



CANADIAN PAEDIATRIC SOCIETY

CPS news



Spring/Summer 2017

Indigenous child health conference spotlights local solutions

From Australia to the Arctic, Indigenous communities are developing local solutions to improve the health of children and youth. Recruiting and training community members to provide health services has become a key component of many programs, delegates to the 7th International Meeting on Indigenous Child Health heard in April.

Health professionals and community workers from Canada, the United States, Australia, New Zealand and Latin America gathered in Denver in April for a three-day conference that highlighted both successes and ongoing challenges:



Ryan Giroux, a medical student at University of Toronto preparing to enter paediatrics, presented the results of a Canadian Paediatric Surveillance Program study on tuberculosis.

- Natan Obed, president of Inuit Tapiriit Kanatami, described the development of a suicide prevention strategy that aims to tackle some of the highest rates of self-harm in the world.
- A team from the Nunatsiavut region (Labrador) described how recruiting and training local health aides has helped improve both the delivery of public health services and the overall well-being of communities.
- Dr. Margo Greenwood, academic lead for the National Collaborating Centre for Aboriginal Health, explained how the legacies of colonialism have contributed to health disparities, and how health inequity can be overcome.
- Dr. Allison Barlow of Johns Hopkins showcased a home visiting program run by American Indians that helps break the cycle of intergenerational trauma, leading to better outcomes for both parents and children.

The conference, co-hosted by the Canadian Paediatric Society and the American Academy of Pediatrics, is



Dr. Anne-Marie Therrien, a paediatric resident at Université Laval, presented a poster on unintentional injuries among young Inuit in Nunavik.

held every two years in partnership with the National Collaborating Centre for Aboriginal Health, the Assembly of First Nations, Inuit Tapiriit Kanatami, Métis National Council, and others.

To see photos from the conference, visit www.facebook.com/IMICH2017.

Conference social media

Follow the CPS on Facebook and Twitter to get updates from the annual conference in real-time. Use the hashtag #CPS2017 to join the conversation!



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Spotlight on community paediatricians

Spotlight is a new blog feature that celebrates the unique stories and extraordinary contributions of community paediatricians across Canada.

Since debuting last June, *Spotlight* has featured several members talking about their background, practice and advice for future health care providers.



Dr. Julie St-Pierre

Here are some of the people profiled recently:

Dr. Trent Smith works in Kamloops, B.C., where he is the medical lead for the regional paediatric diabetes clinic and a provincially coordinated paediatric obesity program. He is also the site co-director for University of British Columbia undergraduate medical education in Kamloops, where he has helped establish new opportunities and training for medical students and residents.

Dr. Julie St-Pierre practices in Saguenay, Que. She has a solo practice at Clinique 180,

a regional multidisciplinary hospital clinic (275,000 individuals), where she treats paediatric obesity with an educational and motivational approach centered on children, adolescents and their family. Dr. St-Pierre created the clinic five years ago by founding a charity organization that supports

community pediatricians in treating paediatric obesity. The organization provides funding for support from a nutritionist and a clinical nurse specialist.

Dr. Padmavathy Guntamukkala calls St. Anthony, Newfoundland home. She travels to hospitals in Goose Bay and Labrador City several times a year for high-risk perinatal clinics, autism diagnostic clinics and to see children with complicated health issues. Dr. Guntamukkala received a CPS Certificate of Merit in 2015.

To read more, visit the CPS website and subscribe to the *Paediatric Post*. 📖

New podcasts on croup and sepsis

New CPS recommendations for croup and early onset sepsis of term infants are now available via podcast.

The podcasts were produced in collaboration with PedsCases, a medical student-run group that supplements undergraduate curriculum through interactive cases, podcasts, videos and links.

The podcasts are developed over a 6 to 8 week period, during which residents worked with the statement authors to prepare scripts and then record the text.

Acute Management of Croup was developed by Dr. Alia Sunderji, a paediatric resident at Sick Kids, and Dr. Oliva Ortiz-Alvarez, author of the practice point and a paediatric consultant physician at Dalhousie

University in Halifax. This podcast was also recorded in French by Dr. Nicholas Chadi, a resident in Paediatrics and Adolescent Medicine at Sick Kids..

