospitalist, consultants in primary and subspecialty paediatrics, to the paediatrician “in training,” and the allied professionals who care for children. What we all have in common is the desire to work together to do more than what we contribute in our “day” jobs, to improve the lives, the well-being and the health of children and youth.

continued on page 9

**CPS News has a new look!
We hope you enjoy it.**

Please let us know what you think.
E-mail cpsnews@cps.ca



Canadian
Paediatric
Society

Working for kids since 1922

www.cps.ca



Editor

Christine LaRocque

Contributing Writer(s)

Elizabeth Moreau
Lindsay Conboy
Emma Wadland

Layout & Design

Fairmont House Design

Translation

Dominique Paré

Canadian Paediatric Society

2305 St. Laurent Blvd.
Ottawa, Ont. K1G 4J8
Tel.: 613-526-9397
Fax: 613-526-3332
www.cps.ca
www.caringforkids.cps.ca

President

Joanne Embree, MD
Winnipeg, Man.

President-Elect

Kenneth Henderson, MD
St. John's, Nfld.

Vice President

Robert Hilliard, MD
Toronto, Ont.

Past President

Gary Pekeles, MD
Montreal, Que.

Executive Director

Marie Adèle Davis

Medical Affairs Officer

Danielle Grenier, MD
Gatineau, Que.

For advertising rates, contact Lindsay Conboy at 613-526-9397, ext. 234.

The CPS assumes no responsibility or liability for damages arising from any error or omission resulting from the use of any information or advice contained in the CPS News.

Canada Post Publications Agreement: No. 40006512

New committee, new approach

Acute care is generally associated with care rendered in an emergency department, ambulatory care clinic, or other short term stay facility. At the very heart of it are the many different health care providers who care for children and youth.

The new CPS Acute Care Committee will focus on developing guidelines on the assessment, initial management, hospitalization and follow-up of children and youth with potentially serious or life-threatening medical problems. Statements will target a range of health care providers—from general practitioners to emergency room physicians to others working in the community.

“The committee was put together to address some of the clinical issues that paediatricians and community physicians who look after children are faced with,” said Dr. Angelo Mikrogianakis, chair of the committee and an emergency department physician at the Hospital for Sick Children in Toronto. “It is not just emergency issues. We’ll be looking at things like seizures, head injuries, medical equipment, pain management and asthma.”

Committee members come from a variety of specialties—emergency medicine, critical care medicine, hospital care, and community pediatrics—a multidisciplinary group that will develop guidelines on different ways to look after common paediatric problems.

“There was a need for a committee that would focus on the care of potentially serious illnesses, with a multidisciplinary approach,” said Dr. Marie Gauthier, the CPS board representative to the committee and a paediatric intensivist at CHU Sainte-Justine Montreal. “CPS already has several excellent committees,

but none specifically devoted to acute care.”

“Some Canadian hospitals and clinicians in the country have already developed excellent tools or guidelines for their own community or institution. When appropriate or possible, our committee will try to build our work on these existing tools,” she added.

First goals include reviewing and bringing up-to-date existing CPS emergency paediatrics guidelines. Then Dr. Mikrogianakis wants the committee to do a needs assessment to determine what guidelines would be the most helpful to practitioners.

“We are looking to have a central resource, a place that clinicians can go to, no matter who they are, from family doctors to community emergency physicians to community paediatricians, for quick access to up-to-date clinical information,” said Dr. Mikrogianakis. “If they are caring for a child with a specific condition, they can go to the CPS website and know that there is trusted and reliable information available.”

Acute Care Committee

Dr. Angelo Mikrogianakis, Chair
Toronto, Ont.

Dr. Marie Gauthier, Board
representative, Montreal, Que.

Dr. Adam Cheng, Vancouver, B.C.

Dr. Catherine Farrell, Montreal, Que.

Dr. Jeremy Friedman, Toronto, Ont.

Dr. Oliva Ortiz-Alvarez, Antigonish, N.S.

Dr. Claudette Bardin, Liaison, Montreal,
Que.

Dr. Dawn Hartfield, Liaison, Edmonton,
Alta.

Doctors must be attuned to sexual diversity among youth

OTTAWA—Canadian health care providers should be prepared to discuss issues related to sexual orientation with their adolescent patients, according to a new statement from the Canadian Paediatric Society.

