



CPS news

CANADIAN PAEDIATRIC SOCIETY | SPRING • SUMMER 2023

Making introductions: Meet your new CPS board members

We are delighted to introduce eight new members of the Canadian Paediatric Society (CPS) Board of Directors. They each possess impressive experience in their specialties, and they are all dedicated to providing excellent health care to the children in their respective regions.

Dr. Laura Sauvé of Vancouver is Vice President of the CPS Board of Directors. As a paediatric infectious diseases specialist, she dedicates much of her time to caring for children and families affected by HIV and other congenital infections. Dr. Sauvé's history with CPS began when she attended a CPS conference in Montreal as a child with her father, a retired neonatologist, Dr. Reg Sauvé, in whose footsteps she has followed. Dr. Sauvé says she looks forward to working with other CPS board members to address barriers to health equity for marginalized families and to advocate for culturally safe, equitable care for all children in Canada.



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COVER STORY

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Dr. Jill Borland Starkes, who practices in Charlottetown, will represent PEI and New Brunswick and is eager to share her experience as a consultant general paediatrician working in a non-tertiary setting. As a paediatrician in rural Canada, she has developed a broad skill set to ensure that children in her community receive a high standard of care. Dr. Borland Starkes looks forward to working with the CPS board to

help transform the concept of child health in Canada. Outside of work, Dr. Borland Starkes enjoys learning about the philosophy of Scandinavian interior design and making her home both beautiful and functional.

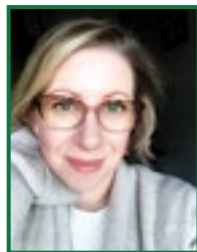
Dr. Jared Bullard is a paediatric infectious disease specialist at the Children's Hospital of Winnipeg. He is excited and proud to represent the paediatricians of Manitoba as a CPS board member. In his work, Dr. Bullard is focused on providing a unified and comprehensive approach to preventing the transmission of sexually transmitted and blood-borne infections from pregnant women to their infants, especially HIV and congenital syphilis. As a new board member, he says he looks forward to lending his expertise and guidance to other paediatricians across Canada. Colleagues of Dr. Bullard may not know that he once worked as security for a Metallica concert in Winnipeg.



Dr. Marc-André Dugas, a paediatrician from Université Laval in Quebec City, is a new Board member from Quebec. He plans to give a voice to paediatricians from Quebec—and by extension their patients—both within the CPS and in the wider community to ensure that their needs are advocated for in a positive and collaborative way. He loves his work as a paediatric intensivist and looks forward to sharing his experience in direct care, research, teaching, and health management with his CPS colleagues.



Dr. Tricia Feener of Corner Brook will represent Newfoundland & Labrador. She is looking forward to developing relationships with colleagues from all over the country and continue the crucial work of the CPS. Dr. Feener is interested in the effect of medical trauma on women during childbirth and children in acute care settings. Outside of medicine, she has a strong passion for



the arts. Through her partner's work in the entertainment industry, she has met and hosted several artists and industry professionals from all over the country.



Dr. Hema Patel is an academic general paediatrician based in Montreal who specializes in the care of children with medical complexity and those with specific vulnerabilities. She is passionate about improving health care for these children and youth. Dr. Patel is excited to share her perspective working in Quebec with the CPS board and hopes to encourage her colleagues to engage in CPS activities, especially early career paediatricians. In addition to her professional interests, Dr. Patel also enjoys a unique hobby: she reads and collects unique cookbooks, "despite not being much of a cook".

Dr. Anne Rowan-Legg of Ottawa will represent Ontario on the Board of Directors. While her clinical work focuses on children with complex medical needs, she also strives to ensure that postgraduate training for residents can better prepare them for a changing paediatric landscape. In her pre-paediatrician days, Dr. Rowan-Legg was a wilderness canoe tripping guide and worked with youth involved in the justice system. This experience introduced her to wider concepts of health, wellness, and social determinants that inspired her interest in medicine. She considers her time as a guide the most valuable leadership skills training that she's ever had.



