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Pediagogue Magazine
Volume 9–2014

An annual publication of the Department of Pediatrics, University of British Columbia, BC Children’s Hospital, providing news and information for faculty members, residents, trainees, staff, alumni and friends.

Letters, submissions and feedback are always welcome.

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Volume 9–2014

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I would like to provide a brief summary of the 2013 highlights in the Department of Pediatrics, as we have experienced an incredible year. We are just off the launching pad with our revitalized strategic plan, Vision 2020, which serves as our guide in determining which among an endless list of laudatory child and youth healthcare needs, ideas, and dreams compete for a finite repository of time, money, people, and space. I am particularly excited that John Jacob joined the Department in March 2013 as Senior Manager, Strategy and Innovation. Under his able leadership, you can rest assured that Vision 2020 will not sit on a shelf gathering dust, as is the fate of most strategic plans. In fact, several new projects have already entered the early implementation phase. Reaching this stage of the process required participation by many of you, to whom I send a heartfelt thank-you. For those of you standing on the sidelines with skepticism, I would love nothing more than to hear from you and to see you become engaged. We owe a special thank-you to Dean Stuart, as well as Peter Lee and Sonia Gawlick from Tekara Inc., who provided critical support and guidance during the early development phase of Vision 2020. I would also like to acknowledge the efforts of our first guiding coalition (JP Collet, Doug Matsell, Nancy Lanphere, Ashley Roberts, Catherine Pallen, Georgia Petropoulos, Peter Skippen, Caron Strahlendorf and Stuart Turvey), as everyone worked with Maryam Saeri and I in establishing our strategic foundation. With the transition from concept development and planning to action and implementation, we have assembled a new Strategic Planning Advisory Group (Mary Bennett, Mariana Brussoni, Caron Strahlendorf, Maureen O’Donnell and Lori Tucker).

The year has also been a time of transition, as we bid a bittersweet farewell to Maryam Saeri in October, and look forward to Christine Veloso joining our team as Senior Director, Administration and Patient Care Services. Christine hails from UBC, Faculty of Medicine Dean’s Office where she has been the Director of Finance and Compliance for several years. 2013 has also been a landmark year for our partners, with the selection of Dr. Wyeth Wasserman as the next Executive Director of the Child and Family Research Institute (CFRI), and the completion of incredible work on the capital campaign led by the BCCH Foundation, with involvement of numerous faculty, staff and community donors. We are on target to open a new Acute Care pediatric facility in 2018!

Below, I highlight just a few of our achievements in 2013, framed through the structure of our Vision 2020 Strategic priorities.

**Our People.** Faculty recruitment, contract and salary agreement renewals (often done annually), and UBC promotions represent a major focus of our work, involving the entire departmental administrative team. In 2013, the Department welcomed 15 new clinical faculty, 3 academic faculty, 7 locum physicians, 5 clinical associates and 62 contracts and/or salary agreements were renewed.

Finalized UBC faculty promotions were: Full Professor: Drs. Ran Goldman, Kevan Jacobson, Hal Siden, Anne Synnes, Associate Professor: Drs. Julie Bettinger and Edmond Chan. New leadership positions include Dr. Garth Meckler, Emergency Medicine Division Head, Dr. Edmond Chan, Head of the newly integrated Division of Allergy and Immunology, Dr. Ashley Roberts, Antibiotic Stewardship, Dr. Janet Greenman, Co-director Pediatric Residency Program, Dr. Margaret Colbourne, Head Child Protection and Dr. Tim Oberlander, Head of the Developmental Neurosciences & Child Health research cluster.

On a related note, I am fully committed to and have prioritized within our strategic plan, the improvement of our promotion processes which currently take too long.

Several faculty received awards of recognition that are too numerous to list here, but a special mention of Dr. David Scheifele who was named an Officer of the Order of Canada.

In an effort to achieve greater departmental unity, strategic initiatives related to this theme...
have been prioritized for immediate action. A sample of current projects underway includes our revamped communication strategy, (including website, newsletter and digital media), mentorship program development, and the creation of several tools and resources to better support and engage our faculty, staff, students, and partners.

**Integration** (with our broader clinical, research and academic community partners) is essential to our mission of improving the health of BC’s children and youth. Department members universally endorse a provincial mandate extending far beyond the Oak Street campus. We are working closer than ever with Child Heath BC, under the leadership of Maureen O'Donnell. Defining the four “Tiers of Service” is underway in several pediatric subspecialty programs, as we work towards the vision of integrated provincial “divisions”. Creating evidence-based clinical care pathways and measuring quality of care have become a standard component of our work, as these responsibilities are integral to our mandate as an academic healthcare center. Telehealth and telemedicine opportunities are becoming a near-reality.

With plans for electronic medical records in British Columbia in the near future, many of us hope that patient-based research and systematic outcome measurements will soon become the standard of pediatric practice in British Columbia. Several Departmental faculty members participated in a “Translational Bioinformatics” workshop in the fall, with a view to achieving these goals. The care of children and youth with chronic and complex medical conditions is consuming an ever-increasing fraction of our time and budgets.

I would like to recognize and thank Dr. Tammie Dewan for her tireless efforts in creating a Complex Care team for the BCCH Clinical Teaching Unit. Transitioning the care of our patients to adult healthcare systems is far from optimal. Dr. Sandy Whitehouse and colleagues are leading the charge provincially in making substantive improvements with transitional care. On a population basis, these diseases are rare and it is only through national and international partnerships that numbers sufficient for meaningful statistical analysis can be collated.

Dr. Anne Junker’s work as Scientific Director, Maternal Infant Child & Youth Research Network (MICYRN) has helped create an integrated infrastructure for practice-based networks and research teams across Canada to build research capacity and achieve our research goals.

**Performance** improvement and professional growth are critical elements for success and career satisfaction. We are striving to create systems and metrics essential to achieving improvement. If it cannot be measured, it cannot be improved. While important on numerous levels, ensuring our fiscal sustainability as a thriving academic department is a top priority. We are striving to implement more user-friendly systems, enabling us to provide the health authorities with the data they require. In fact, we are doing significantly more work than was originally requested of us, with every indication that this growth will be sustained. The only way requests for increased faculty numbers can be justified is by providing the evidence with these data.

In the interim, I remain cautiously optimistic that we will have a funded “Pediatric Practice Plan” sooner rather than later. I would particularly like to thank Maryam Saeri and Dr. Rob Liston, Executive Associate Dean, Clinical Affairs for their tireless efforts in fighting on behalf the Department Pediatric Practice Plan.

**Discovery and Innovation** is the foundational fabric of an academic healthcare network. In partnership with the CFRI and other departments and research centres at UBC, we are fortunate to be able to create collaborative research teams. I will leave full reporting of 2013 research accomplishments to CFRI and I’m delighted to see a more welcoming culture emerging at CFRI, such that the majority of the Department’s Faculty are now CFRI members – I encourage those of you who wish to be, to make your interests known.

Research accomplishments have been impressive this year, including faculty recognition awards to Dr. Dina Panagiotopoulos, Western Society of Pediatric Research Abbott Nutrition Young Investigator award, and to Dr. Rajavel Elango, Vernon R. Young International Award for Amino Acid research. Many extramural grants were awarded to our faculty, including a record number of new tri-council grants to Dr. Bruce Vallance in Gastroenterology. Dr. Kirk Schultz is part of a new Canadian National Transplant Research Program,
awarded $13.9 million to improve survival and quality of life for transplant patients. The growing importance of translational research is evident on this campus. 2013 CFRI Clinical Research Capacity Building Awards were awarded to Rheumatology: Dr. David Cabral, Emergency Medicine: Dr. Ran Goldman; Endocrinology: Dr. Dina Panagiotopulos, and Palliative Care: Dr. Hal Siden. High impact publications have become common place and some are receiving world-wide attention. For example, Dr. Simon Dobson’s work, published in JAMA in 2013, demonstrated how two doses of the human papillomavirus (HPV) vaccine provides the same protection from HPV as three doses—the previously recommended dosage. Dr. Dobson was recently invited to Geneva to present these findings to the World Health Organization, and in response to the findings of his study, immunization practices are changing around the world. Discovery of novel genetic causes of childhood diseases made by members of our faculty this year include mutations in the MALT1 gene as a cause of immunodeficiency: Dr. Stuart Turvey and colleagues, and new mutations in the creatine transporter gene as a cause of intellectual disability: Drs. C. van Karnebeek and A. Hill.

Improving healthcare globally is also a goal for many of our faculty. Dr. Charles Larson, who has been the Director of the BCCH International Child Health Centre since 2008, is transitioning into retirement in 2014; we are currently exploring what the next generation of this valuable work should look like at a time when UBC is also contemplating new initiatives with which we are involved. Lest we forget, some of these global health initiatives are highly relevant to rural Canadian populations, and further underscores the importance of this work.

Teaching and Learning. 2013 was an incredibly busy year with the Royal College accreditation site visits in November. The number of individuals involved in preparation for the visit was incredible and I want to call special attention to Dr. Laura Sauvé, Residency Program Director and Sylvia Wu, Manager, Pediatrics Education for their countless working hours and guidance of all programs through the process. The core residency program and 14 Royal College accredited subspecialty programs were re-accredited—all but one for a full six years. In addition, new training programs in Pulmonary Medicine and Palliative Care were also approved in 2013. Congratulations to everyone who was involved in this important process! Fourteen pediatric residents graduated this year, with three continuing on with subspecialty training. From a panel of 106 interviewed, thirteen outstanding Canadian medical student graduates (ten from UBC), were selected to join our program as first year residents. Pediatric subspecialty training remains strong on our campus; 90 individuals were in training as subspecialty residents or clinical fellows in 2013 (30 graduated in June). Interest in research is growing, while global health and social pediatrics continue to be popular electives. In addition, many departmental faculty are involved in supervising research undergraduate and postdoctoral students at CFRI. Medical school curriculum renewal is also alive and well at UBC with new ideas are emerging about how best to educate the 288 students who matriculate each year.

There is a growing interest in education as a medical career pathway. We are fortunate to have the UBC Centre for Health Education Scholarship (CHES), where four young pediatricians are currently pursuing fellowships. The use of simulation as an educational tool is rapidly growing on this campus since the opening of the Children and Women’s Simulation Centre in the spring of 2012. Many of our colleagues are also involved with medical education at the national level. Dr. David Dix was recognized in 2013 as the recipient of the Royal College 2013 Specialty Committee Chair Service Award.

Clinical Care and Health Advocacy sits at the core of our daily lives. Reaching beyond our mandate of providing excellent and evidence-based care for every patient we see, as an academic healthcare centre we have entrusted ourselves with the vision of fostering discovery and advancing knowledge to transform pediatric
Department Head’s Message, cont’d.

health in the not too distant future. This vision provides the foundation for each of the strategic initiatives reviewed above. Our clinical programs in general pediatrics and each of the 18 pediatric medical subspecialty divisions are shaped by this greater vision. During the development of Vision 2020, we were, however, troubled by the fact that so many children and youth in British Columbia lack a medical home, and that timely access to medical care for non-urgent problems is unavailable to far too many of the near one million pediatric population. These are challenging issues that we need embrace, understand and resolve.

Finally, as many of us live in the professional worlds of subspecialty pediatrics and sometimes isolate ourselves from pediatricians in other fields of expertise, I would like to draw your attention to two major all-encompassing pediatric meetings that will be held in Vancouver and I would like to encourage strong participation from our department: Pediatric Academic Societies/Asian Society for Pediatric Research in May 2014 and the International Pediatric Association Congress in August 2016.