“It’s important that doctors keep in mind that not everyone is heterosexual,” says Dr. Miriam Kaufman, author of *Adolescent sexual orientation* and an adolescent medicine specialist at The Hospital for Sick Children. “Health care providers need to be aware of the diversity of experience and feelings in adolescents and be able to address issues of sexual orientation.”

Gay, lesbian and bisexual youth come from all ethnic groups, social classes and racial backgrounds. They have the same array of health care needs as heterosexual

adolescents, including chronic illness, disabilities, sports injuries and even contraception.


But they can also face additional risk factors, many of which are due to the stigma that continues to surround homosexuality. Studies indicate that about half of gay men and a fifth of lesbians were verbally or physically assaulted in high school because of their sexual orientation. Gay and lesbian youth are more likely to drop out of school or be thrown out of their homes, sometimes ending up on the street. They are also at risk of using drugs and alcohol at an earlier age, sometimes to cope with depression or low self-esteem.

Talking with a health care professional can make a difference. Young people who disclose sexual orientation issues to their doctor are “automatically in a

lower risk category,” says Dr. Kaufman. “Paediatricians and family doctors can really help.”

But many teens avoid discussing sexual orientation with their doctor, fearing their personal information will be shared. The statement recommends that doctors promote openness by using gender-neutral language when discussing sexuality and relationship history, rather than making assumptions about the youth’s sexual identity. They should also be willing to provide support if a teen is “coming out.”

Many physicians receive little training on how to talk to teens about sex and sexual orientation. Doctors who are uncomfortable talking about these issues should consider referring these patients to another physician.

The full statement, published in the September issue of *Paediatrics & Child Health*, can be accessed by visiting www.cps.ca and following the links to Publications & Resources. 

New look, same trusted information for you to share!



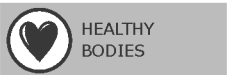
www.caringforkids.cps.ca



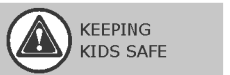
PREGNANCY & BABIES



IMMUNIZATION



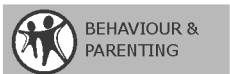
HEALTHY BODIES



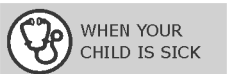
KEEPING KIDS SAFE



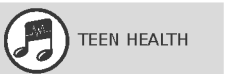
GROWING & LEARNING



BEHAVIOUR & PARENTING



WHEN YOUR CHILD IS SICK



TEEN HEALTH

Featuring: colourful images, improved navigation, updated menus, an expanded homepage and enhanced print functions.

Your Child's Health

Front & Centre

Your Child's Health: Front & Centre is a monthly electronic newsletter to help keep parents and caregivers up-to-date on timely child and youth health topics. Subscribe today and encourage your patients' families to do as well:

www.caringforkids.cps.ca



Canadian Paediatric Society

Magnets and tear-off pads are also available at no cost for giveaways in your practice. To order yours visit www.cps.ca and enter our Bookstore.

CPS provides ‘credible and reliable’ resources for families

Dr. Glen Ward is passionate about health education and hopes all his patients catch the same bug. He brings this enthusiasm, along with 18 years as a paediatrician, to his new role as chair of the CPS Public Education Subcommittee.

Dr. Ward encourages all his patients’ parents to seek out information from credible and reliable resources. His business cards, appointment cards, and prescription pads all include reference to the Caring for Kids website so parents can easily access the online information from home.

“When the general population is well informed,” he said, “they’ll become advocates for their own health.”

After prescribing a dose of information, Dr. Ward says he often notices a positive change in follow-up visits. Both patients and parents appear less anxious, more informed, and can discuss health concerns in more detail.

“It’s easier and more fun for patients if they and their parents have an opportunity to participate, and can be engaged in their family’s care,” he said.

As chair of the Public Education Subcommittee, Dr. Ward hopes to build on projects already underway. He is also excited about seeing


other projects come to fruition, such as *Well Beings* (slated for release in November) and *The Canadian Paediatric Society’s Guide to Caring for Your Child from Birth to Age Five* (expected in bookstores in the spring of 2009).