Dr. Meagan Roy of Calgary is Vice President of the Residents Section. She says she is excited to liaise with paediatric programs across the country and help to improve paediatric training on a national level. She is passionate about small urban and rural medicine. Her experiences growing up in Northeastern Ontario and training at the Northern Ontario School of Medicine have provided her with a deep understanding of the challenges faced by small urban and rural communities. Her colleagues may not know that she is the mother of four young children under 5 years, the youngest of whom attended the CPS annual conference at just three weeks old.



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“Nunavut is very different from where I grew up and I think a big part of [overcoming cultural barriers] is ensuring you take the time to learn about the culture, ensuring you always have translational services wherever you are – these are really important steps that go a long way in terms of gaining trust.”

Dr. Holden Sheffield

A full scope of practice comes with the territory: What it’s like to be a paediatrician in the North

Rotating through tertiary care centres and urban community hospitals during her residency, Dr. Sara Citron found herself questioning whether a career in paediatrics was right for her. Her program director convinced her to complete a rotation in the North before making a final decision and the rest, as they say, is history. She has been working in Whitehorse since 2019.

The things Dr. Citron enjoys about remote medicine—the scope of practice, connection to community, developing trust with historically underserved populations—were echoed by all the paediatricians we spoke to for this story.

Dr. Clare Whitehead, who practices in Yellowknife, also knew early on in her training that she didn’t want to work in a tertiary care centre. She was considering a career in rural family medicine before discovering paediatrics.

“This is what I really love,” she said. “It’s all the things that I like about family medicine but then also paediatrics, which I also fell in love with.” When she matched to paediatrics for residency, she was already set on practicing somewhere in Northern Canada.

Dr. Holden Sheffield moved to Nunavut in 2016, thinking he would spend a year there. He hasn’t left and feels fortunate to have built a rewarding career in the North.

“I would call what we do up here true general paediatrics...from newborn resuscitation and antenatal consults working all the way up to adolescent medicine,” he said.

Developing and strengthening relationships with patients and the broader community is another highlight of the job.

“Nunavut is very different from where I grew up and I think a big part of [overcoming cultural barriers] is ensuring you take the time to learn about the culture, ensuring you always have translational services wherever you are – these are really important steps that go a long way in terms of gaining trust,” said Dr. Sheffield.

Part of practicing paediatrics in the territories is travelling to fly-in communities with a history of medical trauma and colonialism, and continuity of care is key to developing trust.

“As much as we can, we’re sending the same paediatrician again and again,” said Dr. Citron.

Despite being geographically far from tertiary care centres, strong relationships with subspecialists who consult and co-manage patients allow more kids with complex needs to access care close to home. That means families can avoid frequent, often multi-day, travel that can be complicated by a lack of childcare for other children or paid time off work.

Dr. Sheffield points to a recent collaboration with a team at CHEO as a success story.

“We found that a lot of patients were traveling outside their home communities to go down to Ottawa to see their nephrologist, however...we have the capability to do high quality ultrasounds, monitor the patients, obtain all the lab work they might need locally,” he said. “So if we’re able to obtain that information and then have case conferences with the nephrologist to get that expert opinion, we’re able to keep patients closer to home.”

Dr. Sheffield, Dr. Citron, and Dr. Whitehead all suggested that residents keep an open mind and do at least one rotation in the North. Even if they expect to end up in a larger city, they will gain an understanding of the needs of their patients in the North, as well as the constraints on their colleagues who may be consulting their hospital centre.

“I really feel so privileged to have this job,” Dr. Citron said. “I would promote it to anyone who wants a bit of a challenge, who’s open to a large scope [of practice] and who is comfortable with being uncomfortable on a regular basis and pushing the boundaries of what you’re familiar with.”

A place to 'be the change we want to see'

In 2003, the Canadian Paediatric Society and the American Academy of Pediatrics held a joint meeting in Seattle, Washington to discuss common concerns related to Indigenous child and youth health. It was intended to be a one-time event.

Twenty years later, people from across North America and around the world gathered in March in Tulsa, Oklahoma for the 10th International Meeting on Indigenous Child Health (IMICH). The conference is held every two years, alternating between Canadian and U.S. cities and drawing participants from as far away as Australia and New Zealand.

"This conference is an opportunity for conversations about being in relationships and being the change we want to see," said Dr. Margo Greenwood in remarks to close the gathering.

Dr. Greenwood is the former academic lead of the National Collaborating Centre for Indigenous Health, a conference partner, who was appointed to the Canadian Senate in 2022.