As I pause to reflect on the year that has just passed, I would also like to take a moment to remember our dear friend and colleague, Mason Bond who died peacefully surrounded by his family on July 13, 2013.

Education Program Updates

Mary Bennett, MD, FRCPC, Associate Head, Education

The year has passed by quickly and the Education office continues to be a busy (and noisy) place!

We saw some changes this past year, as Dr. Ashley Roberts resigned as Associate Program Director to assume a larger clinical role in Infectious Diseases and become the Subspecialty Program Director there. We were sad to see her go, but wish her every success.

We were very fortunate to have Dr. Janet Greenman join us in the Associate Program Director role. Janet trained at BCCH and after a long absence, living and working in the both the United States and Canada, she has rejoined us. She joins Dr. Laura Sauvé in overseeing our Residency Program.

Trainee numbers continue to expand, as we welcomed 17 R1’s this past year (including three Pediatric Neurology trainees), to join our existing excellent resident group. The total number of pediatric residents is now 60. We also have 69 subspecialty residents/fellows and large cohorts of 185 third year medical students and 125 fourth year medical students coming through. Managing this number of trainees is challenging but the challenge has been met by our Pediatric Program Directors, and our Undergraduate Program Director, Dr. Mumtaz Virji.

There have been some changes in the administrative support, but Sylvia Wu and her team continue to support our many learners. All of us in the Education office will miss Maryam Saeri, as she was a great support to our programs.

The Education Team continues to involve more distributed sites. Medical students and residents are now attending at Kamloops, Prince George, Nanaimo, Kelowna and Victoria, along with Lions Gate, Langley, Abbotsford, Surrey and Royal Columbian Hospitals in the Lower Mainland. The faculty and teachers in our distributed sites are enthusiastic and essential to our large training programs; we are grateful to have their expertise and experience in helping provide pediatric education.

The Education Office held a successful retreat in May 2013, with many attendees from the distributed sites. The Undergraduate Curriculum renewal was presented along with educational sessions on Simulation and Evaluation. Grand Rounds on the topic of Evaluation and Feedback was held in December 2012, as we endeavor to improve in these two essential components for trainees. This year, we are hoping to increase our CME for department members with respect to educational topics...
Another focus is the improvement of feedback to faculty relative to their teaching, with regular collated evaluations for teaching activities. This will also support the focus on faculty development and promotion, a key Departmental initiative.

During the past eight months, the Department offices have been under siege from construction for the new lab. Anyone who has tried to have a videoconference in 2D22 can attest to the patience of those whose offices were not moved elsewhere. Hopefully this project will be finished soon!

We have a wonderful new educational space over on E4. This is to replace the Hamber Library. Small group rooms and videoconferencing are available and soon books! Go and check it out when you get a chance.

November 2013 welcomed the Royal College for the sixth yearly Accreditation visit. Pediatrics and most of the subspecialty programs underwent the survey process. The amount of work involved in preparing for Accreditation was huge, and we thank all the Program Directors and Education program staff, along with the faculty and residents for their efforts in ensuring we were ready for the surveyors. All our programs were accredited, the vast majority for six years, so it was a very successful visit. We have reason to be proud of our training programs and the surveyors were generally very complimentary of the quality of training provided in our institutions, and of our trainees.

With Accreditation out of the way, we can now concentrate on other things— we have a very successful Resident Simulation Program, thanks to the initiative of three Pediatric residents; we also have a new interest group for Resident Wellness, and of course, CaRMS for the General Pediatric program and the subspecialty programs is fast approaching.

Another busy year ahead!

Mary Bennett, MD, FRCPC
Undergraduate Medical Education Program Update

Alejandro Huerta Rodas,
Pediatric Undergraduate Medical Program Assistant

The Undergraduate Education Program at the University of British Columbia’s Faculty of Medicine experienced a dramatic expansion from fall 2006 to spring 2013, relative to student numbers and number of sites delivering the Distributed Education Program. The program consists of three major Curriculum components: 1) Clinical Skills in first and second years, 2) the third year Core Clerkship and 3) the fourth year Medical School Senior Clerkships. The Expansion Plan represents a high-profile project for Distributed Clinical Education in North America.

The Clerkships

The Year 3 Pediatric Clerkship is eight weeks in duration, with four weeks of inpatient and four weeks of outpatient rotations. The inpatient component takes place in five different hospitals in the Greater Vancouver area. The outpatient component offers a combination of one- or two-week rotations through 12 different Pediatric disciplines, including a Directed Learning option in areas of students’ specific interest. These rotations take place in the outpatient pediatric clinics of various hospitals, in community-based pediatric practice offices in Greater Vancouver and in the distributed sites across the Province. The Program is run, managed and delivered in Kamloops and Kelowna (SMP), Prince George (NMP), Victoria (IMP) and Greater Vancouver (VFMP). The Year 3 Clerkship is offered to UBC students who have the option of joining the different distributed sites under specific circumstances.

The Year 3 Clerkship is also delivered through the Integrated Community Clerkships (ICC) in Chilliwack, Duncan (Cowichan Valley), Ft. St. John (Peace Liard), Terrace, Trail and Vernon. The ICC’s follow a year-long longitudinal schedule model independent of the eight-week cohorts in the major cities and are supported by the Departments sharing academic resources, such as the weekly Academic Half-day sessions among others.

Year 4 Senior Clerkships offer electives in 18 different disciplines with two-and four-week rotations according to discipline-specific requirements for Senior Medical Students. These are offered to UBC students and to Visiting Students from Australia, Ireland, South Africa, the United Kingdom and the United States.

Medical School Expansion – Year 3 (2006 - 2010)

In response to the medical school’s expansion mandate to double the number of graduated medical students in British Columbia within four years, the Pediatric Undergraduate Program has experienced a dramatic surge in student numbers. In September 2005, 108 students enrolled in the Year 3 Clerkship, 98% of which rotated through BC Children’s Hospital with the remaining 2% doing their inpatient rotation at Victoria General Hospital. In September 2006, enrolment increased to 195 students rotating.

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1 Southern Medical Program
2 Northern Medical Program
3 Island Medical Program
4 Vancouver Fraser Medical Program
through BCCH, Lions Gate, Richmond General and Royal Columbian Hospitals in the Greater Vancouver area. By September 2008, student numbers sky-rocketed to 221 per year—more than double the number of medical students enrolled in 2005. As part of the Expansion Plan across the Province, Surrey Memorial Hospital began to accept three students for every four week rotation. During the summer of 2007, Richmond Hospital, which initially started as an inpatient rotation, was identified as an excellent out-patient option in the community.

By the spring of 2009, the Program was being delivered in four different Lower Mainland (VFMP) sites, alongside the steadfast cohorts rotating through Victoria General Hospital (VGH)/University of Victoria (IMP), and the University Hospital of Northern BC (UHNBC)/University of Northern British Columbia (UNBC) in Prince George (NMP). By September 2010, St. Paul’s Hospital joined the Expansion, offering a two-week newborn outpatient rotation in the VFMP, alleviating the high demand for newborn outpatient rotations offered at BC Children’s Hospital. By 2010, the Program’s student numbers peaked with 263 students across the Province. Observing the highest Accreditation Standards, we developed and implemented a strategy to meet the ever-increasing demand to secure students’ placements.

The increase in student numbers presented us with the opportunity to revise technological applications used in daily Program administration. It was increasingly evident that in order to continue providing sufficient administrative coverage, strategies were required to maximize efficiency and enhance the use of electronic files. Five areas were identified as critical in guaranteeing effective administrative Program coverage: 1) Rotation Scheduling, 2) Student Orientation, 3) Daily Program Operations & Teaching Tracking, 4) Evaluations & Assessments and 5) Report production.

Enhancement of Electronic files and Use of Technology

Initially, the five areas identified as critical involved a combination of manual processing, unformatted spreadsheets, Word document reports and tracking documents in different formats primarily in hard copy.

Over the first four years of the expansion, transition to an improved toolset was gradual but steady:

1) Students’ site preferences were input through an electronic randomization process, which improved the generation of rotation schedules and resulted in 92% of students being matched to their first or second choice and an 84% first choice match. The rotation schedule database was designed to generate clear, updated reports aligned with the Clerkship Rotation Schedules template. 2) Student Orientation material was covered with a comprehensive Student Orientation Manual distributed electronically and posted on the Department website, as well as MEDICOL, (the Faculty of Medicine website for distributing academic material). 3) The daily Program...
Operations and Teaching Tracking is managed with a combination of various self-populated spreadsheets doubling as teaching databases, following the Office of Clinical Faculty Affairs and UBC Finance formats. (4) Evaluations and Assessments, including Student Assessments, Evaluation of Service, Evaluation of Academic Presentations, Faculty Evaluations, and Rotation Evaluations are being managed through One45, a web-based evaluation system. All of the above offer the advantage of being reliable and interactive, allowing multiple access availability and easy data entry. (5) The tools designed and implemented provide the ability to produce Reports with minimal effort.

Medical School Expansion Year 3 (2010 – 2014)

During the fall of 2010, the new processes and electronic tools guaranteed the sustainable administrative coverage needed to support our complex Undergraduate Program. An opportunity to fine-tune certain areas to adapt to the increased student numbers and improve coverage quality presented itself. By September 2011, the Southern Medical Program (SMP) was developing an on-site Year 3 Clerkship program in Kelowna General Hospital and had already been running the eight-week program in Royal Inland Hospital in Kamloops to alleviate higher demand at the other sites across the Province. By spring 2013, the SMP was running the Year 3 Clerkship in both sites.

The Undergraduate Program in Pediatrics represents the most expanded in the Faculty of Medicine relative to number of distributed sites delivering the Year 3 Pediatric Clerkship Curriculum. The program facilitates Pediatric Medical trainee presence across the Province in six regional sites in Greater Vancouver, one in the Fraser Valley; two on Vancouver Island; four in the Southern Interior and four in Northern British Columbia.

With the Medical School Expansion under control, the Year 3 Pediatric Undergraduate Program has now taken a leadership role in the implementation of the imminent Curriculum Renewal Project of the Faculty of Medicine.

Under the direction of Dr. Mumtaz Virji, Undergraduate Program Director, Curriculum Renewal will provide an innovative boost to the already solidly expanded Program in Pediatrics in the very near future.
Residency Program Update

Laura Sauvé, MD, MPH, FRCPC
Director, Pediatric Residency Program
Infectious Diseases Specialist

It seems we were just preparing for CaRMS 2013, and it’s upon us again; the hard working education administrative staff have prepared to bring over 100 interviewees through our interview process, with the participation of 15 faculty, and nearly half of the residents with tours, an information fair and evening social events.

During much of 2013, we focused on preparing for the RCPSC accreditation. It provided an excellent opportunity to review what we are doing, and how. The Pediatrics Residency Program came through with flying colours, and the process has provided us with some wonderful ideas for projects to work on during the upcoming year, particularly around transparent and helpful feedback and evaluation, and the evolution towards competency based education.

We were excited to welcome Dr. Janet Greenman as Associate Residency Program Director and Resident Continuity Clinic Director in August.

The Global Health opportunities in British Columbia have positioned the Pediatrics Residency Program to be a particularly desirable training program, with the recruitment of exceptional candidates to it. The program provides us with opportunities to train pediatricians having a very keen awareness of the social determinants of health, the requirement for effective advocacy and the importance of global child health. Our accreditation report highlighted this as a particular strength of the program. These activities encourage residents to work with vulnerable populations in Canada – alumni of the international electives are working in a variety of settings with vulnerable children, from Northern British Columbia to Vancouver’s Downtown East Side.

