



CPS news

CANADIAN PAEDIATRIC SOCIETY | FALL • WINTER 2024

History-making trio

Each of them is a leader and a trailblazer in her own right. And together, Dr. Johanne Harvey, Dr. Laura Sauvé and Dr. Natasha Johnson have made Canadian Paediatric Society history.

For the first time since the CPS was founded in 1922, the top three leadership positions are occupied by women. It's unlikely to be the last time that it happens, but that it took over 100 years may come as a bit of a surprise to some.

Dr. Harvey, an adolescent medicine specialist in Quebec who started her term as president in June, is only the ninth woman to hold the position (and more than half of those were in the last 10 years). She'll be succeeded next year by Dr. Sauvé, a paediatric infectious diseases



Dr. Johanne Harvey



Dr. Laura Sauvé



Dr. Natasha Johnson

specialist in B.C. who is currently president-elect, then by Dr. Natasha Johnson, who practices adolescent medicine at McMaster in Hamilton and is currently CPS vice president.

"I'm proud and excited," said Dr. Harvey of the team who, together with past-president Dr. Jeff Critch make up the "officers" of the CPS.

While Dr. Harvey recalls being the only female physician in her department at the start of her career, she says her Chicoutimi-based clinic today better reflects medicine's gender demographics. The Canadian Institute for Health Information reports that in 2022, women made up 49.7% of

CONTINUED ON PAGE 2

COVER STORY

CONTINUED FROM PAGE 1

family medicine physicians and 40.2% of specialist physicians in Canada.

Despite gender near-parity among practitioners, the share of women in leadership still has a way to go. Dr. Sauvé says there are “still obstacles...and fewer opportunities” for women in academia, despite progress. She recalls frequently being the only woman in the room among her ID colleagues, but says “[department heads] are now more aware of gender issues.”

When women are part of another historically under-represented group, the challenges are even greater.

“It’s rare to see racialized people in leadership roles,” says Dr. Johnson, the first Black paediatrician—male or female—elected vice president of the CPS. “Everyone has the same

potential...[and] if community is not reflected in leadership, we have to think about the barriers that are in the way.”

In addition to her clinical work, Dr. Johnson is also Co-Chair Diversity and Inclusion for McMaster’s undergraduate medicine program. She says it’s important for students to see people who look like themselves in leadership positions.

Like many women in demanding careers, Dr. Johnson has another full-time job on the home front as a single mom to two teenage boys. Dr. Harvey and Dr. Sauvé—who are also mothers—agree that many women physicians have more responsibilities at home than some of their male colleagues, which can make it challenging to take leadership positions when children are young.

Still, more and more women are stepping into volunteer leadership positions with the CPS, helping to shape both the organization and the profession.

Included in this mailing: Risky play resources

Look for a new poster and resource to guide conversations with families about risky play.

The materials are based on a CPS position statement released last January, which emphasizes the importance of unstructured outdoor play and in particular, “risky play” for children’s health and well-being.

Risky play can improve physical, mental, and social health, and helps prevent or manage health conditions like obesity, anxiety, and behavioral issues. During risky play, children learn to recognize and evaluate challenges, which will in turn help them develop confidence in their decisions and abilities.

Funding to develop these resources was provided through an unrestricted grant from Jumpstart. For more on risky play, visit cps.ca/en/documents/position/outdoor-risky-play



CPS news

info@cps.ca | ISSN 1205-5298
Canada Post Publications Agreement: No. 40006512

Contributors: Genevieve Brouillette
Moira Munaaba
Jennie Strickland
Lindsay Thistle

Layout & Design: Fairmont House Design

Translation: Dominique Paré

For advertising rates, contact Moira Munaaba at 613-526-9397, ext. 238 or info@cps.ca.

Canadian Paediatric Society
100–2305 St. Laurent Blvd.
Ottawa, Ont. K1G 4J8
Tel.: 613-526-9397 • Fax: 613-526-3332
www.cps.ca • www.caringforkids.cps.ca

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 CPS News.