Dr. Greenwood reflected on how IMICH has changed over the last two decades—from a conference largely aimed at physicians and featuring mostly non-Indigenous speakers, to a gathering that provides space for communities to learn from one another. A majority of speakers in 2023 identified as Indigenous.

"As we learn together, we create new understandings anchored in the very essence and richness of diversity," Dr. Greenwood said.

Keynote speaker Jeneda Benally, an award-winning musician and activist from the Diné Navajo Nation in Arizona, talked about her work reconnecting youth with their traditional cultures: "Kids want to know who they are.... They want to belong."

For information about IMICH, visit cps.ca/imich.



From left: IMICH conference chair Dr. Kate Golski; Dr. Margo Greenwood; and Dr. Sam Wong, Canadian Paediatric Society Director of Medical Affairs

Antiracism: A new lens, a new vision for the CPS

When the Canadian Paediatric Society published its Antiracism Policy in 2021, it was the culmination of months of learning, discussion and consideration.

But a policy is just a first—albeit important—step, says Dr. Kassia Johnson, physician lead of the CPS antiracism initiative and co-chair of the Antiracism Steering Committee. Real change will take time and sustained work.

"Antiracism work is about unlearning years of behaviours and attitudes," says Dr. Johnson. "It's about embedding new insights and ways of being into the organization for the long-term."

The 13-member steering committee is looking at overarching issues such as how to collect race-based data from members in a meaningful, respectful, and safe way. Collecting this type of information will help the CPS measure its progress on the vision described in the policy—a professional organization that reflects the members it serves and in turn, the patient population that members serve.

Three working groups are exploring ways to incorporate antiracism into how the organization does its work:

- The **policy implementation** working group, chaired by Dr. Minoli Amit and Dr. Shazeen Suleman, has developed a tool that will help CPS teams—the Board, sections, committees, staff—review their processes using an antiracist lens, reflecting on how they can be changed to provide equitable opportunities for participation in the CPS.
- The **medical education** working group, chaired by Dr. Mark Awuku and Dr. Ming-Ka Chan, is developing guidance for CPS groups involved in medical education such as writing statements and practice points, organizing educational events, and creating online education.
- An **advocacy** working group, chaired by Dr. Muna Chowdhury and Dr. Tehseen Ladha, will be focused on public policies that affect children and youth.

The groups have also been making connections with others working on antiracism in the health sector.

For more information, visit cps.ca/en/policy-and-advocacy/antiracism-initiative or email antiracism@cps.ca

Antiracism Steering Committee

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Dr. Mark Awuku
Dr. Mahli Brindamour
Dr. Ming-Ka Chan
Dr. Muna Chowdhury
Dr. Mark Feldman
Dr. Johanne Harvey
Dr. Kassia Johnson, Co-chair
Dr. Tehseen Ladha
Dr. Cheyenne LaForme
Dr. Tatiana Sotindjo
Dr. Shazeen Suleman
Dr. Sam Wong, Co-chair



“Because parenting behaviours can be learned and modified, we can have a lifelong impact on our patients by recognizing and supporting their families’ strengths.”

Dr. Robin Williams

Supporting early relational health at every clinic visit

Positive relationships are critical for young children’s healthy development, and health care providers need to promote “relational health” in their visits with children and families, says a recent statement from the Canadian Paediatric Society.

While a growing body of evidence has linked adverse childhood experiences (ACEs) with both short- and long-term health and well-being, a focus on adversity can overlook how safe, stable, and nurturing relationships can buffer against toxic stress and help children build resilience.

Children grow and develop in an environment of relationships, and child health practitioners can help to promote healthy relationships and positive childhood experiences at every visit.

“We cannot overstate the importance of a child having a stable and supportive relationship with at least one close adult,” said Dr. Robin Williams, Chair of the CPS Early Years Task Force. “Because parenting behaviours can be learned and modified, we can have a lifelong impact on our patients by recognizing and supporting their families’ strengths.”

Parents themselves are often affected by their own ACEs, but may not be aware of how their history is affecting their current relationships. Clinicians have an opportunity to help them make this connection and break negative intergenerational cycles.