All 59 residents take part in local “global health” educational activities; academic half day presentations on global health, aboriginal health and social pediatrics, and practical experiences in Vancouver’s Downtown East Side with vulnerable children, which are mandatory curriculum components. The majority of residents participate in additional educational events, such as the Global Health speaker series or the Social Pediatrics Interest Group. Several related projects include: the Pediatrics Resident Literacy Project, resident participation in the RICHER initiative and the Medical Legal Partnership.

On an annual basis, several senior residents complete 3-6 month international electives, through partnerships with Red Cross Children’s Hospital (Cape Town, South Africa), Paarl Hospital (Paarl, South Africa), Sydney Children’s Hospital (Sydney, Australia) and Lamb Hospital (Rajabashor, Bangladesh). Each resident having the opportunity to partake in one of these electives reports back that it provided one of the most important, richest learning experiences of their residency program, allowing them to truly understand the impact of poverty on health, and seeing higher volumes of much sicker children than they
RESIDENTS’ REVIEW

Drs. Gaby Yang and Jennifer Smitten
Pediatric Chief Residents

Happy New Year!

Looking back on 2013, our program has had a number of accomplishments and new initiatives! Our new Simulation Curriculum was launched by residents Haley DeVries, Anas Manouzi, and Victoria Cook, who put an immense amount of energy into developing a fantastic and comprehensive set of modules which have been a great addition to resident education. Initial feedback has been excellent, and we are very thankful for all the support from the Department of Pediatrics, the Simulation Team, and the many staff and fellows who are involved.

We could not acknowledge accomplishments without recognizing our Program Director, Dr. Laura Sauvè and the education team, especially Sylvia Wu and Brian Broom for all their hard work in demonstrating to the Royal College accreditation panel the many strengths of our program. The surveyors commented on the impressive collegiality of our group, the degree of resident engagement, improvements in research education, led by Dr. Jean-Paul Collet and Wendy Cannon, and advocacy teaching – specifically mentioning global health and social pediatrics.

On the global health front, our program continues to be a nation-wide leader amongst pediatric residency programs. In 2013, several residents took advantage of extended international opportunities at sites where we have had long-standing partnerships. Aisling O’Gorman, Genevieve Ernst, and Dianna Louie worked in a community hospital in Paarl, South Africa. Katie Mitchell experienced medicine in rural Bangladesh, and Emily Budd learned Emergency Medicine in Sydney, Australia. We have multiple residents looking forward to international electives this year, and we continue to host a global health seminar series with a variety of speakers here in Vancouver. Other opportunities closer to home include monthly outreach clinics to Whitehorse, highly valued by the R4s, as well as increased involvement with distributed sites across the province.

This year, our program also welcomed some notable additions to our growing family: an enthusiastic new cohort of R1s and a new Associate Program Director, Dr. Janet Greenman, who has already proven herself to be a great asset to our program. In addition, resident Francine Ling gave birth to her second child, Grayson, and Brenda Law became a mother to son Marc!

Residency Program Update

cont’d

would ever see locally. These sites have been selected to ensure that the residents are safe, have appropriately supervised and useful learning experiences, with engaged and supportive faculty. In keeping with UBC policy, all residents participate in pre-departure training and post-travel debriefing.

In a different realm, three determined residents, Drs. Anas Manouzi, Vicki Cook and Haley DeVries who wanted to experience a higher degree of simulation in their curriculum brought their project from an idea to fruition in record time with support from Drs. Amie Dmytryshn, Mary Bennett and Jenny Druker. As part of a year-specific longitudinal curriculum, all residents currently have regular opportunities to partake in simulation education sessions in the Simulation Center.

As we head into the new academic year, we want to acknowledge the very hard work of Drs. Jen Smitten and Gaby Yang as they pass the Chief reins to three enthusiastic new chiefs – Drs. Matt Sibley, Adela Matecjek and Kris Kang. We’re excited to be working with the new Chief Residents over the next year.
The Clinical Teaching Units are as busy as ever, and we particularly appreciate Dr. Jennifer Druker’s dedication to ongoing quality improvement – both for patient care and resident education. In addition, the new Complex Care Team led by Dr. Tammie Dewan and nurse practitioner Alissa Collingridge has been an invaluable asset to CTU and our ability to provide comprehensive care for complex patients.

Lastly, we are excited to welcome Kris Kang, Adela Matejcek, and Matt Sibley as incoming chief residents for the 2014 year. We’ve enjoyed working with them over the past year and have no doubt they will excel in their new roles. Their successors as Associate Chiefs are Kamal Abdulwahab, Alysha Dedhar and Anas Manouzi, who are already coming up with new and exciting ideas. With such an amazing group of residents, staff, and supporters, we know there are more great things in store for 2014!

Signing off,

Gaby Yang and Jennifer Smitten,
Pediatric Chief Residents 2013
VANCOUVER
PRELIMINARY PROGRAM

Pediatric Academic Societies and Asian Society For Pediatric Research
Joint Meeting • May 3 - May 6, 2014
American Pediatric Society
Society for Pediatric Research
Academic Pediatric Association
American Academy of Pediatrics
Burgers for Bangladesh Fundraiser: A Big Success!

Katrina Stockley, MD, Pediatrics Y3 Resident

On November 15, 2013, we hosted a “Beer and Burger” fundraiser at the Manchester pub in Vancouver to raise money for the General Pediatrics Department at LAMB Hospital in Northwestern rural Bangladesh. Thanks to the generous support of many residents, fellows and staff, the event was a huge success. Through ticket sales and our Canucks ticket raffle, we raised over $1,000 for the LAMB project!

LAMB Hospital is a 150 bed general hospital in rural Bangladesh, a country in which the neonatal mortality rate remains unacceptably high at 33 per 1,000 live births (compared with 5 per 1000 live births in Canada). LAMB Hospital is committed to improving neonatal health through regular training for community midwives, who deliver an average of 2,000 babies annually in the Community Safe Delivery Units located in surrounding areas.

With the generous donations from our fundraiser, LAMB Hospital has purchased neonatal resuscitation equipment (penguin bulb suction devices, bag-mask devices), as well as simulation equipment for resuscitation training sessions.

The UBC Pediatrics Residency Program is strongly committed to global health engagement and has established a partnership between BC Children’s Hospital and LAMB Hospital in Bangladesh.

Last year, BC Children’s Hospital sent their first two residents, Mia Pradinuk (PGY-4) and Katie Mitchell (PGY-3) to Bangladesh for 3-month extended international electives; both residents had a rewarding clinical experience.

This year, I will be heading to LAMB Hospital from February to May 2014 to spend three months working in General Pediatrics (neonatology, inpatient pediatrics and community outreach). Having been involved in global health work since starting medical school, I am excited to finally put my clinical skills to work in a global health setting, and hope to strengthen the partnership with our pediatric colleagues in Bangladesh through collaboration on quality improvement and community training initiatives.

Katie Mitchell and I wanted to express our sincere gratitude to all of those who came out to our Burgers for Bangladesh fundraiser and for those of you who supported us through participating in our raffle ticket sale – we were thrilled by the amazing turnout and thank you all from the bottom of our hearts for supporting this worthwhile project.

For more information about LAMB hospital, please visit: http://www.lambproject.org/.

Dr. Katrina Stockley
PGY-3 Pediatrics
WORLD AIDS DAY 2013 – HIV EDUCATION “HITS THE ROAD”

Katrina Stockley, MD, Pediatrics Y3 Resident

For the past several years, pediatric residents have participated in World AIDS Day, a worldwide annual event held on December 1st to promote awareness about HIV & AIDS. This year, we teamed up with the Oak Tree Clinic, a BC Women’s Hospital clinic providing family centered care for women and children living with HIV & AIDS, to host a display booth in the hospital cafeteria. Additionally, we created the “HIV-positive road show”, a mobile display that travelled to the wards at BC Children’s Hospital to educate hospital staff about HIV and AIDS in an effort to reduce the health-care related stigmatization of HIV-positive patients.

It was a busy day, but we managed to visit wards 3M, 3F, 3R, ER and NICU, and were privileged to be received by engaged audiences at all locations.

This year, funds raised by our red ribbon campaign went to support Camp Moomba, an annual summer camp in Gibsons, B.C. for children aged 6-17 impacted by HIV and AIDS.

A big thank you to the residents and Oak Tree Clinic staff who participated in this event and to the staff members who participated in our in-service stigma education sessions!
CELEBRATE PEDIATRIC RESEARCH DAY 2013

Wendy Cannon, Scholarly Activities Coordinator

Celebrate Pediatric Research Day was held on March 8, 2013 at The Chan Centre for Family Health Education, Child & Family Research Institute.

This Pediatric Education Day was co-chaired by Research Director, Dr. Jean-Paul Collet and Dr. Edmond Chan and coordinated by Wendy Cannon. Residents, sub-specialty residents and fellows had the opportunity to present their research in a formal setting before peers, faculty researchers and educators. Our invited guest speaker was Dr. Allison Eddy, Head, Department of Pediatrics, whose presentation “Personal Reflections on Life as a Pediatric Clinician-Scientist” was inspiring and provided us with an appreciation of directions taken during her pediatric career pathway.

The morning’s program featured presentations by residents of their research projects, some of which are still in progress: Dr. Zaneta Lim, “Medical education application for iPad and iPhone”; Dr. Saadoun Hasan and Dr. Genevieve Ernst, “The Hi-Flo Study: A prospective open randomized clinical trial comparing high flow nasal cannula oxygen therapy against standard therapy for children hospitalized with bronchiolitis”; Dr. Sarah Freedman: “Effects of perfluoroalkyl substances (PFASs) on neonatal thyroid hormones”.

Celebrate Research Day Participants
Dr. Collet announced results of the 2012–13 Department of Pediatric Residents’ Research Project Funding Competition held in December 2012. From a total fund of $3,000 support towards their research projects was successfully obtained by the following residents: Benetta Chin, Danya Fox, Brenden Hursh and Kris Kang. Congratulations to the winners and good luck with your ongoing research!

The afternoon program, chaired by Dr. Edmond Chan continued with the Pediatric Research Day Competition - a key component of the day. The quality of the presentations was very high and reflected the variety of research topics undertaken by our trainees.

Research topics included: Year 3 Resident, Dr. Francine Ling: “Is the tropic feeding protocol using human milk adequate for very low birthweight infants?”; Year 3 Resident, Dr. Bahar Torabi: “Bullying in children and adolescents with food allergy in British Columbia”; Division of Nephrology Fellow, Dr. Kathy Lee-Son “Cardiac associated acute kidney injury in neonates and infants”; Division of Endocrinology Fellow, Dr. Karine Khatchadourian; “Clinical management of youth with gender dysphoria in Vancouver: Over 10 years’ experience” and Division of Emergency Medicine Fellow, Dr. Vikram Sabhaney: “The effect of body mass index on the risk of fractures in children”.

The judges selected these winning papers: Year 4 Resident; Dr. Brett Schrewe: “Conversion through conversation - towards an understanding of medical professional identity evolution through everyday interaction”, and Division of Infectious Diseases Fellow, Dr. Manish Sadarangani: “The impact of serogroup C meningococcal vaccine in Canada over the past 10 years”.

Congratulations to the winners – Brett and Manish!

We would particularly like to thank our research paper competition judges: Dr. Kevin Harris, Dr. Rebecca Deyell and Dr. Garth Meckler.

The Best Resident Research Paper winner and the Best Fellow Research Paper winner received support to represent the Department at the National Pediatric Resident and Fellow Pediatric Research Competition held during May 2013 in Winnipeg at the Manitoba Institute of Child Health. We are delighted to report that our fellow Dr. Manish Sadarangani from the Division of Infectious Diseases was the national winner! Congratulations Manish!