The role of the subcommittee is to advise the CPS on public education issues and products—the Caring for Kids website, books, campaigns such as *Read, Speak, Sing*—and to review materials for medical content and accuracy. Its members are practicing paediatricians from across Canada.

“The Public Education Subcommittee has grown into a large and productive committee,” Dr. Ward said. “I look forward to building on its previous successes.”

Dr. Ward takes over from Dr. Bob Issenman, who chaired the committee since it was formed in 2003. Dr. Issenman, a CPS past president, now heads the Society’s charitable foundation, Healthy Generations.

Dr. Ward says he also hopes to foster a welcoming atmosphere for CPS members to share their public education proposals. “The committee always welcomes new ideas,” he added.

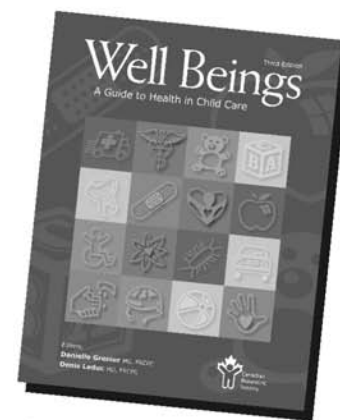
For more information about CPS public education projects, e-mail info@cps.ca 

Coming soon to a bookshelf near you!

Well Beings

A Guide to Health in Child Care

First published in 1992, *Well Beings* is the definitive guide to health and safety in child care settings. A second edition was published in English in 1996. The new third edition reflects a wealth of new information in the field.



The new edition includes chapters on:

- healthy activities,
- nutrition,
- dental health,
- safety and injury prevention,
- managing and preventing infections,
- common and chronic conditions,
- emergencies,
- emotional well-being,
- inclusion,
- protecting children from maltreatment, and
- the physical and emotional health of caregivers.

With child care providers serving a growing number of children with special needs, this new edition encourages meaningful inclusion. It incorporates up-to-date knowledge on the day-to-day health issues faced in child care settings, whether in centres or in homes.

This edition is co-edited by Dr. Danielle Grenier, CPS Medical Affairs Officer, and Dr. Denis Leduc, a former CPS president. They were supported by an editorial board including CPS member paediatricians, representatives from public health and the Canadian Child Care Federation, along with an extensive network of expert reviewers from across Canada.

Watch for the third edition of *Well Beings* in November. Available in both English and French.

For more information about CPS publications, visit our online bookstore at www.cps.ca.

Committee makes first CPS visit to Métis community

Canadian Paediatric Society members received a warm welcome in Northern Saskatchewan on the organization's first official visit to a Métis community.

In May, the CPS First Nations, Inuit and Métis Health Committee gathered in Île-a-la-Crosse, a community of about 1,500 and the second oldest settlement in western Canada.

Committee members toured the recently opened Integrated Services Centre, which includes the community high school, health centre, child care facility, library, and community meeting spaces. The innovative, \$33.7-million centre, which serves a large area in and around the community, was many years in the making. The health facility alone includes an 11-bed hospital, a 17-bed long-term care wing, a family healing centre, an emergency department, radiology and labs.

Dr. James Irvine, the Medical Health Officer for the three northern Saskatchewan health authorities, provided an overview of health status

in the Keewatin Yatthé region, which includes Île-a-la-Crosse and where 30% of the population is 15 years or younger. Unemployment rates are high, nearly half of children live in low-income families, and crowded housing is a serious problem.

During a question-and-answer session with Elaine Malbeuf, Director of Community Health Services with the Keewatin Yatthé Regional Health Authority, CPS committee members learned about some of the critical issues facing children and youth in the area, as well as some of the creative approaches to improving the community's health.

In the evening, the CPS committee was warmly welcomed during a community-organized social event featuring traditional Métis jigging by the Michif Dancers, a group of Rossignol High School students.

Buckley Belanger, the local member of the provincial legislature, said he hopes the committee's visit helps raise awareness about the needs of children and youth in northern communities.

"Our children are innocent, beautiful and amazing," he said. "But somehow the world has decided to pass them by."

The committee's annual site visit, funded by the First Nations and Inuit Health Branch of Health Canada, is integral to its work developing statements and advocating for the health of Aboriginal children and youth. Committee chair Dr. Kent Saylor says the visits provide members with a better understanding of community needs and local approaches to solving problems.