Child health providers are already experts in recognizing secure attachment and signs of healthy parenting. They can highlight early relational health by verbally acknowledging those micro-moments in clinic, such as when a parent-and-child exhibit serve

and return interactions or a parent successfully soothes their infant.

Dr. Williams says that each visit is an opportunity to discuss, model, and praise specific parenting behaviours that promote early relational health and contribute to the development of secure attachment, autonomy, self-regulation, perspective-taking, and problem-solving.

In addition to relational health, the statement recommends that health professionals promote other drivers of child development, including:

- Parental health and well-being;
- Breastfeeding;
- Early literacy and shared reading;
- Developmentally appropriate play; and
- Connection with community resources.

The CPS recently held two webinars on how the health care community can support early relational health. The first, presented by Dr. Blair Hammond from the Mount Sinai (N.Y.) parenting centre, described an online curriculum for residents on promoting brain development and strengthening parent-child relationships during routine well-child visits. The second, featuring child and adolescent psychiatrist Dr. Jean Clinton and Washington-state-based paediatrician Dr. David Willis, focused on the role of providers encouraging positive family interactions.

To access recordings of the webinars or the new position statement on early relational health, visit the CPS website: cps.ca/en/strategic-priorities/early-child-development.



“We know that community paediatricians are already doing so much of the heavy lifting when it comes to the mental health crisis.”

Dr. Stacey Bélanger

A mental health crisis: Current system failing both paediatricians and patients

Insufficient training, lack of access to multidisciplinary teams, and inadequate government funding have exacerbated a mental health crisis among children and youth; fewer than 20 percent of kids with mental health concerns receive treatment when they need it. And while paediatricians are often the first point of contact for families seeking care, the current system is falling short of adequately supporting them and, consequently, their patients.

A joint statement from the Canadian Paediatric Society and the Canadian Academy of Child and Adolescent Psychiatry (CACAP) says that system-wide changes—in medical education, health systems, and health policy—are needed to improve child and youth mental health outcomes.

“We know that community paediatricians are already doing so much of the heavy lifting when it comes to the mental health crisis,” said Dr. Stacey Bélanger, a developmental paediatrician in Montreal and a member of the CPS Mental Health Task Force. “We hope this statement will help them advocate for a better mental health system in which they are empowered to provide the best care for their patients and are appropriately and fairly remunerated.”

The new guidance document outlines the core competencies of mental health preventative care, screening, treatment, and collaborative care.

To meet the growing demand for paediatric mental health services, the CPS is calling for expanded mandatory education for trainees and continuing professional development opportunities for paediatricians to enhance their skills in evidence-based mental health treatments.

The CPS and CACAP are calling on governments at all levels to meet the urgency of the situation with increased funding for universal access to evidence-based mental health services, programs and supports offered by a range of trained health care professionals.

Child and youth mental health is a priority for the CPS, and it will be developing additional resources and training opportunities for paediatricians in the coming months.

For more information, visit cps.ca/en/strategic-priorities/child-and-youth-mental-health

Their kids' health: Supporting parents with culturally relevant resources

Developmental paediatrician Dr. Ripudaman Minhas and a team of child and youth health professionals are transforming the way information is delivered to parents and caregivers.

Dr. Minhas, who practices in Toronto, launched Punjabi Kids' Health in 2021, and quickly amassed 10 million views across a number of social media platforms in the first years. Building on that success, they launched Tamil Kids' Health in 2022.

Now, with funding from the Public Health Agency of Canada, the project includes eight additional channels serving distinct cultural linguistic groups: Arabic, Black, Filipino, Hispanic, Mandarin, Cantonese, Ukrainian and Inuit.

Each new channel is led by a coordinator and a team of providers representative of that community. Each week,

channels feature topics such as nutrition, sleep, oral health, school problems, ADHD, autism, racism, and child and parental mental health.

Once a month, each channel responds to questions from the online community, with content credible resources that is reviewed by an expert panel. Our Kids' Health now has over 225K online community members worldwide across the 10 channels.

Dr. Minhas and his team are currently evaluating the project through pre-post surveys and qualitative interviews. They've also engaged with artists from each community to design logos and illustrations, and held photo shoots to capture families from diverse backgrounds.

For more information, visit: <https://kidshealthnetwork.org/>.