Management of Early Onset Bacterial Sepsis was developed by Dr. Johnathan Hagel, paediatric resident at Sick Kids, and Dr. Ann Jefferies, author of the statement and staff neonatologist and Professor in the Department of Paediatrics at the University of Toronto.

A link to each podcast is available by accessing the CPS document of the same name. To date, each of the English podcasts has been downloaded more than 6000 times. The French version of the croup podcast has been downloaded more than 1000 times.

For more information, visit www.pedscases.com. 📖

New president optimistic about ‘potential to improve the lives of children and youth’

*The CPS has identified five strategic priorities for 2017-2022: **early childhood development; First Nations, Inuit and Métis health; social paediatrics; paediatric drugs and therapeutics; and child and youth mental health.** CPS News spoke to President-Elect Dr. Michael Dickinson about how these priorities will shape the work of the CPS and help improve child and youth health in Canada.*

As you get set to take on the role of CPS president, what excites you about the new CPS strategic priorities?

I feel a tremendous amount of excitement about the five areas that Canadian paediatricians have identified as our CPS priorities for the next five years. I believe that paediatricians have accurately identified the key areas that most affect the health and well-being of children and youth today. I deal with these issues on a daily basis, and I doubt there is a paediatrician in the land not affected by at least one of these priorities. Now we must channel our efforts into moving the needle deliberately in each of these areas to educate parents and the public, support paediatricians and health care providers, and advocate for programs and policy changes. When I reflect on our organization and the tremendous expertise of our members combined with our passion for advocacy, all supported by our dedicated and creative staff, it's hard not to get excited about our potential to improve the lives of children and youth.

How did the CPS decide on these specific priorities?

Under the direction of Dr. Charlotte Moore-Hepburn, Medical Affairs Director, and Marie Adèle Davis, Executive Director, the Board of Directors engaged in a brainstorming and consultation process over 18 months. Through debate, discussion and consultation, we took an initial list of over 50 priorities and narrowed it down to five broad areas. CPS members who attended the AGM last year in Charlottetown also participated in the process by providing feedback that proved critical in developing the final list.

How will the Society's strategic priorities help improve child and youth health in Canada?

We now have a powerful opportunity to make progress in these areas, and the possibilities for improving child and youth health are staggering. Changes will occur through a multi-pronged approach for each issue, which will include public and family education, education and office-based tools to support paediatricians and other health care providers, and public policy advocacy to work for system changes.

How will these strategic priorities affect how the CPS works?

The plan will enable us to be more focused and strategic. CPS members have given us a clear mandate to focus our energies on these priorities. We will allocate financial resources and staff resources accordingly to meet the goals and deadlines around each of the strategic priorities. Although we will still dedicate resources to important issues outside the strategic plan, being more focused and deliberate will make CPS more productive and streamlined in our actions. This will bring more value to members and result in meaningful, measurable improvements to child and youth health.

What can CPS members expect to hear about the CPS strategic priorities at the annual conference?

The CPS will unveil the strategic plan and more details at the annual conference in Vancouver. We'll look for member feedback, which will be critical to success. These ambitious goals depend on broad support and engagement from our membership. CPS will need paediatricians from all backgrounds and across the country to review and provide feedback on documents, plans and tools, and participate as members of committees and special working groups. There will be a role for everyone, and I encourage members to get involved. See you in Vancouver! 🇨🇦

New immunization resource to share with parents and caregivers

Choosing not to vaccinate your child? is a new CPS tearpad about the risks and responsibilities of choosing not to immunize.

Email info@cps.ca to order or visit www.caringforkids.cps.ca to print your own copies.



This resource was produced with an unrestricted grant from GlaxoSmithKline.



Lawson Foundation supports expansion of diabetes program

Diabetes at School, the first national initiative to support the estimated 30,000 school-aged children with type 1 diabetes across Canada, is enhancing its training for school staff and teachers.