The Pediatric Research Day Resident and Fellow winners were also awarded the Department of Pediatrics Research Awards for 2012-13: presented to them at the June Graduation Banquet.

Pediatric Research Day continues to provide a platform for our trainees to highlight the varied research undertaken during training and the high standards being achieved. A big thanks to the chairs, judges, all of our speakers, organizers and our education team who helped make this event so successful!
Emeritus Happenings

Dr. David Smith, MD, FRCPC

Advice to my Younger Colleagues

Our enterprising young MDs of today may not require the advice of an older pediatrician to help them along their way. Nevertheless, it would be satisfying to believe that something I have written could be of benefit to a younger colleague. The focus of this article is on the written word in the practice of medicine, in anticipation that this subject might offer an educational experience.

I’d like to open with an emergency scenario of approximately fifteen years ago, when I was a medical consultant in a legal case concerning a young child with meningitis and a probable missed diagnosis. I say probable, because the main indicator for malpractice was an abbreviated and incomplete emergency medical record. Based on that case alone, I would strongly recommend that every physician regularly examine his or her medical notes for completeness. If you had to defend them in court, would they stand up to scrutiny?

In the legal case described, no mention of neck stiffness was recorded on the emergency medical record, and this posed a significant problem for the attending physician. Its absence proved to be more important than the lack of lab studies and minimal patient observation time in the emergency room. As a general rule, I assumed that if an MD is “thinking” about meningitis, then the neck status will be documented. The absence of such information on the record implies that it wasn’t a component of the physical examination. A physician later stating in court that the neck exam always forms part of his or her practice is unlikely to be believed. A parent may say something quite different about the MD’s exam, and because a parent is more likely to remember the contact, the probability that he or she will be believed by the court is higher. A physician’s defense will depend on the medical file, usually compiled when legalities are not at issue. Physicians see many cases each day and may have to rely entirely on their medical records in cases of review or legal contest. Memory tends to fade over time and may not prove reliable in the details. Consequently, the more complete the records appear, the better the outcome for a physician. In this legal case, the ENT, chest and abdominal exams consisted only of check marks. The neck status became a focus in court and the medical notes were too abbreviated to be of assistance to the physician defendant.

During an early part of my academic career, I moved to a different specialty area, working part-time in Oncology while maintaining an active practice for over ten years. I experienced the difficulties parents may encounter while navigating through the stages of acceptance associated with the management of a sick child. I discovered that some parents are just not emotionally equipped to cope with the stress associated with a sick child. A stage of anger may enter into the health equation, resulting in misdirected parental blame, which can present a significant problem to a physician.

I recall a situation in which a young teenage male patient of mine was successfully induced into remission for Acute Lymphoblastic Leukemia in Vancouver. He was from a small city in northern British Columbia and thereafter returned home to continue maintenance chemotherapy. After several months, he travelled to Vancouver on a Friday afternoon to partake in a high school sporting event. In tandem, he scheduled a medical follow-up appointment to see me. I noted that his blood work was fine, but he reported headaches. I felt that a lumbar tap was indicated to rule out CNS leukemia. The family friends who brought him stated that his parents did not want him to undergo a lumbar tap as it would ruin his weekend by affecting his ability to play basketball. The patient certainly didn’t want it. I felt medically compromised and faced a dilemma.
Emeritus Happenings, cont’d

I subsequently did four things. I reluctantly agreed to the delay, acknowledging the social situation. I then contacted the mother, outlining my recommendation and asked her to take her son to her family doctor to have the lumbar tap done immediately upon his return home. I provided the family doctor with the same information, after which, I dictated a summary of my findings and recommendations together with a detailed report of my telephone conversation with the mother to keep as a record on the teenager’s hospital medical chart.

A few weeks later, a physician in Banff, Alberta contacted me about my patient who was visiting the area with his family. He had suddenly become paraplegic, which seemed likely due to CNS leukemia. I arranged transport to Vancouver and for a Medical Oncology Fellow to meet the boy and his parents at the hospital’s admitting department.

And the first thing the mother asked the Fellow?

“Why didn’t Doctor Smith do a lumbar tap when he was in Vancouver”?

As it had transpired, the boy was not seen by the family doctor, and his headaches were ignored. The process appeared to be one of denial in the face of worsening symptoms. The Oncology Fellow, a competent former family physician subsequently reviewed the youngster’s medical chart, and read to the parents, my recommendations following his last visit, my letter to the family doctor and the written outline of my telephone conversation with the mother.

The family said nothing further about the matter and the question about the missing lumbar tap never again came up. In the absence of that detailed record, there is little doubt in my mind that it would have become a major issue.

The suggestion here is to anticipate possible communication problems in difficult situations and provide additional dictation and record keeping .... just in case.

My final recommendations stem from a different area and something I hope most pediatricians never have to experience. During the latter of the 17 years of my tenure as Medical Director of BC Children’s Hospital Emergency and General Pediatric Clinic, both Departments, and many others, were audited by the Medical Services Plan of BC. An unpleasant and stressful experience, it taught me some hard lessons about medical billing expectations.

Shortly after graduation, I completed approximately ten general practice locums, and later as a pediatrician, I worked in other pediatricians’ offices and clinics. I have seen physician record keeping which consisted of one or two lines, and other patient visit recordings which were lengthy but illegible. During the audit, I felt that both my Departments were being held to a higher standard than what I typically encountered in practice, but then, this was an academic center. Certain things became clear. If a complete physical examination was not recorded on the patient’s medical record, including documentation of upper and lower body parts, the audit branch assumed that it had not been done. Payment was reduced to the level of a routine office visit. Relative to specialty billing, if a consult was billed with no associated consult letter identified on file, nor a copy to the referring physician, that consult payment was reversed. A physician must be able to demonstrate on the medical record that he or she has done what the billing reflects; that means providing complete notes and letters when required.

As a medical teacher, I was informed that you must be involved with every patient billed under your personal number. For example, I discovered that I could not have a resident or emergency fellow see a patient minimally or on occasion with no involvement by me and to expect payment for that service. This was in spite of all payments being directed to a common fund used for physician and some support staff remuneration in the two departments.
That audit subsequently altered my relationship with residents and their responsibilities under my watch. Patients must recognize that you, as a supervising physician, are present and involved. In a formal audit, patients (or their parents) are asked about this. You must also countersign any notes a trainee writes or, again, if your signature is absent, the assumption by the Audit Branch is that you have not seen the patient personally, and no money will subsequently be paid. If already paid, that money will be reimbursed.

In summary, there are three main messages in this article:

1. Keep complete and accurate medical records at all times.

2. Anticipate problematic clinical situations and provide additional written documentation.

3. Supervise students responsibly, i.e., be present for at least part of every patient encounter involving a trainee.

Remember that a number of parties are keeping a watchful eye on you in practice, including among others, your patients, your peers, your provincial Medical College and your Provincial Government paying agency.

Keeping everyone satisfied with the quality of your medical documentation is a challenge for physicians of all ages.

David F Smith MD FRCP(C)
New Research Finds Link between Slower Growth of pre-term infants and altered Brain Development

Pre-term infants who grow more slowly as they approach what would have normally been their due dates also have slower development in an area of the brain called the cerebral cortex, according to researchers at UBC and the University of Toronto.

Researchers, including Ruth Grunau, Professor, Department of Pediatrics and Senior Scientist at the Child & Family Research Institute (CFRI), analyzed MRI brain scans of 95 pre-term infants born eight to 16 weeks too early at BC Women’s Hospital & Health Centre between 2006 and 2009. Infants were scanned soon after birth and a second time close to what would have been their due date, the ninth month of pregnancy.

These MRI scans allowed researchers to measure the pattern of water movement inside the brain, which normally changes between scans as the brain matures. The researchers also assessed the babies’ weight, length, and head size.

Their findings, published in Science Translational Medicine, showed that pre-term infants with slower growth had delayed development in the cerebral cortex compared to those infants who grew more quickly between scans. The cerebral cortex is a two to four millimetre layer of cells that envelopes the top part of the brain and is involved in cognitive, behavioural, and motor processes.

“These results are an exciting first step because understanding the importance of growth in relation to the brain in these small babies may eventually lead to new discoveries that will help us optimize their brain development,” says Steven Miller, the study’s co-lead. Dr. Miller is Head of Neurology at The Hospital for Sick Children (SickKids), the Bloorview Children’s Hospital.
New Research
cont’d

Chair in Paediatric Neuroscience, Professor in the Department of Paediatrics at the University of Toronto, affiliate Professor with UBC’s Department of Pediatrics and an affiliate investigator at CFRI.

“More research needs to be done to understand what is the optimal growth rate for the brain development of these babies,” says Jillian Vinall, the study’s first author and a UBC PhD student co-supervised by Dr. Grunau and Dr. Miller.

“We’re especially grateful to the families for their generous and ongoing participation in this study,” says Dr. Miller. The researchers are following the babies through childhood to understand how pre-term brain development is associated with their neurodevelopmental outcomes.

This work is supported by the Canadian Institutes of Health Research. Dr. Miller was supported by a Tier 2 Canada Research Chair in Neonatal Neuroscience and a Michael Smith Foundation for Health Research Scholar Award.

Dr. Grunau is supported by a Senior Scientist Award from the Child & Family Research Institute. Jillian Vinall holds a CIHR Frederick Banting and Charles Best Canada Scholarship Masters & Doctoral Award, Pain in Child Health (CIHR Strategic Training Initiative in Health Research) trainee support and CFRI Graduate Studentship.

CFRI’s Vaccine Evaluation Centre: 25 years of protecting children against disease

Since the Vaccine Evaluation Centre (VEC) was founded as the first of its kind in Canada in 1988, the Centre’s investigators have completed over 225 research studies with findings that have contributed towards developing new vaccines, improving vaccine safety, and refining public immunization programs.

VEC co-founder Dr. David Scheifele estimates that since the 1996 implementation of vaccines against a type of bacteria called Hib—a bacteria that was the leading cause of meningitis and an important cause of blood, skin, lung and serious throat infections—over 510 cases of spinal meningitis have been avoided at BC Children’s Hospital and at least 75 children have been spared from infection–related deafness or brain injury. The VEC was involved in nearly all of the studies that supported Canadian licensure of these vaccines as well as tracking the subsequent success of vaccine use across the country.

Historically, BC Children’s Hospital had between 45–50 Hib case admissions annually, which accounted for over 450 bed–days of required care. Of those, 60 percent (approximately 30 cases per year) involved meningitis, with the others involving sepsis, bone and joint infections, pneumonias and throat infections needing intensive care. Fortunately, it has been over a decade since the hospital’s last case of Hib, and controlling these infections has permanently freed 1.5 hospital beds for use by other patients.

Recognized as a leading infectious diseases and vaccine expert in Canada, Dr. Scheifele was named an Officer of the Order of Canada in December 2012 for his contributions to improving health care through the prevention of infectious disease. Dr. Scheifele has made substantial contributions to patient care, medical education, vaccine programs and vaccine research during his 35-year career as an academic clinician-scientist.
Under Dr. Scheifele’s leadership, the VEC continues its policy-shaping research with activities in the following areas:

- Monitoring hospital admissions for vaccine-preventable diseases such as influenza, pneumococcal, and chickenpox.
- Studying the safety and effectiveness of vaccines under development.
- Partnering with government agencies to monitor the safety and effectiveness of new vaccines introduced into vaccine programs.
- Partnering with government agencies to monitor the impact of new immunization programs.