“No two practices are the same, even when they’re in the same city.”

Dr. Richa Agnihotri

Dr. Nina Replete (left) and Dr. Amanda Bates (right) pictured here are two of several community paediatricians featured in the series.

Voices from the field: A (moving) picture’s worth a thousand words

To showcase their profession as a career and a calling, Community Paediatrics Section members launched four short videos in 2022 with thoughtful reflections and sound advice from paediatricians across Canada.

Voices from the Field, a series conceived and coordinated by Section president, Dr. Richa Agnihotri, is intended as a resource for medical students and residents considering their next professional steps.

Starting with a call-out to section members, the project opened with this question: “What does community paediatrics mean to you?”

A leading aim was to raise awareness of the broad array of practices in Canada because, as Dr. Agnihotri observes, “No two practices are the same, even when they’re in the same city.”

Other objectives were to capture the collective passion of practitioners for their field and to engage and inspire medical students and residents toward community-based careers.

Each of the videos focuses on a distinct aspect of work in the field: “Getting to know community paediatricians”, “Advice for students and residents”, “A day in the life”, and “What do you want to see in the future?”. The series featured B.C.-based Drs. Lara Malks-Jjumba and Kirsten Miller, Ontario doctors Amanda Bates, Fabian Gorodzinsky, Nina Replete and Joseph Telch (founding father of the Community Paediatrics Section), along with CPS Medical Affairs Director Dr. Sam Wong (Edmonton/Yellowknife).

Two more videos are now in development. The first, directed at medical learners and colleagues,

will feature interviews with Distinguished Community Paediatrician Award recipients and other member colleagues. The second may have a “Heroes and legacy” theme, with focus on practitioners doing inspired work in communities across Canada.

The vision this time round is to highlight field history and perspective-taking through conversation and (possibly) footage from a typical clinic day or call shift. Members were invited in February to nominate colleagues and to share interesting projects or aspects of their hospitalist, combined or outpatient practice, along with any words of wisdom.

Dr. Agnihotri says the videos have raised awareness of patient-centred advocacy, the depth and breadth of practice, and the rotations that trainees can take on as electives.

As a community paediatrician, she says, “you can really focus on a specific or general area of interest, or a combination of both”.

Access the videos here: www.youtube.com/user/CanPaedSociety

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100TH ANNIVERSARY OF THE ANNUAL CONFERENCE



A century of conversation and learning

This year marks one hundred years since the first CPS 'annual scientific meeting' was held in Montreal, on June 15, 1923. The CPS had been founded the previous year as the "Canadian Society for the Study of Diseases of Children", and its original charter members were joined by nine new attendees.

The first paper presented was "Acute intestinal intoxication in infants", delivered by Dr. Alan Brown, who went on to help develop Pabulum, and Dr. Gladys Boyd, who would do ground-breaking work treating children with type 1 diabetes (then known as diabetes mellitus) with insulin.

As the location of this first meeting suggests, CPS roots are deep in Quebec. Until the mid-1940s, CPS meetings were small enough to hold in vacation spots such as Château Montebello, with ample time for R&R. These meetings were "intimate ... almost family gatherings which later provided nostalgic memories for the early members", one participant recalled. While the 1940 meeting was officially cancelled because of the war, a heavily notated program from that year curiously survives.

Cross-border collaborations with American paediatricians started early too. The American Academy of Pediatrics held their 1930 annual meeting in Montreal at the invitation of Dr. A.D. Blackader, the first CPS President, and they hosted two joint meetings in New York state: East Aurora, Lake George, in 1935, and Bolton Landing in 1936. The CPS reciprocated in 1948 with a combined meeting held in Quebec City, and a decade later, the New England Pediatric Society was invited to the 35th CPS annual meeting in St. Andrews-by-the-Sea, N.B. A conjoint meeting of the CPS and New England Pediatric Society also took place in Halifax

in 1966. This rich tradition of north-south exchanges was "evidence of the close relationship between these two countries, medically speaking," and was more explicit in conference planning than it is today.