In recent years, the committee has visited several First Nations communities across Canada, as well as an Inuit village in Nunavut. ❄️

Many Hands, One Dream earns B.C. Coroner's praise

The Office of the Chief Coroner of British Columbia has recognized *Many Hands, One Dream* as one of a number of organizations or initiatives working to prevent child deaths. The office's 2007 Annual Report states: "In recognition of the principles of *Many Hands, One Dream*, the Child Death Review Unit supports a new approach to Aboriginal child and youth health that has children, youth, families and communities at its core."

Many Hands, One Dream is a collaborative initiative involving the CPS and 10 other national organizations. It is a long-term initiative to reduce the health inequities facing First Nations, Inuit and Métis children and youth in Canada.

For more information visit www.manyhandedondream.ca ❄️



Photo courtesy/ Debbie Dedam-Montour

Dr. Kent Saylor, Chair of the CPS First Nations, Inuit and Métis Health Committee, presents a gift to Elaine Malbeuf of the Keewatin Yatthé Regional Health Authority.

85th CPS Annual Conference



Thanks to our sponsors



CIHR-Institute of Human Development, Child and Youth Health
Eli Lilly Canada Inc.
GlaxoSmithKline
Pampers Parenting Institute
Purdue Pharma

Health care system ‘an expression of the kind of people we are’: Naomi Klein

VICTORIA—Canada’s public health care system is facing a crisis that could undermine the country’s longstanding commitment to universal access, author Naomi Klein warned delegates to the Canadian Paediatric Society’s 85th Annual Conference in June.

“An atmosphere of crisis has been created around public health care that sets the stage for claims that privatization of the system is the only solution,” said the renowned activist, whose first book, *No Logo*, was an international success. “I believe that protecting the universal health care system in Canada must be the line in the sand we draw.”

Klein’s most recent book, *The Shock Doctrine*, examines the way that politicians use natural and man-made crises to push through privatization policies.

“Many of the values [we hold as Canadians] are under active siege at the moment,” she said. “Despite this, it’s worth pausing to reflect on the resilience, the steadfastness of Canadians to this idea of the public sphere...that you shouldn’t have to be rich to get sick.”

She told delegates that Canadians’ belief in publicly funded health care has been much stronger than many people anticipated, making widespread adoption of further privatization policies difficult here. The public health care system is “an expression of the kind of society we want, the kind of people we are,” she said.

“That’s why I believe it’s so crucial to fight and win this battle. And it’s why I believe that paediatricians, who have so much moral authority on the question of overall access to health care, should play an even louder advocacy role.”



Naomi Klein addresses delegates at the CPS Annual Conference in Victoria.

Photo by Shelly Ann Photography



Photo by Shelly Ann Photography

The Honourable Steven L. Point was awarded an honorary CPS membership during the Opening Ceremonies. He was recognized for his work to make books available to B.C. preschoolers in even the most remote communities. He believes all B.C. children should have the opportunity to benefit from reading.

Four abstracts reach the top

The four best abstracts at the 85th CPS Annual Conference in Victoria were recognized with the annual Reach for the Top prizes.

First prize was awarded to Dr. Quynh Doan, lead investigator for the study, "A randomized controlled trial of early and rapid diagnosis of respiratory viral infections in children on the emergency department management of acute respiratory illnesses." Dr. Jonathan Maguire accepted second prize for "Oral

health promotion program: Three-year follow-up for children in a remote British Columbia Aboriginal community."

In the resident category, first prize went to Dr. Marie-Joelle Doré-Bergeron for "Febrile urinary tract infection (UTI) in 1 to 3-month-old infants: Treatment with short-term parenteral antibiotics at a day treatment center." Second prize went to Dr. Jacob Rozmus for, "Is iron deficiency anemia an additive risk factor for stroke in young children?"



Photo by Shelly Ann Photography

From left to right: Drs. Paul Thiessen (Chair), Jonathan Maguire, Marie-Joelle Doré-Bergeron, Quynh Doan, Jacob Rozmus, the 2008 Reach for the Top award winners.

The gift of reading

The 2008 annual book drive raised many books for Literacy BC, the provincial literacy organization that promotes and supports literacy and learning in British Columbia. Thanks to everyone who supported this year's book drive.