Introducing newest CPS board members

The CPS Board of Directors welcomed several new members in June. Each of them brings a wealth of experience both within the CPS and in their communities. For a complete list of the 2024-2025 board, visit www.cps.ca.

Eugene Ng

New Ontario board member Dr. Eugene Ng is a neonatologist at Sunnybrook Health Sciences Centre, where he is also chief and medical director of newborn and developmental paediatrics. Dr. Ng's passion for neonatology started during his residency, where he became interested in rapidly evolving research and innovations.



A longtime member of the CPS Neonatal-Perinatal Medicine Section and Fetus and Newborn Committee, Dr. Ng is the lead author on a revised position statement on hyperbilirubinemia, which is currently in the final stages of development. He also authored statements on vitamin K and neonatal brachial plexus palsy, and surfactant replacement therapy in neonates.

After working with CPS for more than 10 years on neonatal issues, Dr. Ng is excited to be joining the Board of Directors and wants to continue promoting medical information to a wide audience.

Did you know? Dr. Ng is a talented musician who has played the piano since the age of 5.

Sidd Thakore

Dr. Sidd Thakore, representing Alberta, is a paediatrician at Alberta Children's Hospital in Calgary.

Dr. Thakore is a former president of the CPS Hospital Paediatrics Section and is currently on the board of the Alberta Medical Association. He co-authored recent CPS guidance on managing paediatric DKA. At

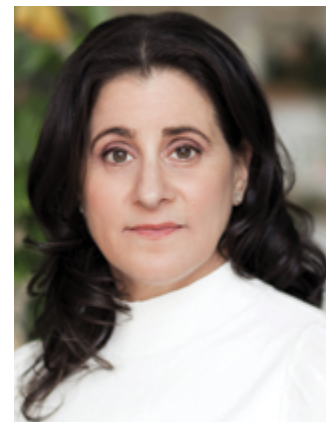


his hospital, he advocated for a clinic to follow up with recently discharged complex care patients, a model that is now in emergency departments across Calgary.

Did you know? Dr. Thakore loves home renovations and is currently in the process of building a new deck.

Amy Ornstein

A longtime volunteer leader at the CPS, Dr. Amy Ornstein joins the board in 2024 to represent Nova Scotia. Dr. Ornstein specializes in child maltreatment at the IWK Health Centre in Halifax, where she is the Medical Director for the Suspected Trauma and Abuse Response Team. She is also a professor of paediatrics at Dalhousie University.



Dr. Ornstein is a past president of the CPS Child Maltreatment Section, and just completed a four-year term as chair of the Annual Conference Committee.

Did you know? With some encouragement from her daughter, Dr. Ornstein is learning how to surf.

Jhanahan Srirajan

Dr. Jhanahan Srirajan joins the board as Vice President of the Residents Section. Currently a third-year resident at McMaster University in Hamilton, Dr. Srirajan has an interest in health research methods, and has been involved in building a community garden at the McMaster Children's Hospital.



Dr. Srirajan is also interested in advocating for issues such as safe play and child development, making sure that every child has the opportunity to play.

Did you know? Dr. Srirajan worked in an auto shop for a few months after his first year in university and is currently fixing up a 1999 Mazda Miata.



Over the next three years, the CPS will have a special focus on mental health, environmental health, and the paediatric workforce.

2024—2027 strategic priorities launched

After a year of discussion and consultation with members and leadership, the Canadian Paediatric Society unveiled its new strategic priorities during the Annual Conference in Vancouver. Over the next three years, the CPS will have a special focus on mental health, environmental health, and the paediatric workforce.

The priorities emerged from a process that began with a broad environmental scan to identify trends in paediatric health and factors that are influencing child and youth health, both in Canada and in comparable countries.

The scan looked at key international sources—global organizations involved with child and youth health, professional paediatric societies, and organizations focused on child and youth health in Canada, Australia, New Zealand, the United Kingdom, and the United States.

To narrow the list of potential priorities for the CPS, a working group of board members and senior staff considered the organization's mission and strengths, the current paediatric

environment in Canada, and what can be achieved in a three-year period.

