

2013

Year in Review

New programs and education

- In 2012, residents told us that early child development (ECD) should be a core component of their program. CPS members also asked for clinical tools to translate recent advances in brain science into everyday practice. As of November 2013, we are putting *First Years First!* This new program provides clinicians and child health advocates with web resources, tools for the office setting, community links and information for families. Supported in part by a grant from P&G, First Years First encourages strategic focus on ECD by clinicians, families and policy makers.
- An online learning module on ECD is being developed in partnership with the Canadian Medical Association and MD-CME.
- Research conducted with the Healthy Active Living and Obesity Research Unit at the Children's Hospital of Eastern Ontario found that doctors need better resources for counselling young patients and their families about the importance of physical activity. With support from the Public Health Agency of Canada and in partnership with the College of Family Physicians and the Canadian Academy of Sport and Exercise Medicine, the CPS launched *Active Kids, Healthy Kids* in October 2013 with print and electronic resources for clinicians and parents.
- Member input continues to improve CPS learning experiences, both in person and online. The length, timing and location of the annual conference and Lifelong Learning in Paediatrics courses are evolving. For meetings, new web conferencing technology is also making CPS committees more efficient and reducing travel costs.



Canadian
Paediatric
Society

Position statements and practice points

Why did this child die?

A statement authored by the Injury Prevention Committee and reviewed by representatives from the Chief Coroners and Chief Medical Examiners of Canada, describes a formal, integrated child and youth death review process, to build understanding of how and why children die and to help prevent similar tragedies in the future.

How bad is this head injury...and what to do next?

Proper evaluation of *acute head trauma* at initial assessment minimizes risk for brain injury. The Acute Care Committee presents a systematic approach and recommendations.



Is this normal bruising or a “red flag” for abuse?

A theme issue of *Paediatrics & Child Health* examined the changing field of child and youth maltreatment, where specialist training, recognizing warning signs, timely interventions, and keeping careful records can change—and save—young lives.

Is this teenager homeless or street-involved?

The Adolescent Medicine Committee shone a light on the health needs of street-involved youth. Being aware of specific risks, offering after-hours care and responding quickly – sometimes unconventionally – can alleviate the unique health needs of this population.

Should I prescribe an SSRI?

The Mental Health and Developmental Disabilities Committee says selective serotonin reuptake inhibitor medications can be effective in treating paediatric anxiety and depression, provided they are combined with counselling and carefully monitored for potential side effects.

Can probiotic therapy work?

According to the Nutrition and Gastroenterology Committee, while the effectiveness of probiotics appears to be strain- and disease-specific, they can be considered to prevent or treat diarrhea and functional intestinal disorders in children.

Does this child need an antibiotic?

The Drug Therapy and Hazardous Substances Committee explains why using azithromycin to treat certain respiratory tract infections should raise concern about bacterial resistance, and when to avoid prescribing this medication.

Public health, education and advocacy

- Health professionals see more immigrant and refugee families, with unfamiliar needs and histories, than ever before. The CPS launched *Caring for Kids New to Canada* in June 2013, with support from Citizenship and Immigration Canada. This open-access, bilingual website offers more than 40 modules on newcomer-specific health conditions and issues, with wide-ranging information and practical approaches to culturally competent care.
- The *Education Program for Immunization Competencies* (EPIC, formerly the Immunization Competencies Education Program) is part of an ongoing interprofessional conversation. Of the 4,720 health professionals who have taken the eICEP course since it launched in 2010, more than half were pharmacists or pharmacy students, and nearly 40 per cent were nurses or nurse practitioners. Provinces running injection programs through pharmacies – notably Manitoba and Ontario – now use EPIC in their college training curriculums.
- Researchers and health professionals met in Portland, Oregon in April 2013 to share experience and research findings at the 5th *International Meeting on Indigenous Child Health*. Co-hosted by the CPS and the American Academy of Pediatrics, the biennial meeting, entitled “Strong Communities, Healthy Children”, focused on best (and promising) community-based practices for improving Aboriginal child and youth health.
- With dental decay on the rise and removal of caries-affected teeth the most common in-hospital procedure in preschoolers, the CPS called for all children and youth in Canada to have equal access to preventive and treatment-based dental care in a statement endorsed by the Canadian Academy of Pediatric Dentistry.
- The infant mortality rate in some Northern Aboriginal communities can be three times higher than the national average. In November 2013, the CPS brought members of

the Neonatal Resuscitation Program Steering Committee and Aboriginal stakeholders together to talk about unmet needs, gaps in care, research priorities and opportunities to improve neonatal health. This meeting was a first step toward building more collaborative resuscitation and stabilization programs in remote areas.

- Online courses focusing on marginalized populations were launched or are under development: *Caring for Kids New to Canada*, *Indigenous Child and Youth Health in Canada*, paediatric oral health, and *Children with School Problems*.



Media, public education and outreach

- Continuing public focus on concussion and sports-related injuries made two CPS statements – on bodychecking in hockey and bicycle helmet legislation – especially timely and controversial.
- A joint statement with the Canadian Society of Allergy and Clinical Immunology on preventing food allergies in high-risk infants drew heavy media interest.
- We're always on the lookout for new ways to share our information, and 2013 saw important media milestones: the launch of the CPS blog, The Paediatric Post, our own YouTube channel (watch *Active Kids*, *Healthy Kids* videos), and a redesigned *CaringforKids* website, with new features like printable Tips and Checklists for parents and caregivers.
- We continue to engage with parents, health professionals and others through our Facebook, Twitter and LinkedIn channels. Our professional social media stream is also now available to Francophone clinicians.
- New, family-friendly information is available to download on *Caring for Kids*:
 - Bike helmets for children
 - Nutrition for your young athlete
 - Bodychecking in ice hockey: What are the risks?
 - Using SSRIs to treat depression and anxiety in children and youth
 - Pertussis
 - Measles



Canadian
Paediatric
Society

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