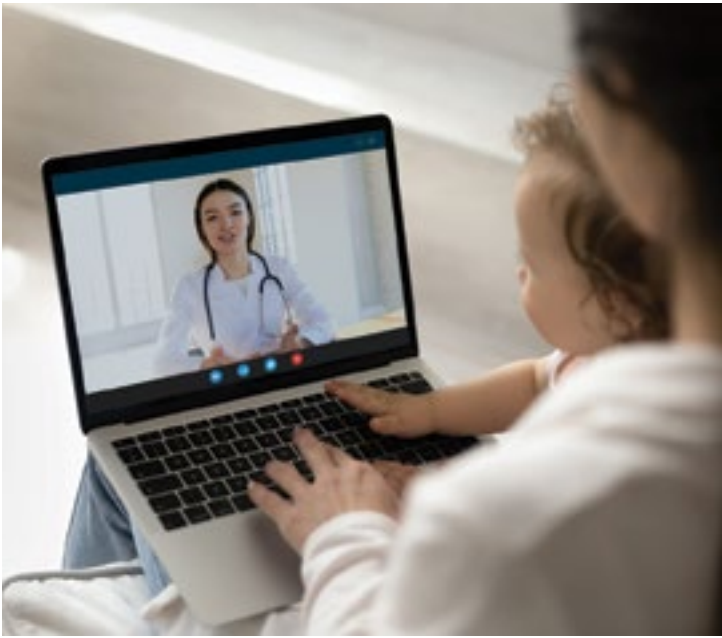
The 1950s and 1960s were consolidating decades for the CPS and its international allies. The 1955 joint meeting at the Château Frontenac in Quebec City combined the American Pediatric

Society, the British Paediatric Association, and the Society for Pediatric Research, and "was marked by unusual freedom of discussion and ... a strong sense of ... mutual interest among paediatricians everywhere". Another banner year was 1959, when the CPS hosted the 9th International Congress of Pediatrics, attended by more than 3000 paediatricians from around the world. The 1961 meeting was held in Cambridge, U.K., with the British Pediatric Association hosting. In Canada's centennial year, the CPS hosted paediatric representatives from all the Commonwealth countries for a combined meeting in Toronto.

In the final decades of the 20th century, the CPS collaborated in much larger annual forums, such as the Ross Conference, with organizations like the Canadian Society for Clinical Investigation and the Royal Society of Physicians and Surgeons of Canada. Printed transactions reflected the membership's increasing interest in clinical investigation and basic research. One historian noted that "the social aspects of medicine have not been neglected by the society" (which may suggest to that point, they had been), while a "growing interest in psychological medicine has at long last begun to catch the attention of the society as a group."



Walking down memory lane: The photo at top left, taken in 1951, captures a conversation between Dr. Jessie Boyd Scriver and Dr. Alton Goldbloom. The photo at top right, taken in 1990, shows a group of adolescent medicine specialists. In the middle photo from 2019, then Vice President Dr. Ruth Grimes (left) stands along with Dr. Sam Wong, Dr. Ellen Wood, and Dr. Catherine Farrell (at right).



“We [the study team] see virtual care as a really powerful tool. We just want to be sure that we’re implementing it safely. This study is a way to help inform evidence-based guidelines in determining when and how to implement.”

Dr. Ellen Goldbloom

How safe is virtual care? CPSP study aims to learn more

With the rise in virtual care since the pandemic, a new Canadian Paediatric Surveillance Program (CPSP) study is examining whether it is resulting in adverse events involving children and youth.

Dr. Ellen Goldbloom, co-principal investigator and a paediatric endocrinologist at CHEO in Ottawa, says while the acceleration has been largely beneficial, we know that virtual care does have limitations.

“The integration of virtual care into overall care really needs to be evidence-based,” she said. “But we haven’t had the time or frameworks to gather all of that evidence because it expanded pretty quickly.”

The aim of this study is to understand the burden and nature of any adverse events that might be related to virtual care, and to identify scenarios where virtual care may be inappropriate because of a higher risk of adverse outcomes. Dr. Goldbloom hopes this study will also guide future research into how to deliver virtual care that is safe and appropriate.

“We don’t want virtual care to mean a sacrifice in quality,” said Dr. Goldbloom. “We [the study team] see virtual care as a really powerful tool. We just want to be sure that we’re implementing it safely. This study is a way to help inform evidence-based guidelines in determining when and how to implement.”