Dr. Scheifele is a CFRI Senior Clinician Scientist and a Professor in the Department of Pediatrics at the University of British Columbia (UBC). He has been recognized with many awards and honours including the Queen Elizabeth II Diamond Jubilee Medal, the CFRI Outstanding Investigator Award, the UBC Killam Prize for Teaching and the Alan Ross Award for Distinguished Career Achievement from the Canadian Paediatric Society.

Dr. Scheifele is the data centre chief for the IMPACT program, which monitors vaccine safety and preventable disease control at 12 pediatric centres across Canada, and he is a co-leader of the Public Health Agency of Canada / Canadian Institutes of Health Research Influenza Research Network. Dr. Scheifele recently contributed to The Encyclopedia of Early Childhood Development, published April 2013.
Two Doses of Vaccine can be as Effective as Three

Dr. Simon Dobson, Clinical Associate Professor and Head, Division of Infectious Diseases, Department of Pediatrics

UBC researchers have found that girls who received two doses of the human papillomavirus (HPV) vaccine had immune responses to HPV-16 and HPV-18 infection that were not worse than the responses for young women who received three doses.

HPV infections cause nearly all cases of cervical cancer, which is the second most commonly diagnosed cancer in women worldwide. The study, published in JAMA 2013;309(17):1793-1802. doi:10.1001/jama.2013.1625 lends more plausibility to adopting reduced–dose schedules for the vaccine, which would lower barriers to global implementation.

Lead co-investigator Dr. Simon Dobson, Clinical Associate Professor in the UBC Department of Pediatrics’ Division of Infectious Diseases, and Clinical investigator at the Child & Family Research Institute, noted that more data on the duration of protection are needed before reduced-dose schedules can be recommended.

“Globally, cervical cancer is the second most common cause of cancer morbidity and mortality in women. Human papillomavirus infection has been identified as a necessary cause for the development of cervical cancer, with HPV genotypes 16 and 18 accounting for approximately 70 percent of cervical cancer cases,” according to background information in the article. “Global use of HPV vaccines to prevent cervical cancer is impeded by cost. A 2–dose schedule for girls may be possible.”

Dr. Dobson and colleagues conducted a study to determine whether average antibody levels to HPV-16 and HPV-18 among girls receiving two doses were not worse than levels in women receiving three doses. The authors also looked at antibody levels to HPV-6 and HPV-11, and compared girls given two or three doses.

The randomized, phase 3, multicenter study included 830 Canadian females from August 2007 through February 2011. Follow-up blood samples were provided by 675 participants (81 percent). Antibody levels were measured at 0, 7, 18, 24, and 36 months.

The authors write that these are the first data, to their knowledge, “on the duration of the immune response of young adolescent girls to a reduced-dose schedule of quadrivalent HPV vaccine out to three years.” However, “The clinically meaningful difference between the 2–and 3–dose schedules cannot yet be determined.”

“Reducing the number of doses affects vaccine and administration costs as well as potentially improving uptake rates. Evidence-based decision making in public health has led to reduced-dose schedules for hepatitis B, pneumococcal, and meningococcal serogroup C vaccine programs. There is a balance to be found between the incremental value of an additional dose on population effectiveness and the opportunity costs of using the resources required for the extra dose in other public health programs. This is especially the case for HPV vaccines at their present cost.”
Children and youth new to Canada do not enjoy the same health status as their Canadian-born peers. That’s why the Canadian Paediatric Society wants to ensure that physicians, nurses and other health care practitioners caring for immigrant and refugee kids have what they need to provide the best possible care.

In April, the CPS launched Caring for Kids New to Canada (kidsnewtocanada.ca), a free bilingual website for health professionals working with newcomer children and youth. It features evidence-based information on how to assess and screen patients, evaluate and manage medical conditions, promote good health, evaluate child development, and much more. The first Canadian website of its kind, Caring for Kids New to Canada also helps health professionals understand how culture affects health, and what they can do to provide more culturally sensitive care.

“Health care providers across this country care for immigrant and refugee children and youth every day,” said Dr. Tony Barozzino, the website’s co-editor-in-chief and Director of Community Outreach and Ambulatory Services at St. Michael's Hospital in Toronto. “The increased mobility of individuals around the globe and the sheer size of Canada—where local resources and expertise can vary widely, make Caring for Kids New to Canada invaluable and timely in its introduction.”

Dr. Barozzino said even health professionals who see newcomer families regularly can benefit from up-to-date online information. He added that the site will be a useful tool for physicians and nurses in training. “Although there are some resources for health care practitioners in Canada, they tend to be regional, specific to particular groups, and adult-focused,” said Dr. Chuck Hui, co-editor-in-chief of the website and Founder of the International Adoption Clinic and Paediatric Infectious Diseases physician at the Children’s Hospital of Eastern Ontario in Ottawa. “This guide is a direct response to needs identified by key stakeholders with input from content experts from across the country and multiple disciplines.”

Development of the website involved a 22-member editorial board with representatives from paediatrics, family medicine and nursing, as well as an extensive network of expert peer reviewers and other contributors. The result is a resource that addresses many of the most common questions faced by health care providers while providing in-depth information in areas that are important to providing appropriate and complete care.

Development of the site will continue over the next year, with new content being added regularly.

Children and Youth New to Canada: A Health Care Guide was first published in print by the Canadian Paediatric Society in 1999, under the leadership of Dr. Ben Tan of Saskatoon. It was the first resource of its kind and helped influence Caring for Kids New to Canada.

The Canadian Paediatric Society (www.cps.ca) is a national professional association that promotes the health needs of children and youth. Founded in 1922, the CPS represents more than 3,000 paediatricians, paediatric subspecialists and other child health professionals across Canada.
CFRI researchers Dr. Laura Sly and Dr. Stuart Turvey were recently awarded a Canadian Institutes of Health Research Catalyst Grant to further the development of a simple diagnostic test that could improve care for children and adults with a specific type of Crohn’s disease.

Crohn’s disease is an incurable chronic disease caused by inflammation along the gastrointestinal tract. The inflammation leads to life-long symptoms that include abdominal pain, nausea, and diarrhea.

Previous research from Drs. Sly and Turvey found a specific type of inflammation in a sub-group of people with Crohn’s disease. This new CIHR grant will fund research to define the genetic factors involved in this variation of the disease.

“Conventional drugs that block the inflammatory response don’t often work or will eventually stop working for people with this type of Crohn’s disease,” says Dr. Laura Sly. “New treatments are urgently needed.”

“By investigating the role of specific Crohn’s disease genes in inflammation we can identify a group of people with a specific inflammatory signature,” says Dr. Turvey. “Excitingly, these people may be treatable with a drug that is already used in the clinic to treat people with inflammatory diseases, but which has never been used to treat Crohn’s Disease.”

Dr. Sly is a CFRI Scientist and Assistant Professor, UBC Department of Pediatrics, Division of Gastroenterology, Hepatology and Nutrition.

Dr. Stuart Turvey is the Director of Clinical Research and a Senior Clinician Scientist at CFRI, the Aubrey J. Tingle Professor of Pediatric Immunology, and an Associate Professor, UBC Department of Pediatrics, Division of Infectious Diseases.

Photo courtesy of CFRI
CFRI researchers among leads of new national network for pediatric IBD

Dr. Kevan Jacobson and Dr. Bruce Vallance are taking leading roles in clinical, environmental and biomedical research with the Canadian Children Inflammatory Bowel Disease Network.

The new national network and research platform was launched in October with a $5-million investment from the Children with Intestinal and Liver Disorders (CH.I.L.D.) Foundation and the Canadian Institutes of Health Research. Inflammatory bowel diseases (IBD) is a group of gastrointestinal diseases that includes Crohn’s disease and ulcerative colitis.

“We are all very excited about the launch of the Canadian Children Inflammatory Bowel Diseases Network,” say Dr. Vallance. “There is a real need for this network. Approximately 233,000 Canadians suffer from IBD, and 20 per cent are diagnosed as children.”

“Through this new network, we can work with Canada’s leading clinicians and biomedical researchers to increase our understanding of what causes IBD in children,” says Dr. Jacobson. “With that information, we can improve treatment, care, clinical outcomes, and ultimately prevent these debilitating diseases.”

As the Western Canadian lead for Biomedical Research, Dr. Vallance will oversee biomedical research projects performed through the network. Dr. Vallance is a scientist with CFRI’s Immunity in Health & Disease Cluster, the CH.I.L.D. Foundation Chair in Pediatric Gastroenterology, and Associate Professor, Division of Gastroenterology, Hepatology and Nutrition at UBC.

As a deputy co-chair of the network, clinical lead and co-lead of the environmental initiative, Dr. Jacobson will oversee patient recruitment, clinical care, and help define the environmental factors associated with IBD. Dr. Jacobson is a CFRI and CH.I.L.D. Foundation Senior Clinician Scientist with the Immunity in Health & Disease cluster, Director of the Pediatric Gastroenterology IBD program at BC Children’s Hospital, Clinical Professor and Head of the Division of Gastroenterology, Hepatology and Nutrition at UBC.

Photo courtesy of CFRI
A research team from the University of British Columbia recently released the results of a pilot program aimed to identify infants affected with Biliary Atresia, the most common cause of liver disease-related death in children.

The research team was led by Dr. Richard Schreiber, Clinical Professor of Pediatrics with the Department of Pediatrics, Division of Gastroenterology, Hepatology & Nutrition at BC Children’s Hospital. The study was conducted at BC Women’s Hospital in Vancouver over a one-year period from December 2010 to December 2011 and included over 6,000 families. The project was funded by a grant from the Canadian Institute of Health Research and was supported by the Child & Family Research Institute and the Women’s Health Research Institute.

Biliary Atresia is characterized by the progressive destruction (or obliteration) of the bile duct, the tube draining fluid from the liver to the intestine. Infants affected with Biliary Atresia show jaundice (yellowing of the skin at birth) and pale chalky stool. Biliary Atresia is treated with surgery to re-establish bile flow. Without surgery, affected infants typically die by two years of age. Optimal outcomes are seen when surgery is performed within 60 days of age. In contrast, late surgery after 90 days of age has worse outcome. Even in the face of this evidence, almost 20% of infants in Canada affected with Biliary Atresia are currently receiving surgery after 90 days of age.

Diagnosis of Biliary Atresia is often delayed due to the rarity of this condition and the associated lack of awareness among health care providers, as well as the fact that jaundice is common among infants and usually benign. Therefore, treating infants affected with Biliary Atresia in a timely manner is currently very difficult. The research team led by Dr. Schreiber conducted a pilot study to assess the use of stool colour cards to prompt earlier identification of infants affected with Biliary Atresia. Families were provided the cards at discharge from maternity wards, and they were asked to monitor their infant’s stool colour for the first month of life. The results of this pilot program show that the stool colour cards were highly utilized by the families and that this home based strategy for early identification of cases of biliary atresia is highly cost-effective. The group is currently seeking additional funding to continue to offer this pilot program at BC Women’s Hospital and to extend the program across the province.

“I believe the study results strongly support implementation of a provincial screening program that will improve the lives of newborns in BC if not eventually across Canada,” says Dr. Schreiber.

For more information please visit: http://www.liver.ca/liver-education-liver-research/research/Research_Projects/Pediatric_liver_disease.aspx.

Photo Credit: Brian Kladko
Spotlight on the Chronic GVHD Research Laboratory at the CFRI

Kirk Schultz, MD, AAP, Professor, Division of Hematology and Oncology
Department of Pediatrics, UBC, Head, Childhood Cancer & Blood
Research cluster, CFRI, Senior Clinician Scientist, CFRI

The Canadian National Transplant Research Program is supporting a project led by Dr. Kirk Schultz, Professor, Division of Hematology/Oncology/BMT, Department of Pediatrics. Dr. Schultz’s team is working to create a national platform to support clinical trials, a national transplant registry effort and a national effort to link biological samples with patient outcomes. The registry data will enable researchers to develop better tests for identifying the risk of rejection and infection, among other clinical applications.