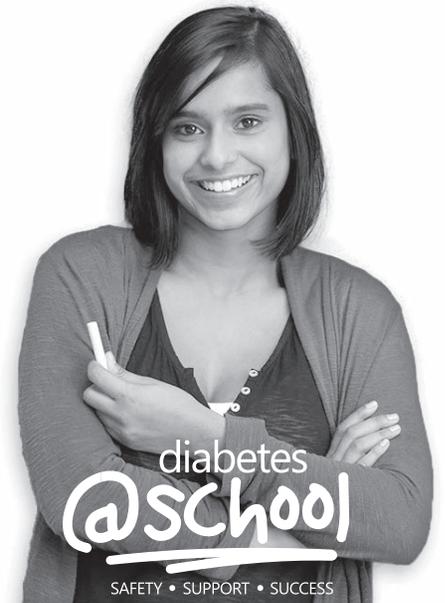
Thanks to a grant received by the Healthy Generations Foundation from the Lawson Foundation, the Canadian Paediatric Society and its partners are developing a series of videos for educators and other school staff to help them support students with type 1 diabetes.

Each short animated video will cover a different topic, from low blood sugar to physical activity. The videos, which staff can view on any device, will complement the more detailed information on the Diabetes at School website.

Diabetes at School (diabetesatschool.ca) was launched in English and French in October 2016. It's being used by paediatric diabetes clinics across Canada to help parents train school staff to provide support to their children.

In 2014, the CPS and the Canadian Pediatric Endocrine Group issued recommendations on managing type 1 diabetes at school. They called for provincial-level policy to ensure that each student with type 1 diabetes has an individual care plan and designated care allies who are trained to provide daily and emergency support as needed.

Only five provinces have guidelines or policies on students with type 1, meaning that parents are often left scrambling to make arrangements for blood checks,



insulin administration and other support throughout the school day.

The new videos will be launched in the fall.

For information on how you can promote Diabetes@School in clinical settings, email info@cps.ca 📧

CPS encourages physicians to ‘choose wisely’

The CPS has released a list of specific tests, treatments and procedures that are commonly ordered but not always necessary as part of Choosing Wisely Canada.

The five evidence-based recommendations are intended to guide practitioners and support conversations with patients and their families:

- Don't routinely use acid blockers or motility agents for the treatment of gastroesophageal reflux in infants.
- Don't perform screening panels (IgE tests) for food allergies without previous consideration of the pertinent medical history.
- Don't administer psychostimulant medications to preschool children with Attention Deficit Disorder (ADD), but offer parent-administered behavioural therapy.
- Don't routinely do a throat swab when

children present with a sore throat if they have a cough, rhinitis, or hoarseness as they almost certainly have viral pharyngitis.

- Don't recommend the use of cough and cold remedies in children under six years of age.

“As health professionals, we can help improve care by talking with patients about what procedures are really necessary and beneficial to their health,” said Dr. Isabelle Chevalier, member of the CPS Board of Directors and project lead. “Our recommendations are intended to help patients and clinicians start important conversations about treatment options and make wise choices about their health.”

The CPS's Choosing Wisely Canada list was developed after months of careful consideration and review, using the most current evidence about management and

treatment options. The CPS consulted its expert committees and specialty sections, and also considered current position statements.

“Conversations about what care patients truly need is a shared responsibility among all members of the health care team,” said Dr. Wendy Levinson, chair and co-founder of Choosing Wisely Canada. “The CPS's list will help paediatricians across the country engage their patients in a dialogue about what care is best for them, and what we can do to reduce waste and overuse in our health care system.”

The Choosing Wisely campaign included more than 175 tests and treatments that medical professional societies have deemed overused and inappropriate.

To learn more about Choosing Wisely Canada and to view the complete lists and details about supporting evidence, visit www.ChoosingWiselyCanada.org 📄

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

ATV injuries high among young children

Results of a recent Canadian Paediatric Surveillance Program (CPSP) one-time survey indicate that thirty percent of paediatric ATV-related injuries and deaths involve children under the age of 10.

The survey was led by Dr. Peter Gill and Dr. Thomas McLaughlin, the first ever recipients of the 2016 CPSP one-time research grant, and residents at the Hospital for Sick Children.

ATV legislation and safety is a major priority of the SickKids Paediatric Resident Advocacy Committee, said Dr. Gill, and the CPSP survey was an opportunity to collect data on an important injury prevention issue.

“We see ATV injuries in the hospital, so it’s an issue that resonates with residents,” said Dr. Gill.

Canadian physician knowledge of ATV legislation and safety had never previously been studied. As well, studies measuring ATV-related injury and death have either been limited to data from major centres or have combined data for both dirt bike and ATV incidents involving children and youth.