Practice What You Preach Walk/Run



Photo by Shelly Ann Photography

More than 220 runners and walkers participated in the 2008 *Practice What You Preach Walk/Run*, which raised over \$9000 for Healthy Generations, the foundation of the Canadian Paediatric Society. Thanks to all who participated and to Pampers Parenting Institute and Air Canada Kids' Horizons for their generous support.



Photo by Shelly Ann Photography

Survey exposes shortage of paediatricians

Paediatrics is a team sport. And if complex medical cases were played like football, community paediatricians would be the indispensable quarterbacks.

But Canadian paediatrics is facing a crisis because of the shortage of generalists, says Dr. Bob Issenman, past president of the CPS and a paediatric gastroenterologist at McMaster Children's Hospital in Hamilton.

Like adult medicine, paediatrics depends on both generalists and specialists, Dr. Issenman says. "Modern care provides that those two categories of doctors are available, well-trained and capable of working with each other. Planners have failed to recognize that children require both generalists and subspecialists and people to pull that together for the child with multiple difficulties."

The results of the latest National Physician's Survey (NPS), released in June, distinguish for the first time between the number of community paediatricians and paediatric subspecialists. The survey, administered by the College of Family Physicians of Canada, the Canadian Medical Association and the Royal College of Physicians and Surgeons of Canada, queried about 70,000 physicians with a response of approximately 32 per cent, specialists, residents and medical students to assess issues of importance to Canadian medicine.

It found that 39 per cent of community paediatricians are at least 55 years old, and 7 per cent plan to retire within the next two years. Twenty-eight per cent say their practices are partially closed to new patients.

"The new numbers reveal a truer indication of the numbers of

National Physician Survey: Paediatrics

- 39 percent of paediatricians are 55 or older
- The percentage of paediatricians saying their practice is partially closed to new patients (28%) is almost double the average for other specialists (15%) who indicated partially closed practices.
- 33 percent of paediatricians plan to reduce their weekly work hours in the next two years and nearly 7 percent plan to retire from clinical practice.

paediatricians at the community level," says Marie Adèle Davis, CPS Executive Director. "It shows we need more generalists to manage children and youth with complex and rare medical needs."

That the NPS reflects the shortage of general paediatricians will help with advocacy efforts, adds Dr. Issenman, "because sometimes paediatric issues are pushed onto the back burner."

Location is a major factor in the success of the paediatric team. Paediatric subspecialists tend to congregate in large urban centres, whereas community paediatricians are the sole resource for children living in rural areas.

"You can only sustain night calls for so many years," says Dr. Issenman, a former general paediatrician. "If you're not replacing [generalists] then you have a tough time backing the needs of children outside major cities."

Doctors have to take frequent calls in an average community hospital, where, at any given time, there is a need for four to five general paediatricians.

As a result, community paediatricians are being stretched to the limit, adds Ms. Davis. "A proactive measure would be to make general paediatrics more attractive to young doctors who want a better life-work balance. This requires better human resources planning."

As Ms. Davis sees it, families of sick children and youth need to get to the right door to get the right medical treatment. That's why community paediatricians are essential, especially in complex cases—such as those involving eating disorders, cancer or HIV/AIDS—where ongoing care is necessary.

"General paediatricians bring a holistic view and the medical intellect to work with subspecialists to make sure a child or youth gets adequate care," she says.

Yet the pressing needs of adult medicine often supersede the needs of children, Dr. Issenman observes. "It's helpful when planners realize that the needs of children are at least as important as the needs of adults."

The full results of the 2007 National Physician Survey are available at: www.nationalphysiciansurvey.ca

New President, from page 1

Through the CPS, we should be in a position to positively influence change. It is not going to be easy. My view is that “one size” isn’t going to fit all. I believe that what we need to do, as a Society, is to set out principles as in the model of paediatrics we are developing. We then need to listen to and work with provincial societies to advocate for specific solutions to the issues that they face. The solutions for Gander are not the same as those for Ottawa. Many of these solutions are obvious...more paediatricians, and finding ways to support community paediatricians in rural areas. The term “think outside the box” is over-used, but may apply. We need to find innovative ways to extend the “paediatrician.” Physician assistants come to mind.