Leadership groups—committees, sections, and task forces—and the broader membership were asked for feedback to help refine the priorities.

In the area of mental health, the CPS will focus on screen use, access to supports and services, and children and youth with chronic and complex conditions. Work in environmental health will involve physician education and support, policy advocacy, and what changes CPS can make as an organization. Physician workforce initiatives will prioritize data collection, aligning workforce capacity with patient needs, and reducing the administrative burden involved in practicing paediatrics.

The Strategic Planning Working Group includes board members Dr. Jared Bullard, Dr. Kelly Cox, Dr. Jeff Critch, Dr. Johanne Harvey, Dr. Anne Rowan-Legg, as well as past president Dr. Mark Feldman, and Dr. Sam Wong, CPS Director of Medical Affairs.

A graphic with a grey and white background. At the top left is the Canadian Paediatric Society logo, a stylized figure with arms raised. To its right is the text "Canadian Paediatric Society". On the right side, the years "2024" and "2027" are written in a large, blue, sans-serif font. Below this, the words "STRATEGIC PRIORITIES" are written in a large, bold, green, sans-serif font. At the bottom, three priority areas are listed in a white, bold, sans-serif font: "CHILD & YOUTH MENTAL HEALTH", "ENVIRONMENTAL HEALTH", and "PAEDIATRIC WORKFORCE". The background of the bottom section features a repeating pattern of the words "EQUITY", "RESPONSIVENESS", and "ANTIRACISM" in a light blue color.

STRATEGIC PRIORITIES



“To truly understand the burden of these issues can be overwhelming. And that is a normal experience.”

Dr. Anna Gunz

Spotlight on environmental health

Think of a time when you felt the effects of our changing climate. Maybe it was an unseasonably warm day in October, more rain in a day than you're used to seeing in a month, or witnessing a surreal orange-hued sun through forest fire smoke. If you live in one of the more vulnerable areas of the country, your community may have been displaced by fires or floods. Perhaps you have a front-row seat to melting sea ice, coastal erosion, and a lost way of life.

Now think of how those same events might affect your patients. Infants, children and youth are more susceptible to the effects of climate change: because of their anatomy (they metabolize more water, air, and food per kilogram of body weight than adults), because some are struggling to imagine their future in a rapidly changing world, and because of the effects of displacement, loss, and ecological grief on their mental health.

“To truly understand the burden of these issues can be overwhelming,” said CPS Environmental Health Section President, Dr. Anna Gunz. “And that is a normal experience.”

Climate change magnifies the effects of environmental health indicators – from land degradation and declining freshwater, air and soil quality, to biodiversity loss. It is impossible to separate

human health from the health of our environments, but while we may be riding out the same storm, we are not all in the same boat. Fetuses, infants, and children who are socio-economically disadvantaged, Indigenous, or living with a chronic disease are at higher risk and must be given special consideration.

A 2023 U.N. report, *The Future is Now*, ranked Canada 28th among 39 rich countries in terms of children's environmental well-being, citing both how our children are impacted by environmental issues and how Canada as a whole contributes to the global picture.

The CPS has initiated work to ensure that Canadian paediatricians understand the myriad ways climate change and environmental factors affect child and youth health and to develop practical guidance for clinical practice and for families.

We hope that you will see yourself and your patients represented and supported as we move forward with our priority focus on environmental health. But we can't do it alone. Please reach out with your ideas, concerns, and thoughts, which you can send to info@cps.ca. Together, we can make tomorrow better for today's children and youth.

Peer reviewers needed for CPS journal

Our journal, *Paediatrics & Child Health*, depends on volunteer peer reviewers to ensure high quality and scientific rigour. Peer review helps the journal, and it helps paediatrics. Do you want to get involved? If you would like to be invited, email journal@cps.ca with your areas of expertise and interest. We are especially looking for more general pediatricians.



Some newcomers “might not trust the health care system or the government in the same way that people raised in Canada do.”

Dr. Chuck Hui

Project aims to improve vaccine experience for newcomer families

At a time when vaccine-preventable diseases such as measles and pertussis are resurging both globally and in Canada, the health sector needs to help ensure children and youth are fully immunized.