BC Children’s Hospital is very fortunate to be one of the leaders in Hematopoietic Stem Cell Transplantation (HSCT). The Chronic GVHD (Graft vs. Host Disease) Research Laboratory is housed within the Transplantation and Cancer Immunology section of the Childhood Cancer and Blood Research Cluster of the CFRI.

Chronic GVHD is the primary cause of death and morbidity after HSCT survivors. HSCT is the only life saving therapy available for children presenting with immune and blood system disorders, as well as the only established immune therapy for children with leukemia and lymphomas.

The work of the laboratory has positioned the CFRI and BC Children’s Hospital as one of a handful of world leaders in understanding the biology of chronic GVHD and developing therapeutic biomarkers; it is the only one in Canada. The work has helped both children and adults—demonstrating how research focused on children can help everyone. The work of the group is so highly esteemed, that Dr. Schultz has twice been asked to chair the Chronic GVHD biomarker working group of the chronic GVHD Consensus Consortium organized by the National Institutes of Health in the United States.

The laboratory receives samples from 10 Canadian BMT centers, 25 centers in the United States, as well as centers in Riyadh, Saudi Arabia, Australia and New Zealand. Most patients are from the Canadian BMT Group, the Children’s Oncology Group, and Pediatric BMT Consortium clinical trials. The laboratory has received two NIH R01 funding grants in the past, and is currently funded by two CIHR operating grants as well as a number of smaller grants.
No need to delay introducing allergy-provoking foods to babies

Edmond Chan, MD, FRCPC, Clinical Associate Professor
Head, Division of Allergy & Immunology

Babies at risk of developing a food allergy can be exposed to potential allergens as early as six months of age, according to a new position statement co-authored by Dr. Edmond Chan, CFRI Clinical Investigator and Clinical Associate Professor and Head, Division of Allergy and Immunology, UBC Department of Pediatrics at BC Children’s Hospital.

Fifteen to 20 years ago, healthcare providers often recommended that women avoid eating allergy-provoking foods such as peanuts, fish or eggs while pregnant or breastfeeding and that new moms delay the introduction of these foods.

This new statement, released by the Canadian Pediatric Society (CPS) and the Canadian Society of Allergy and Clinical Immunology, lifts these restrictions: http://www.cps.ca/en/documents/position/nutrition-healthy-term-infants-overview.

"We've learned a lot more about how complicated the immune system is with respect to allergic responses and now the thought is that eating [potential allergens] early could expose immune cells in the gut in a beneficial way, while delaying could have the opposite effect and increase the risk of allergy," Dr. Chan said in a CBC TV news story that aired on December 2, 2013. "We had good intentions about protection [with the old advice] but ironically we have generated a rise in food allergies."

The statement from the CPS recommends that parents of high risk infants who are unsure of when and how to introduce these foods talk to their family doctor or pediatrician. Babies defined as being at high risk for a food allergy are those with a parent or sibling with an allergic condition such as a food allergy, asthma or atopic dermatitis, a type of eczema.

"It's not a 'should' or 'must' type of statement," said Dr. Chan. "It's mainly stating that there is no benefit to delay."

The statement is based on a review of current research into food allergies and guidelines from around the world.
Swaddling and developmental dysplasia of the hips

Keyvan Hadad, MD, MHSc, FRCPC
Clinical Associate Professor, Division of General Pediatrics

Developmental dysplasia of the hips (DDH) is one of the more common congenital defects. Hip dysplasia can lead to degenerative hip disease and is a leading cause of early arthritis of the hip. Risk factors for this condition include female gender, breech delivery and positive family history. Some recent data has shown a significant increase in the prevalence of this condition (1).

The age-old practice of swaddling has regained popularity in recent years to improve uninterrupted sleep and reduce crying in newborns. The effectiveness of this technique has been questioned with the majority of studies showing some improvement in sleep and crying (2). There is ongoing debate over the role of swaddling in risk of respiratory infection and in SIDS prevention (2).

With the increase in popularity of swaddling, there is concern among pediatricians and pediatric orthopedic surgeons that swaddling has led to an increased risk of DDH.

Evidence

So, is there a relationship between newborn swaddling and an increased risk of DDH?

A number of epidemiological studies from around the world have confirmed that improper swaddling of babies with lower limbs in extension is associated with an increased risk of DDH (3). In cultures where tight swaddling with the lower limbs in extension is particularly common, significantly higher rates of DDH have been reported (2).

In Japan, at a time when traditional swaddling was used to keep the newborn’s lower limbs in extension, the incidence of DDH was around 5%. A public campaign to switch to wrapping techniques that encouraged hip flexion and abduction led to DDH rates falling to less than 0.4% (4).

In South Australia, in the last decade, there has been a threefold increase in the rate of late-diagnosed DDH at or after three months of age. During this period, there has been no change in screening practices or demographics. Of these babies, 79% were tightly swaddled (1).
Swaddling and developmental dysplasia of the hips

Practical tips in managing this problem

Improper swaddling is a risk factor for developmental dysplasia of the hips. If families wish to swaddle their infant, they need to be aware of the need to allow flexion and abduction of the hips. This will provide protection for the safe development of hips. Physicians should ask about swaddling practices and pay close attention to the hip examination of babies who are tightly swaddled. For families who wish to swaddle, there is an excellent video of hip-friendly swaddling techniques at http://www.hipdysplasia.org/%20developmental-dysplasia-of-the-hip/hip-healthy-swaddling by the International Hip Dysplasia Institute (IHDI).

New guidelines are expected in the next few months on which babies need to be routinely screened for DDH with a hip ultrasound. At the present, at BC Women’s Hospital, pediatricians screen all babies born breech and all those with a strong family history of DDH with a hip ultrasound. This is, of course, in addition to the newborn exam for all newborns. The ideal time for a hip ultrasound is six weeks of age. Hip ultrasound is useful until about 4 months of age, following which a hip x-ray becomes the investigation of choice. If DDH is identified or suspected, an orthopedics referral is necessary.

References:


Dr. Keyvan Hadad is a Clinical Associate Professor of Pediatrics at the University of British Columbia and the Medical Director of the Intermediate Nursery at BC Women’s Hospital. He is the recipient of multiple Postgraduate Teaching Awards in Family Practice and the British Columbia Children’s Hospital Outstanding Hospital-Based Pediatrician. He is a Past President of the North Pacific Pediatric Society. Keyvan is passionate about the implementation of evidence-based initiatives in neonates. His present project is routine neonatal oximetry screening for critical congenital heart disease.
Acute limping is a very common chief complaint among children visiting a clinic or an emergency department. The main differential diagnosis includes arthritis (viral or bacterial), osteomyelitis, Legg-Calve-Perthes disease (idiopathic avascular necrosis) and slipped capital femoral epiphysis. One of the most common reasons for acute limping is Transient Synovitis, also named ‘A-septic Arthritis’. This condition, representing a viral infection in a large joint, is most common between 3 and 10 years of age, with a mean age of 6 years. It occurs more frequently in boys and in vast majority of cases is unilateral (>90%).

Children are usually symptomatic for 24–48 hours before their parents seek advice from a health care provider. They may limp or not bear weight on the affected leg. They may have a low grade fever, albeit most patients are a-febrile. The hip is the most common joint involved in the process.

One of the key elements in illness history that help with the diagnosis of transient synovitis, is the description of a preceding viral illness, usually 2 to 3 weeks prior to their presentation.

While transient synovitis is a very benign condition that will resolve spontaneously in a few days and is treated with analgesia, it may be confused with a much more severe condition—Septic Arthritis—a bacterial infection. The importance in differentiating between the two conditions is the fact that septic arthritis will necessitate an immediate action for diagnosis (tapping the joint) and treatment (IV antibiotics and admission).

How can one differentiate between transient synovitis and septic arthritis?

Clinical exam – this is the most important differentiator. Children with septic arthritis look sick. They are unwell, tired, possibly lethargic and will do very little activity. With transient synovitis, parents may report limping as the only ‘new’ finding, as the child will likely be active, alert, feed and in general—will look well.

Physical examination – Examination in young, non-cooperative children, is always challenging. When the child is cooperative, he or she may have limited range of motion (mostly internal rotation of the hip), and with septic arthritis children will usually be guarding their joint and avoid movement as much as they can.

Plain x-ray of the hip – similar to clinical and physical exam, a plain x-ray may not be as beneficial in distinguishing between the two diagnoses, as evidence of some effusion and widening of the joint space may be evident in both conditions.
Acute Limping in Children

cont’d.

Blood tests – In transient synovitis the white blood cells count, differential count, sedimentation rate (ESR) and other inflammatory markers (CRP) are usually within normal limits, while in septic arthritis they are usually elevated. This differentiation however, may not be evident in the first few days of illness, and normal counts should not be used as a measure to rule out septic arthritis. Procalcitonin has not been shown to be of benefit in differentiating the conditions.

Prediction rule – In an effort to provide a combined diagnostic test for septic arthritis (of the hip), four independent predictors (history of fever, no weight-bearing on exam, ESR of 40 mm/hr, and a serum white blood cell count of >12,000 cells/mm(3)) were identified and validated as a reliable measure.

Practice tip in managing this problem

When children with a limp present to you, always consider the possibility of septic arthritis. The key element in deciding on tapping the joint, referring to an emergency department or an orthopedic surgeon or ordering an ultrasound is the clinical presentation of the child. When in doubt, or if there is no good follow-up available, draw blood work and order a plain x-ray of the joint. Give ibuprofen to relieve the pain and reassess the child after 20-30 minutes as limping and pain from transient synovitis should improve. When the child looks unwell—an urgent tapping of the joint and systemic antibiotic therapy is needed.

References / Additional reading


Dr. Ran Goldman was the recent Chief of the academic Division of Emergency Medicine in the Department of Pediatrics at BC Children’s hospital and is a full Professor with the Department of Pediatrics. He is heading the Pediatric Research in Emergency Therapeutics (www.PRETx.org) research and education program and published over 150 peer reviewed publications in pediatrics. Dr Goldman was trained in pediatric emergency medicine and clinical pharmacology and s the co-lead in the new Division of Clinical Pharmacology in the Department of Pediatrics at BC Children’s Hospital in Vancouver. Ran is passionate about research, clinical medicine, and education and developed curricula for several large CPD events.
2013 Department of Pediatrics Award Recipients

We are pleased to announce the Department of Pediatrics Award Recipients for 2013:

Dr. Ron Barr, Professor, Division of Developmental Pediatrics, Developmental Neurosciences, Geoffrey L Hammond Lectureship Award; Awarded by the CFRI

Dr. David Cabral, Clinical Professor, Pediatrics, Rheumatology, CFRI Research Capacity Building Award (CRCBA); Awarded by the CRCBA

Division of Cardiology - Most Valuable Teaching Service Award; Awarded by the UBC Department of Pediatrics Education Program

Dr. Mark Chilvers, Clinical Associate Professor, Division of Respiratory Medicine, Ivory Tower Award; Awarded by the UBC Department of Pediatrics Education Program

Dr. Michelle Demos, Clinical Assistant Professor, Division of Neurology, Patient & Family Centered Care Award Partners in Care; Awarded by The Family Advisory to BC Children’s Hospital

Dr. Tammie Dewan, Clinical Instructor, General Pediatrics, Hospital-Based Pediatrician Award; Awarded by the UBC Department of Pediatrics Education Program