Research is an important aspect of paediatrics that the CPS has yet to fully address. We use research to make clinical decisions, give advice to parents, the public and to government, and when we write CPS position statements. We are all very aware, painfully at times, of the number of decisions that are based on “best guess” and “what went wrong” or “what went right” the last time we were faced with a decision. I believe the CPS should take on a leadership role in Canada in both setting research priorities related to children and youth and in advocating for appropriate support of paediatric researchers.

Finally, “healthy active living” is a concept that I believe that we need to take to heart. Most, if not all, of the lifestyle-related morbidity and mortality in adulthood has its origin in childhood. Poverty, lack of role models, restricted access to appropriate paediatric health care, unsafe streets, and poor nutrition are issues that we are starting to work toward finding solutions for. Again, we can adapt what has worked well for others.

We also need to look after ourselves. Exercise, eating correctly, rest and “de-stressing” is important for us as well. 🌱

CPSP to unravel mysteries of bulimia in Canadian youth

Bulimia nervosa in Canadian children and adolescents is still not clearly understood, and the Canadian Paediatric Surveillance Program is an excellent collaborative tool to provide a national picture. A new CPSP study will collect national epidemiological data on bingeing and purging in children and youth ages 5 to 18 to advance knowledge about this condition.

“Often kids with bulimia don’t get identified. Parents don’t know that their kids are [binging and/or purging] because the sufferers aren’t help-seeking,” says Dr. Leora Pinhas, the study’s principal investigator and the psychiatric director of the Eating Disorders Clinic at The Hospital for Sick Children. “Only four per cent who binge and purge are seen by a physician,” she adds. “The goal of this study is to get a sense of who these kids are.”

Dr. Pinhas expects the study to identify at least 21 cases a year. This number will allow for detailed analysis of the presenting symptoms, she says. Investigators will also compile statistical evidence about patient age and social factors, which will aid in diagnosis and heighten physicians’ awareness of bulimia among children and teens.

The study reflects the times: Disordered eating is on the rise and has steadily increased since the 1970s, Dr. Pinhas says.

Not everyone in the field agrees on why this is, she says, though popular theories include biological predisposition and cultural environments that idealize low weight.

“Only four per cent who binge and purge are seen by a physician. The goal of this study is to get a sense of who these kids are.”

Dr. Leora Pinhas

Bulimia nervosa is diagnosed based on recurrent binge eating—consuming an abnormally large amount of food within a two-hour period or less—coupled with other behaviours to prevent weight gain such as fasting, over-exercising or the misuse of laxatives.

Bulimia can cause heart problems, muscle weakness, decreased functioning of the gastrointestinal tract, dehydration, hypotension and tachycardia among others. Mortality rates range from 0 to 6 per cent.

The study began in March 2008 and will run until February 2010.

“The CPSP has been amazing,” says Dr. Pinhas. “The program is a very important tool for Canadians to better understand child health. We are the envy of other countries.”

For more information visit www.cps.ca/cpsp or e-mail cpsp@cps.ca. 🌱

Paediatrics & Child Health: Peer review goes electronic

Manuscript Central, a web-based system used by some of the top peer-review journals, makes submission and peer review a virtual snap. In September, all manuscripts for the Canadian Paediatric Society's journal, *Paediatrics & Child Health*, began to be submitted through this service.

Dr. Noni MacDonald, co-editor-in-chief of *Paediatrics & Child Health*, says the new system will "make the process friendlier and



the peer-review process more transparent."

The program's user-friendly format will help authors follow their manuscript's progress without having to contact the journal's editorial staff. The process will identify any delays in the manuscript's life cycle and will help to keep it on track and moving forward. Staff will continue to be available to answer questions, assist authors and reviewers, and keep the system running well.

The shift to online service marks the start of a new, more streamlined era for *Paediatrics & Child Health*, but the community feeling of the journal's peer-review won't change.

"Our system is changing," says Dr. MacDonald, "but we're still *Paediatrics & Child Health*. Twenty-four hour technical assistance will be available, and journal staff are still just a call or e-mail away."

Manuscript Central is currently used by more than 170 societies and publishers, and over 1850 books and journals.