That's why the Canadian Paediatric Society is developing a new program to help improve vaccine uptake among newcomer families, who face additional barriers to immunization.

Let by the Caring for Kids New to Canada (CKNC) Task Force, the project will develop education and resources to help health professionals better understand some of the unique considerations involved in immunization for newcomer families and how to mitigate the barriers that contribute to vaccine hesitancy or prevent children and youth from being fully vaccinated.

One of the primary challenges to accessible immunization services for newcomers is the fragmented nature of Canada's health care system, said Dr. Chuck Hui, chair of the CKNC Task Force and a paediatric infectious disease specialist at CHEO in Ottawa. “Some provinces and territories utilize special clinics, some utilize a pharmacy, others utilize primary care,” he said. These inconsistencies can be particularly daunting for newcomers who might be discouraged from seeking out immunization services due to confusion about how to navigate the system.

Beyond structural barriers, socio-cultural factors can also influence vaccine uptake among newcomer families. Some newcomers “might not trust the health care system or the government in the same way that people raised in Canada do,” said Dr. Hui. They may not view these institutions as reliable sources of health information.

Instead, he said, “they turn to their own communities and sometimes even seek guidance from experts or leaders in their country of origin to decide whether to take the vaccine.”

Recognizing the diversity of experience among newcomers, the CPS is working with Our Kids' Health, a project led by developmental paediatrician Dr. Ripudaman Minhas that uses social media to deliver health messages to specific cultural and linguistic communities. Our Kids' Health (kidshealthnetwork.org) engages community members to set priorities and develop relevant health information, which is delivered by health professionals who themselves identify with a specific linguistic or cultural group.

Dr. Minhas and his team will consult with groups across their network, which includes channels for Punjabi, Filipino, Black, Hispanic, Ukrainian, and Inuit communities, as well as families who speak Tamil, Arabic, Cantonese, and Mandarin. The aim of the consultations is to understand the variety of perspectives on immunization and how health professionals can help build confidence in vaccines. Dr. Minhas presented preliminary insights from the consultations during a session at the Canadian Immunization Conference in November.

The CPS will use the feedback from the consultations to develop education and resources for health professionals, including a National Grand Rounds webinar, and Our Kids' Health will create resources for families.

The project, which runs until March 2026, is supported by a financial contribution from the Public Health Agency of Canada's Immunization Partnership Fund.



Investigating team members come equipped to recognize the roles that bias and inequities of access to care have had on previous studies of prevalence.

New CPSP study on fetal alcohol spectrum disorder

Fetal Alcohol Spectrum Disorder (FASD) describes the impacts of prenatal alcohol exposure (PAE) on the developing body and brain, and the number of young Canadians living with these effects is unknown. That's because FASD is difficult to diagnose and often goes undetected. It's a lifelong disability with congenital roots, but FASD's future impact could be limited—even prevented—by dismantling barriers to prenatal care and ensuring equitable access to diagnosis, supports and services.

The Canadian Paediatric Surveillance Program (CPSP) will soon launch a 2-year study on the number and nature of new cases of FASD in children 6 to 12 years old, with the first monthly reporting forms anticipated to reach 2700 paediatricians and subspecialists in November. The study's objectives are straightforward: to describe how FASD is being diagnosed and develop minimum incidence estimates by age, sex and location.

Complicating factors abound, however. Current FASD diagnostic guidelines in Canada require detailed information on PAE, which is not always available. Adding to diagnostic complexity are issues of ongoing trauma. The fear of stigma and systemic mistrust can prevent families from bringing their children in for an FASD assessment or discussing PAE with their health care provider.

Fortunately, the study's principal investigators—Adam Probert, Dr. Sabrina Eliason, and Dr. Christine Loock—are acutely aware

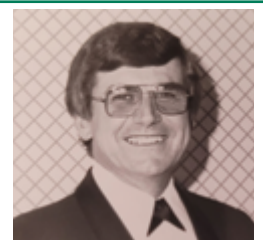
of these challenges and the need to generate Canadian data to address them.

