



Canadian
Paediatric
Society

GOING ON 17...

CPS members took great care of kids in 2017

1 **Drs. Michelle Ponti**, Chair of the Digital Health Task Force, and **Stacey Bélanger**, former Chair of the Mental Health and Developmental Disabilities Committee, are still fielding [media](#) and [research](#) responses to our statement on [screen time and young children](#), launched at last year's annual conference. The "4 Ms" of healthier screen time—minimizing, mitigating, mindful use and modelling—were pivot points for knowledge translation, including a [webinar](#), a prompt for [in-office counselling](#), a popular [poster](#) and [information for parents](#).

2 *In the midst of life...* exceptional physician-ethicists like **Drs. Dawn Davies** and **Marie-Claude Grégoire** help policy-makers safeguard the best interests of children and youth. Dr. Davies, Bioethics Committee Chair and author of the [Medical Assistance in Dying \(MAID\)](#) statement, also chairs an Alberta Health Services expert working group helping to field MAID requests on behalf of mature minors. She and Dr. Grégoire have spoken eloquently before parliament, and extensively in the media, in support of young people living with critical illness or intractable pain, parents and health care providers. Recent [surveys](#) show that many CPS members favour extending the MAID option to mature minors in dire circumstances, provided they are adequately protected at every step of this legal journey and have access to quality palliative care.

3 The new *ACoRN (Acute Care of at-Risk Newborns)* textbook is well along in development, with three intrepid editors—**Drs. Jill Boulton, Kevin Coughlin** and **Alfonso Solimano**—heading up a dynamic, multidisciplinary team of NICU-trained writers and reviewers. This definitive resource on infant stabilization, first developed in 2005 and updated in 2012, is due for release this fall. It is an all-important first step in developing an education program for health professionals caring for at-risk infants in their earliest days of life.

4 A useful [case-based update](#) of changes to practice in the 2016 edition of the [NRP text](#) was delivered so skillfully last August—thanks to **Drs. Emer Finan, Douglas Campbell, Khalid Aziz** and **Patrick McNamara**—that it became a clinical [podcast](#) in November. Adapted by Dr. Finan, a staff neonatologist and assistant professor at the University of Toronto, and **Dr. Julia DiLabio**, a paediatric resident at SickKids Hospital, this podcast had nearly 3500 listeners in its first month of life. More striking still: over 21,000 health care professionals from across Canada attended NRP courses in 2017.

5 *Clinical writing can be infectious...* Congratulations to **Dr. Ann Jefferies**, whose statement on early onset bacterial [sepsis](#), and to **Dr. Oliva Ortiz-Alvarez**, whose practice point on

[croup](#), both found a whole new route of transmission: as podcasts. Developed in collaboration with **Drs. Jonathan Hagel** and **Alia Sunderji**, paediatric residents at SickKids Hospital, both podcasts can be heard at www.cps.ca/en/ecme. Croup drew well over 10,000 English listeners and nearly 3000 in French between January and mid-December. Almost 10,000 learners caught the sepsis podcast in the same period.

6 Can paediatricians help achieve [Truth and Reconciliation](#) in Canada? The current and former Chairs of the First Nations, Inuit and Métis Health Committee, **Drs. Radha Jetty** and **Sam Wong**, bring years of experience to this question. Choosing four TRC recommendations on urgent Indigenous health issues, they offer [specific guidance](#) for physician engagement and improving outcomes. Issues such as [Jordan's Principle](#) are familiar to CPS advocates, but others, like attracting Indigenous health care professionals, increasing cultural competency through training and curriculum development, and reducing disparities and tracking progress on specific health problems, break new ground. To ensure these issues get the attention they deserve, the new CPS [Strategic Framework](#) includes a focus on health equity for First Nations, Inuit and Métis children and youth.

7 Through the highs and lows of cannabis debate over the past year, [statement](#) co-authors **Drs. Christina Grant** and **Richard Bélanger** have been impassioned, expert advocates on behalf of youth, whose developing brains need protection. Dr. Grant reviewed the known risks of cannabis use in adolescence— which include depression, cognitive impairment and psychotic episodes—before a House of Commons Health Committee in September. Dr. Bélanger speaks regularly in the [media](#) and at regional government

and [academic](#) hearings to dispel health and safety myths around recreational cannabis use. Legalization must include safeguarding and educating young Canadians and their families.

8 *How sweet it is...* Are schools getting better at keeping students with type 1 diabetes safe and learning? **Dr. Sarah Lawrence**, Chief of Endocrinology at the Children's Hospital of Eastern Ontario, and **Dr. Beth Cummings**, a paediatric endocrinologist at IWK Health Centre in Halifax, have been making that happen through the national [Diabetes@School](#) program since 2014. In 2017, this CPS collaboration with the Canadian Pediatric Endocrine Group and Diabetes Canada launched five animated [short videos](#) on diabetes care at school, in English and French. Focusing on concepts key to the 24/7 task of managing T1D, they make basic, practical information easy to access for anyone with a smartphone or Internet connection. Five more videos are being produced in 2018.

9 A new comparative Canadian Paediatric Surveillance Program (CPSP) study of [early-onset type 2 diabetes](#), led by principal investigator **Dr. Shazhan Amed**, will capture how rates, demographics, clinical presentation and severity have changed since the last CPSP study on T2D was completed a decade ago. Dr. Amed, who conducted that first study when she worked at SickKids Hospital in Toronto, is now a clinical professor at the University of British Columbia and a paediatric endocrinologist at B.C. Children's Hospital. The current study runs until 2019, and the data obtained could help standardize treatment and prevention efforts, define distribution, assist family physicians with management, and push decision-makers, public health and government to reallocate much-needed resources.