The aim of their survey was to obtain current data to help determine the national burden of serious injury and death caused by ATV use in children and youth.

“Our results confirm that ATV safety is a high priority advocacy issue,” said Dr. Gill.

The survey, completed by more than 900 paediatricians, measured physician awareness of ATV-related legislation and health promotion practices, and asked respondents to describe their clinical experiences with ATV-related serious injury and death.

Results show that physicians have broad knowledge about ATV-related legislation and safety practices, but may lack a nuanced understanding of the rules and regulations.

For example, only half of physician respondents stated they had discussed ATV safety in patient visits, despite awareness that children under the age of 16 should not operate an ATV. Even paediatricians practicing in rural areas where ATV use is prevalent did not routinely discuss ATV safety.

The survey also revealed that the burden of ATV-injury and death remains significant. Physicians indicated 181 reported cases of serious and/or fatal ATV-related injuries, including 6 deaths. Unfortunately, certain barriers exist that preclude capturing



“Our results confirm that ATV safety is a high priority advocacy issue.”

Dr. Peter Gill

completely accurate numbers within Canada, and this survey was designed to capture signals as opposed to incidence rates.

“Our results showed that only three-quarters of physicians would refer child/youth deaths to the coroner,” said Dr. Gill. “There are also issues with case reporting, data collection and classification that complicate our understanding of high priority injury prevention targets.”

One of the survey’s important findings, consistent with previous literature, was the age at which injuries and deaths occur, some as young as 4 years old. And in over 50 percent of serious injuries or deaths, the child or youth was the driver.

Dr. Gill and Dr. McLaughlin hope their results will help fill the data gap for this injury prevention issue.

“A one-time survey has limitations, but it helps to identify the major issues that will propel this advocacy initiative forward,” said Dr. Gill. “Further research and consolidation of existing data will inform these efforts.”

Dr. Gill and Dr. McLaughlin will deliver a presentation at the upcoming CPS Annual Conference and are preparing CPSP Highlights article on survey findings. Results will also be included in the 2017 edition of *CPSP Results*.

For more information on this survey and the one-time resident research grant, visit www.cpsp.cps.ca. Survey co-authors include Dr. Daniel Rosenfield, Dr. Charlotte Moore-Hepburn, Dr. Natalie Yanchar, and Dr. Suzanne Beno. 🌱



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Paediatrics & Child Health returns with new publisher and more online options

The first issue of *Paediatrics & Child Health* published by Oxford University Press (OUP) debuted in March.

The re-launch of the journal comes with a fresh new website that includes improved browsing and search capabilities, related content suggestions and more resources for journal readers and authors than ever before.

“A user-centric approach will allow us to restructure the way we organize our content, unlocking its potential to spark discovery and learning,” said Matt Turney, an associate publisher at OUP.

The *Paediatrics & Child Health* website, hosted by OUP, measures the number of online views and citations of each article. It also provides an “Altmetric score,” which measures interest in an article in non-academic environments such as news stories, blog posts, social media shares or mentions in policy documents.

“Citations keep track of who’s *writing* about your content,” said Mr. Turney. “Download totals tell you who’s *reading* the content. Altmetrics measure the slightly more elusive but no less important piece that is who is *talking* about the content.”

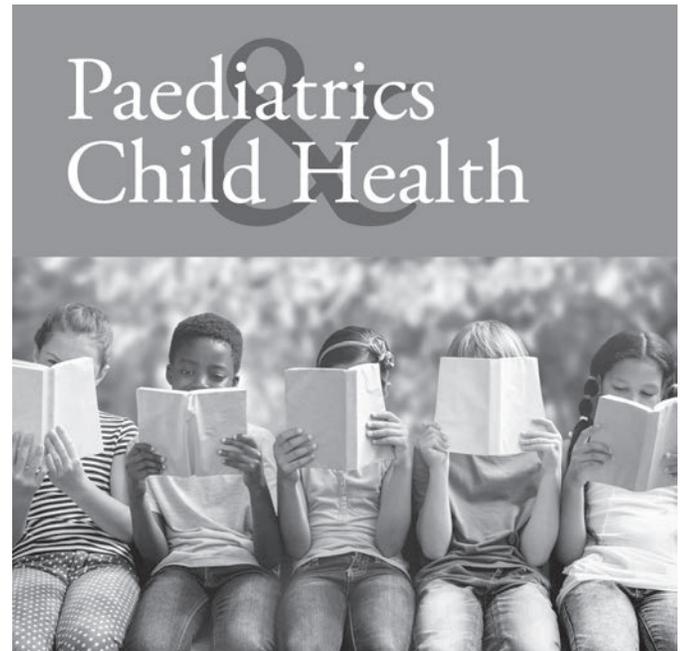
Users can subscribe to alerts for new issues or advance articles, or request alerts for activity on a specific article, such as a citation or media story.