To access the service, visit www.cps.ca and follow the links to *Paediatrics & Child Health* under Publications & Resources.

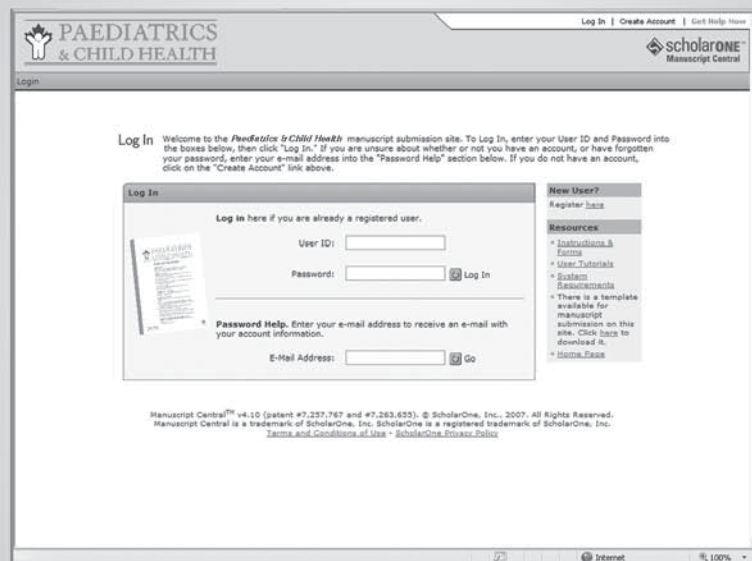
For more information contact journal@cps.ca

EXPECT MORE!

ATTENDEZ-VOUS À PLUS!

Paediatrics & Child Health is moving online with Manuscript Central.

- ▶ Easier manuscript submission for authors
- ▶ Enhances the review process
- ▶ Faster decisions



Paediatrics & Child Health passe à Internet avec Manuscript Central.

- ▶ facilite la soumission de manuscrits par les auteurs;
- ▶ améliore le processus de révision par des pairs;
- ▶ favorise des décisions plus rapide.

Lend your voice to *Paediatrics & Child Health*. The benefits extend to you, your profession and, ultimately, the health of children and youth in Canada.

For information: journal@cps.ca

Prêtez votre voix à *Paediatrics & Child Health*. Les avantages vous touchent vous, votre profession et, au bout du compte, la santé des enfants et des adolescents du Canada.

Renseignements : journal@cps.ca

Prescription for practice

Healthy ideas from CPS members

There are countless ways to promote health messages and provide positive incentives for healthy behaviours among your patients. Here are just a few examples of how to work strategies into paediatric practice.

Dr. Larry Pancer, a paediatrician in Markham, Ont., keeps a *Read, Speak, Sing* prescription pad close to the weigh scale. He uses the pages to record babies' weights and measurements for parents to take home.

Dr. Aven Jean Poynter, paediatrician in Langley, B.C., put up a poster in

the doctor's mailroom requesting books to create a children's reading area in the maternity unit where she works. Soon after, the books for the reading area poured in.

Dr. Diane Sacks has developed a reading reward program at her North York, Ont., practice. Families donate books they are no longer using, and Dr. Sacks distributes them to



patients in place of stickers and candies as rewards.

Dr. Élisabeth Rousseau-Harsany, paediatrician at Montreal's CHU Sainte-Justine, gives out Healthy Generations T-shirts to patients successfully working toward their weight loss goals.

Dr. Glen Ward promotes the Caring for Kids website at his Surrey, B.C., practice by including the web address on his business and appointment cards.



Let us know what you do in your practice to promote a CPS program, resource or health message. You may be featured in an upcoming column. E-mail cpsnews@cps.ca.

Lifelong Learning in Paediatrics / L'apprentissage continu en pédiatrie Winter 2009 Course / Cours de l'hiver 2009

Hôtel Rimrock Resort Hotel, Banff (Alberta)
March 13–15, 2009 / du 13 au 15 mars 2009

Topics / Sujets :

Infectious Diseases / Infectiologie
Sports Medicine / Médecine sportive
Emergency Medicine / Urgentologie
Respiratory Medicine / Médecine respiratoire
General Acute Care / Soins intensifs généraux

Earn up to 13.0 MOC credit hours /
Accumulez jusqu'à 13,0 heures-crédits de FMC



For complete details and to register, visit /
Pour obtenir l'information complète et vous inscrire, visitez

www.cps.ca

Member News

One-stop shopping: CPS launches locum service

Many community and subspecialty paediatricians struggle when looking for doctors to fill temporary absences such as vacations, sabbaticals or sick and maternity leaves. That's why the CPS Community Paediatrics Section is introducing an online locum service free to all CPS members.