Investigating team members come equipped to recognize the roles that bias and inequities of access to care have had on previous studies of prevalence. Adam Probert, who has focused on improving surveillance data on FASD since 2019, is a senior epidemiologist with the Public Health Agency of Canada (PHAC) Lifespan, Chronic Diseases and Conditions Division. Dr. Eliason is past president of the CPS Developmental Paediatrics Section, an assistant professor at University of Alberta, and Medical Director of the pediatric FASD clinic at Glenrose Rehabilitation Hospital in Edmonton. Dr. Loock is a founding member of the CPS Social Paediatrics Section, a co-author of 2005 and 2015 Canadian FASD Diagnostic Guidelines, and an associate professor at the University of British Columbia. Other team members include Dr. Michael Sgro (St. Michael's Hospital, Toronto), Dr. Leigh Wincott (University of Alberta), Dr. Gurpreet Salh (Sunny Hill Centre for Children, Vancouver), Dr. Melissa Tremblay (University of Alberta) and Sarah Palmeter (PHAC).

The research team is eager to move forward with the implementation phase of this study, which will improve the understanding of the scope and severity of new cases of FASD diagnosed across Canada and practices that led to the diagnosis. Studies like this contribute to increase awareness about FASD and provide needed evidence to support prevention, diagnosis and health care services.

Dr. Maurice Bouchard (1933-2024)

The Canadian Paediatric Society was saddened to learn of the death of Dr. Maurice Bouchard, a former CPS president (1982-83) and longtime supporter of the organization. He was a welcome presence at the Annual Conference long after he stopped practicing paediatrics. Dr. Bouchard will be fondly remembered by staff and members of the CPS, along with former students and colleagues from CHUL et Centre mère-enfant Soleil in Quebec. Our hearts go out to his family.





In response to the growing need for more accessible paediatric mental health care, condition management was front and centre, with workshops on cognitive behavioural therapy, behavioural strategies, and parent training.

A meeting of minds for mental health

The Canadian Conference on Child and Youth Mental Health, held in Toronto in November, was a CPS first both for scale and focus. The more than 150 delegates from across Canada included paediatricians, family doctors, nurse practitioners, educators and social workers. Participants returned home knowing much more about:

- common disorders, their risk and protective factors, and assessment,
- strategies and approaches for different health care roles and settings,
- collaborative service and support opportunities, and
- how to counter misconceptions, build understanding with families, and create supportive environments.

In response to the growing need for more accessible paediatric mental health care, condition management was front and centre, with workshops on cognitive behavioural therapy, behavioural strategies, and parent training.

Other sessions focused on treatment for conditions such as ADHD, depression, and paediatric anxiety disorders. A “hot topics” session featured the role of pharmacology in eating disorders and pharmacogenomics and SSRIs.

Striking too was the ‘reverb’ between programming and recent CPS strategic priorities. Dr. Daphne Korczak, conference co-chair and chair of the CPS Mental Health Task Force, welcomed attendees on opening day by speaking to mental health as the leading CPS priority for the next 3 years, with a particular focus on screen use and access to professionals and services. The CPS will also prioritize the mental health needs of chronic and complex conditions.

Recent statements from the Adolescent Health Committee, Early Years Task Force, Mental Health and Developmental Disabilities Committee, and the Mental Health Task Force also found echoes in conference programming, which covered topics such as social media impacts on youth mental health, promoting resilience in 2SLGBTQI+ youth, managing EDs in community practice, and supporting mental health and development in a child's earliest years.

Slides and other speaker materials are available to registrants only at the conference website (www.cps.ca/en/cccmh).

Profound thanks to Dr. Jae-Marie Ferdinand and Dr. Daphne Korczak for co-chairing this first-ever CPS conference on mental health.

Winnipeg to host Indigenous child and youth health conference

Academics and researchers from across North America and around the world will showcase their work at the 11th International Meeting on Indigenous Child Health (IMICH) in Winnipeg in March 2025.