Dr. David Dix, Clinical Associate Professor, Division of Hematology/Oncology/BMT, Royal College Specialty Committee Chair Exceptional Service Award; Awarded by the Royal College of Physicians & Surgeons of Canada

Roger Dyer, Biomedical Research Staff, Nutrition & Metabolism Research Program, Division of Neonatology, Biomedical Research Staff Award; Awarded by the CFRI

Dr. Rajavel Elango, Assistant Professor, Division of Neonatology, Vernon R. Young International Award; Awarded by the American Society for Nutrition

Dr. Anne Feng, Clinical Assistant Professor, Division of General Pediatrics, Golden Rattle Award; Awarded by the UBC Department of Pediatrics Education Program

Dr. Ran Goldman, Professor, Emergency Medicine Research Outcome Group, Emergency, CFRI Research Capacity Building Award (CRCBA); Awarded by the CRCBA

Dr. Judith Hall, Professor Emeritus, Founders Award for Excellence in Medical Genetics Genetics & Health; Awarded by the Canadian College of Medical Genetics

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2013 Department of Pediatrics Award Recipients

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Dr. Judith Hall, Professor Emeritus, Queen Elizabeth II Diamond Jubilee Medal; Awarded by the Governor General of Canada

Dr. Kevin Harris, Assistant Professor, Division of Cardiology, Young Investigator Award, Clinical Science; Awarded by the Canadian Cardiovascular Society

Carol LaJeunesse, Clinical Research Staff, Division of Infectious Diseases, Staff Recognition Award; Awarded by the CFRI

Helena Lee, Education Program Staff, The Department of Pediatrics Service & Citizenship, UBC Department of Pediatrics; Awarded by The Department of Pediatrics

Dr. Christine Loock, Associate Professor, Division of Developmental Pediatrics, Queen Elizabeth II Diamond Jubilee Medal; Awarded by the Governor General of Canada

Dr. Daniel Metzger, Clinical Professor, Division of Endocrinology, Diabetes, Nutrition & Metabolism. Patient & Family Centered Award; Awarded by Partners in Care, The Family Advisory to BC Children’s Hospital

Dr. Daniel Metzger, Clinical Professor, Division of Endocrinology; Queen Elizabeth II Diamond Jubilee Medal; Awarded by the Governor General of Canada

Dr. Shreya Moodley, Clinical Fellow, Award for Excellence in Teaching Pediatric Residents; Awarded by UBC Department of Pediatrics Education Program

Dr. Constandina (Dina) Panagiotopoulos, Associate Professor, Division of Endocrinology, CFRI Research Capacity Building Award (CRCBA); Awarded by the CRCBA - Diabetes

Dr. Constandina (Dina) Panagiotopoulos, Associate Professor, Division of Endocrinology, Abbott Nutrition Young Investigator Award 2013; Awarded by the Western Society of Pediatric Research

Dr. Alexander (Sandy) Pitfield, Clinical Assistant Professor, Division of Critical Care; Patient & Family Centered Care Award of Distinction; Awarded by Partners in Care, The Family Advisory to BC Children’s Hospital

Dr. Gregor Reid, Assistant Professor, Hematology/Oncology/BMT, Canadian Cancer Society Career Development Award in Prevention, Junior Faculty Award; Awarded by the Canadian Cancer Society

Dr. Paul Rogers, Clinical Professor, Division of Hematology/Oncology/BMT, Judith G. Hall Award; Awarded by the BC Pediatric Society

Dr. David Scheifele, Professor, Division of Infectious Diseases, Queen Elizabeth II Diamond Jubilee Medal; Awarded by the Governor General of Canada

Dr. Brett Schrewe, Clinical Instructor, Division of General Pediatrics, UBC Resident Research Award; Awarded by the UBC Dept. of Pediatrics Education Program

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In Memorium

Dr. Mason Bond
May 11, 1956 - July 11, 2013

After a long and courageous battle with lymphoma, Dr. Mason Bond passed away at Vancouver General Hospital on July 13, 2013. He was surrounded by his family. Dr. Bond faced his illness with amazing courage and grace.

Dr. Bond attended British Columbia Institute of Technology (BCIT), and then worked as a laboratory technologist at St Paul’s Hospital. He decided to further his education and attended medical school at the University of British Columbia to become a doctor. After his internship at Royal Jubilee Hospital in Victoria, Dr. Bond completed his residency and fellowship in hematology and oncology at BC Children’s Hospital. He then worked as a pediatric oncologist/hematologist at the Montreal Children’s Hospital for seven years.

In 2000, he returned to BC Children’s Hospital as an attending in the Division of Pediatric Oncology/Hematology/BMT. He became the Division Head in 2010.

Mason was a wonderful colleague, mentor, physician and friend. The Oncology/Hematology/BMT program staff were privileged and fortunate to have worked with him. Dr. Bond demonstrated his strong leadership by observing, gathering facts, listening and then implementing a plan of action. Mason lived a balanced life. He was not just about medicine or oncology. He was a cycling enthusiast, a music lover, and he was devoted to his family. He will be remembered for his plaid shirts, his half smile, his quiet and calm demeanour.

Mason is survived by his best friend and wife of 34 years, Melanie; son, Andrew (Michelle); daughter, Celeste (Aidan); and brother, Brooke.
Welcome to New Faculty Members

Dr. Anita Datta obtained her medical degree from the University of Saskatchewan, and completed her Pediatric Neurology residency at the University of Alberta. She then completed a Clinical Neurophysiology and Epilepsy fellowship at Boston Children’s Hospital – Harvard University. Prior to joining BC Children’s Hospital, she held clinical and faculty positions in the Division of Pediatric Neurology at both the University of Calgary and the University of Saskatchewan.

Her primary clinical interest is epilepsy and its surgical management. Her research on epilepsy surgery and neuropsychological outcomes has generated peer-reviewed publications and book chapters.

She is also interested in medical education, having last served as Associate Program Director for the Pediatric Neurology Residency Training Program at the University of Calgary.

Dr. Ekaterina Erendzhinova was born in Russia, graduated from Omsk State Medical Institute in 1992, where she then completed two years of pediatric residency. Following her pediatric residency, she worked as a pediatrician in Omsk Regional Children’s Hospital.

From 2002 - 2004 she completed her Pediatric Rheumatology fellowship at the University of British Columbia, followed by one year of graduate studies in Experimental Medicine at UBC from 2004 – 2005. From 2005 to 2006, she was a clinical fellow with the Division of Biochemical Diseases at BC Children’s Hospital.

From 2006 to 2010, Dr. Erendzhinova completed her pediatric residency training at the University of Saskatchewan, followed by a locum position as Pediatrician at CHEO, Ottawa from 2010 to 2013. In January 2013, Dr. Erendzhinova joined the Division of Biochemical Diseases.

Dr. Soren Gantt has been appointed Associate Professor, with the Division of Infectious Diseases in the Department of Pediatrics. An accomplished virologist, Dr. Gantt’s main research focus is on how common infections affect immunocompromised children and adults.

Trained as an MD/PhD at New York University, Dr. Gantt is a skilled pediatric infectious disease specialist with expertise in translational research on viral infections in children. With his background and experience, he is well positioned to contribute to the diagnosis, management, treatment and prevention of viral infections, and his work has the potential to contribute to the burgeoning field of vaccine development for herpes family viruses such as Epstein-Barr virus, cytomegalovirus, and herpes simplex.

Dr. Gantt is an excellent fit for the translational research activities of the Centre for Understanding and Preventing Infection in Children and BC...
Welcome to New Faculty Members, cont’d

Women’s Oak Tree Clinic, which provides specialized clinical care for women and children living with HIV/AIDS. His research expertise in clinical virology complements the existing strengths of investigators in the CFRI research cluster of Immunity in Health & Disease and the Division of Infectious Diseases at BC Children’s and UBC.

Dr. Janet Greenman has been appointed to the positions of Associate Director, Pediatric Residency Program and Director, Resident Continuity Clinic, Division of General Pediatrics, Department of Pediatrics.

Dr. Greenman, a General Pediatrician, completed medical school at the University of Calgary, a family practice residency at Dalhousie University and her pediatric residency at UBC.

Dr. Greenman has had a variety of practice experiences, beginning with locums during the course of one year in British Columbia. She was a clinical assistant in the University of Virginia’s Hematology/Oncology program and worked in one of their satellite general pediatric clinics. She had a general pediatric consulting practice for nine years in the suburbs of Toronto. During the past eight years, she worked in a community clinic.

As the Associate Director of the UBC Pediatric Residency Program, Dr. Greenman will also...

Dr. Tommy Gerschman has been appointed to the Department of Pediatrics as Clinical Instructor with the Division of General Pediatrics. Dr. Gerschman graduated from the UBC Faculty of Medicine in 2006 and completed his residency in Pediatrics and sub-speciality training in Rheumatology at BC Children’s Hospital in 2011. After spending two years as a Pediatric Rheumatology Locum in Alberta and Manitoba, he has returned to British Columbia to work in various communities in Metro Vancouver as a Pediatrician and MSK specialist.

Dr. Gerschman enjoys working with medical students and residents, teaching in both formal clinical skill small groups and in clinical settings. During his residency program, Dr Gerschman served as President of PAR-BC and now continues to advocate for physicians through his work as a member of multiple BCMA committees. Currently, he is completing a MSc Sports Medicine, Exercise, and Health (distance-learning) through the University College of London (UK) and hopes to focus his research on applying exercise medicine to children with chronic disease.

Dr. Elizabeth Grant has been appointed to the Department of Pediatrics as Clinical Assistant Professor, Division of General Pediatrics.

Dr. Grant completed medical school and her Pediatrics Residency in Vancouver. Between third and fourth years of her residency program, she completed an additional year at Red Cross Children’s Hospital, in Cape Town, South Africa.

Since completing residency, she has done various on call and office locums, and has worked in the NICU, where she has recently been part of the NICU complex care team. She is now looking forward to joining the pediatric Complex Care Team.

Dr. Tommy Gerschman

Dr. Elizabeth Grant

Dr. Janet Greenman
Welcome to New Faculty Members, cont’d

and working in the Residents’ Continuity Clinic and the SPOCK/RICHER social pediatrics program, as well as working in private practice.

Western University where she started her academic career.

Her research interests include medical education, primary immunodeficiency and asthma.

special interest in clinical management of transgender youth.

Dr. Khatchadourian is currently completing a Master’s degree in Health Sciences at the University of British Columbia and working as a pediatric endocrinologist at BC Children’s Hospital.

Dr. Kyla Hildebrandt

Dr. Karine Khatchadourian

Dr. Sara Leo

Dr. Hildebrandt is a Pediatric Clinical Immunologist and Allergist and is the newest addition to the Division of Allergy & Immunology at BC Children’s Hospital. She completed medical school at the University of Manitoba, Pediatrics Residency at the University of Alberta, and a fellowship in Clinical Immunology and Allergy at the University of Toronto.

While pursuing her specialty fellowship, Dr. Hildebrandt completed a Master of Science in Community Health (Health Practitioner Teacher Education Program) at the University of Toronto and was the 2010 recipient of the RCPSC Fellowship for Studies in Medical Education. Dr. Hildebrandt is newly recruited to UBC from Western University where she started her academic career.

She completed subspecialty training in Endocrinology and Metabolism in 2013 at the University of British Columbia. Dr. Khatchadourian received the John Bailey Research Award for 2013 during the Annual Meeting of the Canadian Pediatric Endocrine Group. She has a special interest in clinical management of transgender youth.

Dr. Karine Khatchadourian has been appointed to the position of Clinical Assistant Professor, Department of Pediatrics, in the Division of Endocrinology.