Virtual care studies have described the many benefits of virtual care – largely highlighting the positive impact on patient experience. Evidence regarding safety, specifically in paediatrics, is limited – and this study is focused solely on patient safety in the population.

Currently, virtual care delivery is guided by recommendations from health care associations and regulatory bodies that would benefit from more information.

“There are some obvious choices where it’s just not appropriate [to offer virtual care] but we don’t have the evidence to really tell us the specific medical situations or patient populations or clinical contexts where it really might be dangerous,” Dr. Goldbloom said. “The idea of this study is to pick up signals that indicate specific categories or issues where virtual care really shouldn’t be an option because of a higher risk of adverse events.”

To guide clinicians in reporting, the investigator team has created examples of possible misdiagnoses or emergency situations without the ability to intervene, which might have been related to a preceding virtual encounter. During a virtual appointment, for example, paediatricians may not recognize weight loss and deterioration in a patient with an eating disorder requiring hospitalization. Another scenario could be the late presentation of traumatic brain injury after an infant’s bruising was not observed during virtual assessment for colic. However, Dr. Goldbloom says that there are undoubtedly other scenarios.

“We don’t know what we don’t know,” said Dr. Goldbloom. “To make our results as rich as possible, we want people to report every adverse event they think might be related to a virtual care encounter. Reporting for this study is not something as obvious as a very distinct side effect from a medication. It’s a harder thing to think about. It’s also often going to be impossible to know if a certain adverse event was absolutely related to virtual care; that’s

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In the 1960s, he improved the lives of thousands of Quebec children when he discovered that vitamin D deficiency caused rickets.

A clinician scientist whose work transformed children's lives

Paediatrician Dr. Charles Scriver—a clinician scientist whose work on genetics, inborn errors of metabolism and rickets was transformative to research, practice, and policy in Canada—passed away in April at the age of 92.

Dr. Scriver's colleagues remember him as warm, caring, and intellectual. In 1990, the CPS gave Dr Scriver its highest honour, the Alan Ross Award. It was one of countless accolades received throughout a truly remarkable life: Order of Canada, Fellow of the Royal Society of Canada, Canadian Medical Hall of Fame, and many more.

Born in Montreal, Dr. Scriver received his medical degree from McGill University, where he eventually became a professor of paediatrics.

His work on rickets led to the development of a treatment for this genetic metabolic disease, as well as a preventive nutrition program in Montreal, and thalassaemia and Tay-Sachs screening programs. In the 1960s, he improved the lives of thousands of Quebec children when he discovered that vitamin D deficiency caused rickets. His advocacy led to the addition of vitamin D to commercial milk.

Dr. Scriver's parents were Dr. Jessie Boyd Scriver, a paediatrician at the Montreal Children's Hospital and the first woman president of the Canadian Paediatric Society, and Dr. Walter Scriver, an internist at Montreal's Royal Victoria Hospital.

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okay, we still want to gather the information and it will help us move forward.”

Dr. Goldbloom says while she thinks virtual care is a powerful tool that is here to stay, she hopes its role in our overall health-delivery model can be fine-tuned.

“I absolutely think that virtual care is a part of our future. I don't think that our patients and families would accept otherwise, nor should they,” said Dr. Goldbloom. “The pendulum went from not enough, to probably too much when we had few options due to pandemic restrictions, and we're now finding the new normal. The increased availability and delivery of virtual care

has been wonderful in so many ways and we wouldn't want to backpedal to our old ways completely just because there is some risk. Ideally, our new normal can be guided by an evidence-based patient/family-centred model that prioritizes quality and safety. In the ideal future state, we will be nimbler and more flexible, so that we can flip between in-person and virtual care based on what is best for the patient and family; currently such decisions are often guided more by system restrictions and billing rules. I think we're closer now to what our future state is, but I think there's room for optimization.”

For more information on this and other current studies, visit <https://cpsp.cps.ca/surveillance/current-studies>

IN MEMORIAM: DR. BARRY ADAMS



“Dr. Barrett Adams was loved and respected by patients, support staff and colleagues. First and foremost, he was an astute physician and lifelong learner.”