The biannual meeting—co-hosted by the Canadian Paediatric Society, National Collaborating Centre for Indigenous Health, and the American Academy of Pediatrics—is a place for community members, researchers, academics, and clinicians to explore health-promoting programs and services for First Nations, Inuit, Métis, American Indian, Alaska Native or other Indigenous children and youth.

Plenaries and workshops will feature topics such as early child development, child welfare, autism, midwifery, Jordan's Principle, and youth activism.

Co-chaired by Dr. Ryan Giroux of the CPS First Nations, Inuit and Métis Health Committee and Dr. Kate Golski of the AAP Committee on Native American Child Health, the conference will also feature oral and poster abstracts.

IMICH was first held in 2005 as a joint meeting of the CPS and the AAP. Since then, it has been held every two years, alternating between Canadian and American cities. The last conference was in 2023 in Tulsa, Oklahoma.

For details or to register, visit www.cps.ca/imich.

Seeing early signs of diabetes can help prevent DKA at diagnosis

Early diagnosis is key to preventing diabetic ketoacidosis (DKA), a potentially life-threatening condition caused by a delay in diagnosis and treatment of new-onset diabetes. The symptoms of undiagnosed diabetes—excessive thirst/drinking and urination—are often noticeable during the school day. Teachers and school staff can play an important role in alerting families to seek medical care.

That's why a team of Sick Kids researchers, led by paediatric endocrinologist Dr. Rayzel Shulman, has developed a study to educate school staff about the early signs of diabetes and what to do if they notice symptoms in a student.

“The rates of DKA at the time of diabetes diagnosis increased substantially during the COVID-19 pandemic,” said Dr. Shulman. “Our aim is to equip people who see children and youth every day to be able to recognize those early telltale signs and encourage families to take action before DKA develops.”

The study is funded by Diabetes Canada and co-led by teams at Sick Kids and Women's College Hospital Office of Spread and Scale. Working with schools in Saskatoon and Ottawa, the study team is testing the feasibility of implementing materials for educators (video, poster, and information sheet for school staff) that explain the signs of diabetes and the need for symptomatic children to be seen by a healthcare professional immediately.

The study team also developed an infographic for health professionals—developed in collaboration with the CPS Public Education Advisory Committee—about diagnosing diabetes in children and youth.

For more information, visit linktr.ee/signsofdiabetesinchildren or diabetesatschool.ca.

Diagnosing Diabetes in Children: Information for Healthcare Professionals

At least 1 in every 300 school-aged children in Canada has diabetes.
If the signs of type 1 and 2 diabetes are not recognized and diabetes is not treated promptly, children can develop diabetic ketoacidosis.

BE ALERT TO CHILDREN PRESENTING WITH ANY OF THE FOLLOWING:


- Polyuria**
(excessive urination /new onset of bedwetting)
- Polydipsia**
(excessive drinking/thirst)
- Unexplained weight loss**
- Decreased energy**

TAKE IMMEDIATE ACTION

- Perform a urine dipstick OR point-of-care capillary glucose test **in your office.**
- If the urine is positive for glucose (with or without ketones) or the blood glucose level is elevated, this child should be discussed **immediately** with the closest pediatric diabetes program.
- If you are unable to contact a pediatric diabetes program immediately, send this child directly to the nearest emergency department so they can be assessed and treated.

DO NOT DELAY!

Do **not** send the symptomatic child to the laboratory for tests – some will develop ketoacidosis before they can get this done and results are reviewed!



linktr.ee/signsofdiabetesinchildren
Scan this QR code for more information.

Canadian Paediatric Society / Société canadienne de pédiatrie | **DIABETES CANADA** | CPEP / CGCEP / Canadian Paediatric Endocrinology Program

CPS honours a champion of the early years

Dr. Robin Williams, a longtime advocate for the importance of early child development, received the Alan Ross Award in June during the CPS Annual Conference in Vancouver

Dr. Williams, a former CPS president and current chair of the Early Years Task Force, spent 16 years as Medical Officer of Health for the Niagara Region, where her work on child development helped to establish parental leave and Early Years Centres in Ontario. For her role in conceptualizing and implementing the 18-month well-child strategy in Ontario, she received the Order of Canada in 2013. As a volunteer leader with the CPS, she has developed strategies on positive parenting, early literacy, and adverse childhood experiences and early relational health.