10 Skilled “tweetiatician” and CPS President **Dr. Mike Dickinson**, who lives and works in rural Miramichi, N.B., uses social media to connect with colleagues, follow health news and be a trusted voice for the CPS. In 2017, Dr. Dickinson fielded more than 30 media interviews for CPS, including around Diabetes@School. He is also an expert advocate. As Chair of the Action Committee for Children and Teens, Dr. Dickinson has helped guide changes at provincial/territorial levels of government, based on our [Status Report](#), *Are We Doing Enough?* and our new [Strategic Framework](#).

11 *There’s a thirst out there...* for [energy and sports drink](#) information that **Dr. Catherine Pound** and **Becky Blair** are helping to quench. Dr. Pound is a paediatrician with the Children’s Hospital of Eastern Ontario and Ms. Blair is a public health nutritionist with Simcoe Muskoka District Health Unit and the Dietitians of Canada. Both are members of the CPS Nutrition and Gastroenterology Committee. Among the risks and side effects of these popular beverages, they found that not only does the caffeine in energy drinks typically exceed Health Canada’s maximum daily intake levels for children and adolescents, but combining them with alcohol—a common practice—is dangerous. Sports drinks are being marketed as performance boosters for young athletes and as fluid replacements for kids engaged in vigorous play, when water is almost always the best choice.

12 *Canada’s Food Guide*, Health Canada’s pivotal resource for nutrition counselling and policy development, is being revised and the CPS is involved, thanks to **Dr. Jeffrey Critch**. Chair

of the Nutrition and Gastroenterology Committee and an associate professor of paediatrics at Memorial University, Dr. Critch appeared before the [Commons Standing Committee on Health](#) last December. He spoke on no fewer than 15 essential topics involving food environments, intake levels, targeted population groups and messaging. Regulating industry, engaging schools and changing tax policies will be needed to meet the objectives he describes for the new guide.

13 Thanks and congratulations to **Drs. Peter Gill, Thomas McLaughlin** and **Daniel Rosenfield**, residents at SickKids Hospital in Toronto and inaugural winners of the Canadian Paediatric Surveillance Program (CPSP) Resident Research Grant. Their one-time CPSP survey of ATV-related injuries yielded shocking statistics: 28% of cases involved children under the age of 10, with 6% of these involving children 1 to 4 years of age. In over half the cases causing serious injury or death, a child or youth was driving. ATVs have long been a focus of CPS advocacy, with a [statement](#) published in 2012 and regular evaluation in the [Status Report](#), *Are We Doing Enough?* The latest CPSP [Results](#) not only confirm that ATV safety remains an urgent issue, but underline the need for more physician education and involvement.

14 The number of pregnant women and babies affected by the opioid epidemic in Canada is on the rise. But a recent [practice point](#) by **Dr. Thierry Lacaze**, Chair of the Fetus and Newborn Committee and head of the neonatal program at the University of Calgary, and **Pat O’Flaherty**, Med, MN, RN-EC, reflects a major paradigm shift in managing

withdrawal symptoms. Family-centred strategies that keep mothers and infants together, encourage breastfeeding and focus on non-pharmacological interventions (e.g., skin-to-skin contact) support bonding, avoid stigmatization and improve outcomes. **Dr. Kimberly Dow**, medical head of the NICU at Kingston Health Sciences Centre, helped Dr. Lacaze ride the media storm that followed release. Between them, they gave 22 live interviews with CBC morning shows from coast-to-coast on release day, with uptake in printed and social media breaking all previous CPS records.

15 Sometimes, news of the wonderful work our members do is 'in the air'. Listeners of CBC's weekly phone-in show Cross-Country Check-up in late December heard a moving call recognizing the work and legacy of **Dr. James Irvine**. Callers were asked to nominate their own 'person of the year', and the caller spoke warmly and at length about Dr. Irvine, who has served the community of La Ronge, Saskatchewan, for over 30 years, alongside his sons, Dan and Jeffery, and their spouses, who are all physicians. For the CPS, Dr. Irvine served as Chair of the First Nations, Inuit and Métis Health Committee and wrote a 2012 statement on [Community-associated MRSA](#). And, if you caught the final episode of White Coat, Black Art for 2017, you heard **Dr. Ted Prince** speak movingly about a former patient with spina bifida. Dr. Prince is a retired developmental

paediatrician and former CPS Board member for Alberta and the Northwest Territories.

16 As editor-in-chief, **Dr. Joan Robinson** ensured a smooth passage for [Paediatrics & Child Health](#) to its new publisher, Oxford University Press. Working with an editorial board that included both new and veteran members, she steered the journal's relaunch last spring with imagination and tact. Along with a whole new look and feel, the first year's-worth of issues—8 in all—featured great evidence-based statements, original articles and clinical updates to guide and influence practice. From acute croup management to Zika, from advocacy to vaccines, the new *PCH* is a read of first perusal for any health care setting.

17 A warm welcome (and thanks in advance) to the new public member on the CPS Board of Directors, **Ruth Cruikshank, PhD**. An associate professor at Wilfrid Laurier University with expertise in strategic organizational management and communications, Dr. Cruikshank brings wisdom, experience and new perspectives with her. She will help us adhere to principles and plans embodied in the CPS [Strategic Framework](#), especially our promise to stay accountable and action-oriented as new programs and projects unfold.



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