Dr. Joan Gravelle

A leader and a team player: Remembering Dr. Barry Adams

Dr. Barrett (Barry) Adams—a past president of the CPS and one of the driving forces behind the building of Ottawa’s children’s hospital—passed away last fall at the age of 88. Dr. Adams, a founding president of the Canadian Paediatric Foundation (now Healthy Generations), was predeceased by his beloved wife Betty Anne, and is survived by their 7 children, 18 grandchildren, and 4 great-grandchildren.

We spoke to paediatrician Dr. Joan Gravelle, Dr. Adams’ long-time partner at Smyth Paediatric Clinic in Ottawa, about her former mentor and colleague. Here is what she had to say:

“Dr. Barrett Adams was loved and respected by patients, support staff and colleagues. First and foremost, he was an astute physician and lifelong learner. It was a gift to go on vacation and leave your patients in his capable hands.

“He always had your back. I will never forget my first day on call for the East End Group. We covered CHEO inpatients, case rooms and nurseries as well as patient calls—a daunting task. I started my rounds several hours before I was officially ‘on call’ to get the routine discharge done. Shortly after 8 o’clock, Dr. Adams called

to ask if I needed help with the phone calls – a non-remunerated service at that time. I did. It was flu season and there were 98 patient calls that day.

“Dr. Adams loved CHEO. He believed in the philosophy that a free-standing children’s hospital staffed by paediatricians provided the best resource for child care. He and Betty Anne personally fundraised for the project. He supported CHEO through committee work, medical staff roles, teaching, and patient care.

“Dr. Adams was both a leader and a team player. He was a problem solver who worked for consensus in the office, in the broader dynamics of our East End Group, and in the committees and boardrooms of the Canadian Paediatric Society, hospitals, Ontario Medical Association and the College of Physicians and Surgeons of Ontario.

“He left a legacy of excellent health care for thousands of children and their families: as a paediatrician, as a sought-after consultant, as a teacher and mentor, as a CHEO supporter, as a physician advocate, and as a protector of professional standards. He was a role model.”

In Memoriam of Landon Pearson

The CPS also offers its condolences to the family, friends, and colleagues of **The Honourable Landon Pearson O.C.** (1930-2023), an honorary CPS member and longtime advocate for children and youth. Among her many achievements was an appointment to the Senate of Canada where she was known as the “Children’s Senator” during her time there (1994 to 2005). She passed away in January at the age of 92.

Congratulations to our 2023 award winners



ALAN ROSS AWARD
Denis Leduc, MD



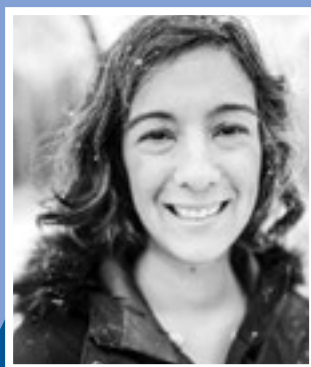
**DANIELLE GRENIER MEMBER
RECOGNITION AWARD**
Kassia Johnson, MD



**DISTINGUISHED COMMUNITY
PAEDIATRICIAN AWARD**
Dilip Mehta, MD



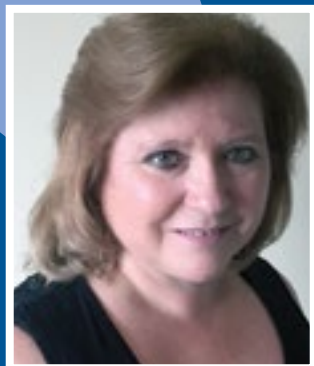
**EMERGING LEADER IN
NEONATOLOGY AWARD**
Yasser Elsayed, MD



**EARLY CAREER
PAEDIATRICIAN AWARD**
Mahli Brindamour, MD



**EARLY CAREER
PAEDIATRICIAN AWARD**
Ripudaman Minhas, MD



**MICHEL WEBER
EDUCATION AWARD**
Jennifer McLean, MD



**NONI MACDONALD
AWARD**
Mary Lukindo, BSc(Med)



**YOUNG INVESTIGATOR
AWARD**
Peter Gill, MD

CERTIFICATES OF MERIT

Louise Auger, MD – Quebec
Arati Mokashi, MD – Nova Scotia
Ryan Smith, MD – Ontario

LIFE MEMBERSHIP

Minoli Amit, MD
Mark Awuku, MD
Ellen Wood, MD