Dr. Robin Williams, second from right, received the Alan Ross Award from Laura Plante of Abbott, Pediatric Nutrition Science Advisor from Abbott, outgoing CPS President Dr. Jeff Critch, and British Columbia's Lieutenant Governor, the Honourable Janet Austin.

Dr. Williams was a founding member of Ontario's Provincial Paediatric Coroners Review Committee, where for more than 20 years she reviewed unusual child deaths and developed recommendations to improve systems and safety for children. During the SARS epidemic, she participated on the Ontario Scientific SARS Panel whose report and recommendations eventually led to establishing Public Health Ontario. During the COVID-19 pandemic, Dr. Williams championed child health as an Associate Chief Medical Officer of Health and Special Advisor for the Ministry of Health, focusing on Ontario's vaccine strategy.

Established in 1976, the Alan Ross Award is the most prestigious CPS honour. The annual award, which recognizes lifelong excellence in paediatric research, education, healthcare and advocacy, is sponsored by an unrestricted grant from Abbott.

Join us for **3 days of educational programming**
covering a **wide range of topics**
designed for **health care professionals**



QUÉBEC
MAY 29-31
DU 29 AU 31 MAI **2025**

cps.ca/en/annual-conference



“We’re trying to focus on acknowledging that everyone’s health journey includes ups and downs, and when there are challenging topics, normalize those and find more strength-based ways to speak about them.”

Dr. Matt Carwana

Youth engagement central to trauma-informed care project

A new CPS project led by Dr. Matt Carwana and Dr. Shazeen Suleman is centering youth engagement to inform guidance for paediatric health professionals on providing trauma-informed care.

“Before we move forward with national practice guidance, we need to make sure youth voices are included so that the guidance recommends true best practices,” said Dr. Carwana, a paediatrician in Vancouver and current president of the CPS Social Paediatrics Section.

This project is unique because scientific literature often excludes youth perspectives on trauma-informed care. By making youth voices front and centre, the CPS will provide evidence that health care providers can confidently use in their practice, knowing it is informed by youth with lived experience.

“The project makes a concerted effort to not only engage community voices—but a lot of them,” said Dr. Suleman, a paediatrician currently based in California and Section past president. “Providing trauma-informed care is important for everyone because you don’t know what someone is carrying with them when they come through the door. You cannot assume someone has or has not had trauma based on looking at them.”

The consultations—which involved youth from across Canada—have focused on building trust and celebrating youth resiliency

and strength. Participants represented multiple different intersecting identities, including youth with disabilities, asylum-seeking youth, racialized youth, and Indigenous youth.

“There’s a tendency to think that trauma-informed care includes this big recounting of trauma, and that is not the case,” said Dr. Carwana. “We’re trying to focus on acknowledging that everyone’s health journey includes ups and downs, and when there are challenging topics, normalize those and find more strength-based ways to speak about them.”

The culmination of the project, expected in 2025, will be a report from the consultations, a guidance document on how paediatric providers can provide a safe and welcoming environment for all children and youth, and additional resources for health professionals.

In the meantime, Dr. Suleman offers this advice for her colleagues:

“Trauma-informed care is an active practice that you always aspire to keep reflecting on and thinking about your practice style and biases and where you can improve. [And] you cannot practice this care if you are tired, burnt out, hungry, or dealing with your own fires and demons. Taking time to care for yourself is an inherent part of being a good trauma informed care practitioner.”

Paediatrics & Child Health

The official journal of the Canadian Paediatric Society, and the only peer-reviewed paediatric journal in Canada.

BECOMING DIGITAL ONLY

From January 2025, *Paediatrics & Child Health* will be transitioning to a digital-only format, shrinking our footprint while providing an even more immersive and immediate reading experience for you.



SIGN UP TO JOURNAL ALERTS

Scan the QR code to be notified as soon as articles go online, and never miss out on new content.