"We felt there was a need to [assist] each other in caring for children and youth, and having a locum service is one of the ways we can help our fellow paediatricians," said Dr. David Wong, section president, who practices in Summerside, PEI.

The new service allows members to post available locum positions as well as their interest in filling them.

"This is ideal for semi-retired paediatricians or residents who are graduating but do not want to settle in any particular location. Locum work provides them with an opportunity to see different places in Canada," explains Dr. Wong.

For more information or to post a locum, visit www.cps.ca and login to the Member Centre. You can also contact memberservices@cps.ca or 613-526-9397, ext. 223.

Celebrating paediatricians in their communities

The following Canadian Paediatric Society members were recognized with a Certificate of Merit for their contribution to the health of children and youth in their communities:

- **Dr. Basil Boulton** (posthumous honour), for developing strategic visions for the care of children and families of British Columbia.

- **Dr. Cecilia Baxter**, for educating medical students and residents as well as providing exceptional services for children and youth in Alberta.
- **Dr. William Bingham**, for helping establish a separate women and children's hospital in Saskatoon and for promoting CPS among residents in Saskatchewan.
- **Dr. Diane Moddemann**, for advocacy on behalf of medical students and for providing exceptional services for children with developmental disabilities in Manitoba.
- **Dr. Gary Smith**, for research, teaching, vision and leadership in child and youth health in Ontario.
- **Dr. Gilles Julien**, for his longstanding commitment to the promotion of social paediatrics and child health in Quebec.
- **Dr. Mahmoud Loubani**, for his commitment to promoting child and youth health in New Brunswick.
- **Dr. Rick Cooper**, for teaching and mentoring paediatricians in training as well as providing exceptional service to children and youth in the Atlantic provinces.

To nominate a colleague, visit www.cps.ca and follow the links to Awards & Grants. The nomination deadline is January 15, 2009.

CPS Nominating Committee

Dr. Denis Leduc of Montreal, Que. is the new chair of the CPS Nomination Committee. He replaces Dr. Emmett Francoeur, who has provided many years of dedicated leadership to the committee. Other members of the 2009-2010 nominating committee: Dr. Robert Issenman, Hamilton, Ont., Dr. Gary Pekeles, Montreal, Que., Dr. Miriam Kaufman, Toronto, Ont., and Dr. Diane Moddemann of Winnipeg, Man.

Sound Bites

Thanks to all Canadian Paediatric Society members who took the time to promote children's health issues through the media recently.

Dr. Aurore Côté, co-author of the CPS statement, *Recommendations for safe sleep environments for infants and children* and a paediatrician at Montreal Children's Hospital, spoke to the *The Canadian Press* about the dangers of bed sharing with infants.

CBC Radio's *BC Almanac* spoke to **Dr. Emmett Francoeur**, a paediatrician in Montreal and former CPS president, about effective discipline for children.



Dr. Kevin Harris, a paediatrician at B.C. Children's Hospital, spoke to *Canwest News Service* about his research on obesity and physical activity in children and youth.



The Calgary Herald interviewed **Dr. Leora Pinhas**, psychiatric director for the eating disorders program at the Hospital for Sick Children, and **Dr. Christine Grant**, an adolescent specialist and professor at McMaster University, about eating disorders among youth.

Dr. Savithri Ratnapalan, an emergency paediatric physician and researcher at the Hospital for Sick Children, was interviewed by *The Globe and Mail* about her research on the "July effect."

Dr. Michael Rieder, member of the Drug Therapy and Hazardous Substances Committee, spoke to the *Toronto Star* about the effect of placebos in young children.

Let us know if you have spoken on behalf of the CPS for television, radio, or print media. You may be featured in an upcoming Sound Bites column. E-mail media@cps.ca.