Dr. Khatchadourian received her Bachelor’s degree in Physiology and Master’s degree in Anatomy and Cell Biology from McGill University. She attended medical school and completed her residency program in 2010 in General Pediatrics at the University of Montreal.

She completed subspecialty training in Endocrinology and Metabolism in 2013 at the University of British Columbia. Dr. Khatchadourian received the John Bailey Research Award for 2013 during the Annual Meeting of the Canadian Pediatric Endocrine Group. She has a special interest in clinical management of transgender youth.

Dr. Khatchadourian is currently completing a Master’s degree in Health Sciences at the University of British Columbia and working as a pediatric endocrinologist at BC Children’s Hospital.

Dr. Karine Khatchadourian

Dr. Kyla Hildebrandt

Dr. Sara Leo

Dr. Sara Leo, has been appointed as Clinical Instructor, to the Division of Allergy & Immunology, Department of Pediatrics, BC Children’s Hospital. Dr. Leo studied Molecular Biology and Biochemistry at Simon Fraser University and completed her medical degree at the University of Alberta.

She completed her residency program in Pediatrics and continued with fellowship training in Allergy & Immunology at BC Children’s Hospital.
Dr. Srinivas Murthy has been appointed as Clinical Assistant Professor to the Division of Critical Care.

Dr. Murthy joins us following completion of a four-year fellowship in Pediatric Infectious Diseases and Critical Care at the Hospital for Sick Children, Toronto, where he was chief fellow in both programs.

He completed his Medical degree at McGill and Pediatric Residency Training at Boston Children’s Hospital, Harvard Medical School.

His has special clinical and research interests in severe infections of childhood.

Please would you join us in welcoming Dr. Murthy to the Hospital and the Intensive Care Unit.

Dr. Tram Nguyen has been appointed to the Department of Pediatrics as Community based Clinical Instructor.

Dr. Nguyen is a pediatrician with special interests in the areas of pediatric dermatology, social pediatrics, and medical education. She completed her medical degree at the University of British Columbia and continued with Pediatric specialty training at McMaster Children’s Hospital, where she completed her training. She then completed a fellowship in Community Pediatrics at the University of Toronto, at the Hospital for Sick Children with additional training in pediatric dermatology.

She currently practices in Richmond as a Consultant General Pediatrician.

Dr. Melissa Paquette is appointed as Clinical Instructor, Community-based general Pediatrician practicing in Kamloops, BC.

She completed her undergraduate training at the University of Alberta and graduated from the University of Calgary’s Medical Class of 2009. She completed her residency at the Alberta Children’s Hospital in 2013.

She grew up in Westlock, a small town in Alberta, and always had plans to ultimately live in a smaller city to best facilitate her interest in both hospital and office based medicine. She is excited about the medical and recreational opportunities in Kamloops and is honoured to be working with UBC learners.
Welcome to New Faculty Members, cont’d

Dr. Mia Pradniuk has been appointed to the position of Community-based Clinical Instructor, Department of Pediatrics.

Originally from Vancouver, Mia earned her Bachelor of Science with honors from the University of Saskatchewan. Braving another four years of cold, she graduated from the University of Saskatchewan medical school in 2009. She returned to Vancouver for her Pediatric Residency at BC Children’s Hospital, completing her final year as Chief Resident.

Mia feels fortunate to have been able to explore her passion for social justice and global health during her residency, completing social pediatric electives and spending three months in rural Bangladesh during her fourth year.

Since graduating in June 2013, Mia has been working as a locum Pediatrician in communities ranging from Vancouver Island to Nunavut. She is thrilled to be joining the RICHER team caring for Vancouver’s Downtown Eastside community through pediatric clinics at Sheway.

Dr. Brett Schrewe has been appointed as Community-based Clinical Instructor with the Department of Pediatrics.

Brett graduated from McGill University with an MDCM in 2007 and completed his core pediatrics residency at the Montréal Children’s Hospital in 2010.

Upon graduation, he relocated to Vancouver, where he completed his clinical educator fellowship at the Centre for Health Education Scholarship at UBC in 2012 and received his MA in Interdisciplinary Studies (Anthropology/Educational Studies) at UBC in 2013. He finished his General Pediatrics residency at BC Children’s Hospital in 2013.

He is currently a regular locum pediatrician in Victoria. He also works in Sechelt, Thompson (Manitoba), and Iqaluit (Nunavut). His research interests include critical historical approaches to practices of undergraduate medical education, the emergence of professional medical identity in distributed learning contexts and regional medical centres, and how professional cultures are learned through recurrent conversational interactions.

Dr. Elmine Statham has been appointed to the Department of Pediatrics as Clinical Instructor in the Southern Medical Program.

Dr. Statham’s background is in Kinesiology and she completed her undergraduate training at Simon Fraser University with a minor in Molecular Biology and Biochemistry.

Elmine attended medical school and completed her residency program in General Pediatrics at UBC in 2013 and throughout her training, she has had a keen interest in medical education. She worked as Teaching Assistant in Kinesiology at Simon Fraser University, and during her second year of medical school, she became involved in the development of an online learning tool for students learning pediatric clinical skills.

During her residency, Elmine was the project leader and helped create a widely utilized online resource: www.Learnpediatrics.com.
Welcome to New Faculty Members, cont’d

Dr. Joseph Ting has been appointed to the position of Clinical Assistant Professor and is a Staff Neonatologist with the Division of Neonatology.

He completed his medical training and Pediatrics residency in Hong Kong in 2006. He obtained his Master of Public Health in 2009.

He arrived in Vancouver in 2010 to receive his fellowship training in Neonatal-Perinatal Medicine. He then spent six months at The Hospital for Sick Children, Toronto to receive further training in Neonatal Hemodynamics and Targeted Neonatal Echocardiography (TnECHO).

Dr. Joanne Yeung, has been appointed as Clinical Instructor, Division of Allergy & Immunology, Department of Pediatrics. Dr. Yeung is a Pediatric Allergist and Clinical Immunologist in Vancouver, BC.

After completing medical school at UBC in 2007, she was a pediatric resident at BC Children’s Hospital for 3 years. Highlights of her residency achievements include the UBC Pediatric Resident Teaching Award and Research Award. She then completed a fellowship in Pediatric Allergy and Clinical Immunology at McGill University. Her main research accomplishment during that time was a Cochrane Systematic Review on Oral Immunotherapy for Cow’s Milk Allergy.

She returned to British Columbia and began a practice focusing on pediatric and young adult allergy.

Dr. Tamara Zagustin, a Pediatric Physiatrist, joined Division of Developmental Pediatrics full-time in January 2014 and will be working predominantly with the Acute Rehabilitation Program at Sunny Hill. It is anticipated that Dr. Zagustin will be the Medical Lead for this program and serve as the attending physician for in-patients. In addition, she will help adapt and create our rehabilitation service for children who will have planned admissions to Sunny Hill and also serve as the medical attending for the intensive out-patient stream.

Dr. Zagustin attended Medical school and received residency training in Physical Medicine and Rehab (PMR) at the Universidad Central de Venezuela. She completed her PMR residency at the University of Arkansas for Medical Sciences, followed by a Pediatric Rehabilitation Medicine fellowship at The Children’s Hospital Denver, Colorado (University of Colorado and Health Sciences).

Dr. Zagustin is American board certified in PMR and Pediatric Rehabilitation Medicine.
Welcome to Christine Veloso, Senior Director, Administration and Patient Care Services, UBC Department of Pediatrics and BC Children’s Hospital

Ms. Christine Veloso

It is our pleasure to announce that Ms. Christine Veloso has been appointed to the position of Senior Director, Administration and Patient Care Services, UBC Department of Pediatrics and BC Children’s Hospital, effective January 31, 2014.

In this functionally integrated role between UBC’s Faculty of Medicine and BC Children’s/Sunny Hill Health Centre, Christine will be responsible for providing comprehensive executive level strategic management and operational leadership for the Department of Pediatrics.

Christine moved to Vancouver to pursue postgraduate studies and worked at a Canadian sales arm of an electronics manufacturing company where she developed and implemented a strategic plan enabling the company to successfully compete in its industry. Christine also formalized the firm’s administrative policies, and enhanced the company’s financial position by generating other sources of revenue, creatively reducing costs, and coordinating a marketing and training plan. She feels her best accomplishment during this period was eliminating the internal strife and successfully focusing the regional teams to pursue a unified goal of increasing sales.

While with the University of British Columbia, Faculty of Medicine Dean’s Office, Christine held progressive roles most notably as the Director of Finance and Compliance. Through her transformation of the Dean’s Office finance team as a customer centric service unit, she has provided support of various financial management capacities to departments and units within the Faculty. She also led the automation of some the Faculty’s finance processes. Her UBC engagement includes being elected co-chair of the Committee of Faculty Business Administrators, nominated to UBC’s Administrative Systems Governance Committee and constantly invited to participate in many UBC committees that leads finance and administrative initiatives.

Christine has earned a BA from the University of Toronto, completed the Executive MBA program at Simon Fraser University was recently designated as a Certified Management Accountant.
Highlight on Publications

We are pleased to announce the recent publication of following textbook chapters written by our Faculty members.

Ruth E. Grunau, PhD, Professor, Division of Neonatology:

Dr. Allison Eddy, Head, Department of Pediatrics, Professor, Pediatric Nephrology:

Dr. Janice M. Dionne, Clinical Assistant Professor, Division of Nephrology:

Dr. Judith G. Hall, Professor Emeritus, Pediatrics and Medical Genetics

Selected Faculty Publications

Medline Searches - January - December 2013


Selected Faculty Publications

Medline Searches - January - December 2013


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Medline Searches - January - December 2013


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Grunau RE, Cepeda IL, Chau CM, Brummelte S, Weinberg J, Lavoie PM, Ladd M, Hirschfeld AF, Russell E, Koren


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Selected Faculty Publications

Medline Searches - January - December 2013


Moodley S, Gandhi SK, Harris KC. Subtotal obstruction of a tube fenestrated fontan conduit. 2013 Nov 5.

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Medline Searches - January - December 2013


Selected Faculty Publications

Medline Searches - January - December 2013


Selected Faculty Publications

Medline Searches - January - December 2013


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Medline Searches - January - December 2013


Selected Faculty Publications

Medline Searches - January - December 2013


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Medline Searches - January - December 2013


Macdonald KG, Han JM, Himmel ME, Huang Q, Kan B, Campbell AI, **Lavoie PM**, Levings MK. Response to Comment on “Helios+ and Helios- Cells Coexist within the Natural FOXP3+ T Regulatory Cell Subset in Humans”. J Immunol. 2013 May 1;190(9):4440-1.


Selected Faculty Publications

Medline Searches - January - December 2013


Selected Faculty Publications

Medline Searches - January - December 2013

Hanley GE, Brain U, Oberlander TF. Infant developmental outcomes following prenatal exposure to antidepressants, and maternal depressed mood and positive affect. Early Hum Dev. 2013 Feb 2.


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Medline Searches - January - December 2013


Selected Faculty Publications

Medline Searches - January - December 2013


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Medline Searches - January - December 2013


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Selected Faculty Publications

Medline Searches - January - December 2013


Selected Faculty Publications

Medline Searches - January - December 2013


Selected Faculty Publications

Medline Searches - January - December 2013


You D, Marr N, Saravia J, Shrestha B, Lee GI, Turvey SE, Brombacher F, Herbert DR, Cormier SA IL-4Rα on CD4+ T cells plays a pathogenic role in respiratory syncytial virus reinfection in mice infected initially as neonates.. J Leukoc Biol. 2013 Apr 9.

Selected Faculty Publications

Medline Searches - January - December 2013


Selected Faculty Publications

Medline Searches - January - December 2013