There are also behind-the-scenes improvements. ScholarOne Manuscripts now allows PCH authors to add a digital identifier called ORCID to their profiles, differentiating them from other researchers. Published manuscripts also will be assigned a digital object identifier (DOI) to ensure articles can be located and correctly identified, regardless of where they appear on the Internet.

Working with OUP also expands the potential for the journal’s audience. Selected journal content will be shared with a wide range of academics and professionals through the OUP blog (blog.oup.com) and OUP and CPS social media channels. As part of OUP’s global network, PCH will reach more individual and institutional subscribers.

“Working with OUP will promote the publication of high quality research with practical implications for clinicians caring for children and youth in Canada,” said Dr. Joan Robinson, Editor-in-Chief of *Paediatrics & Child Health*.

Visit <https://academic.oup.com/pch> to submit a manuscript, browse issues, search for articles or sign up for email alerts. 📧



The CPS has released several documents since fall 2016 that may not yet have been published in the journal. All are available in full text on the CPS website:

- Head lice infestations: A clinical update
- Recommendations for the use of rotavirus vaccines in infants
- Vaccine recommendations for children and youth for the 2016/2017 influenza season
- Caring for children and youth from Canadian military families: Special considerations
- Canada’s eight-component vaccine safety system: A primer for health care workers
- Cannabis and Canada’s children and youth
- The relationship between paediatric practitioners and ‘industry’
- Zika virus: What does a physician caring for children in Canada need to know?
- Acute management of croup in the emergency department (PODCAST also available)
- Management of term infants at increased risk for early onset bacterial sepsis (PODCAST also available)
- Counselling and management for anticipated extremely preterm birth
- The prevention of firearm injuries in Canadian youth
- Update for Canadian NRP providers: A case-based review

Leadership forum and Annual General Meeting

Attend the CPS Leadership Forum on June 2. This year's topic is "From challenges to innovation: Models of paediatric health care delivery in Canada." The session will be led by Dr. Maureen O'Donnell, a developmental paediatrician from Child Health BC in Vancouver. Continental breakfast will be served. The leadership forum runs from 7-8:30 a.m., and is followed directly by the annual general meeting.

The annual general meeting runs from 8:30-10:30 a.m. and is open to all CPS members. Learn about the Society's advocacy work, new programs, and our strategic framework for the next five years. You'll also meet membership award winners, elect CPS board representatives, and celebrate the new CPS president, president-elect, and vice president as they step into their roles.

Practice What You Preach

The walk/run takes place along the seawall next to the Vancouver Convention Centre on Friday, June 2nd, starting at 6:30 p.m. The cost is \$25 per person, and children and youth under age 18 can participate for free.

Practice What You Preach provides funding for the Healthy Generations Foundation's Paediatric Resident Advocacy Education initiative. For more information, visit www.healthygenerations.ca

EPIC no longer available as eCME

As of **April 1, 2017**, the Education Program for Immunization Competencies course (EPIC) is no longer available for purchase. Please complete all modules by **August 1, 2017** to ensure you achieve your certificate of participation.



In the nearly seven years it was available as an eCME, EPIC became the leading provider of immunization education for healthcare professionals in Canada. Over 10,000 people have completed EPIC online.

EPIC is intended to increase vaccination rates to keep children and youth immunized and safe. The online course has helped to ensure a better understanding of the core immunization competencies, their relevance and a consistent approach to build public confidence in vaccine efficacy and safety, to communicate and to dispel myths.

Special thanks to the EPIC Advisory Group who put this program together. While EPIC is no longer available as an eCME, the CPS will continue to develop online education on important immunization issues.