

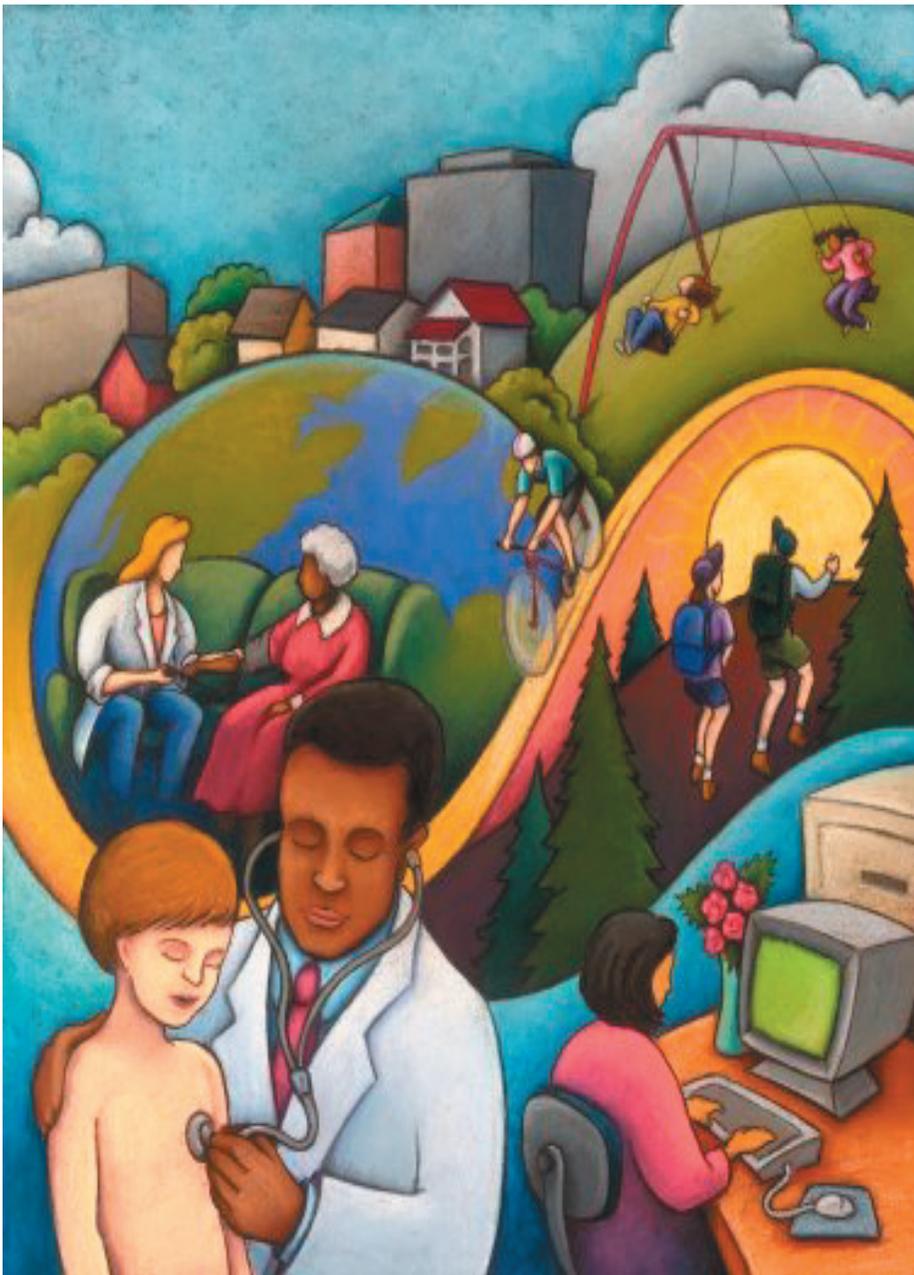


Pediagogue

[HTTP://WWW.PEDIATRICS.MED.UBC.CA/](http://www.pediatrics.med.ubc.ca/)

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Department Head's Message



Dr. Bob
Armstrong, MD,
PhD, FRCPC

In this issue's column, I would like to summarize the key milestones we will achieve in the next year and which are sure to have a positive impact on our ability to succeed in our work. I am sure you will be fully engaged in most of these milestones!

An enormous debt of gratitude is owed to our Program Directors, their committees and department staff who have worked tirelessly to prepare for the Royal College review. Thanks to them all of our programs are prepared and will do well. Many of the issues identified in the past have been addressed and the new challenges have plans in place that we expect will satisfy the reviewers. Thanks to expansion of the medical program all sub-specialty programs can now be guaranteed at least one Canadian Royal College trainee and can go out and competitively recruit for the best.

The MOH, PHSA and UBC have finally worked out the bugs in the AFP and we are ready to distribute the content of this to divisions and individual department members for an April 1, 2007 start date. Detailed planning of the infrastructure supports will occur over this year with a new ADT-Booking system (go live November 1, 2007) and an expanded use of EVE.

The approvals for site redevelopment will come this year. This has been a challenging

undertaking but once the decision is made there will be almost immediate impact with plans to decant the L-Wing and begin tearing it down in preparation for the main building. Extensive detailed planning of the new facility will begin and all department members will need to be actively engaged.

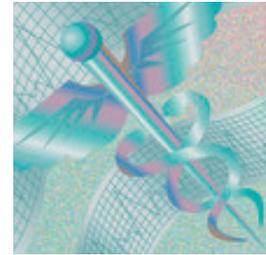
Child Health BC will move into high gear working with divisions and regional communities in the planning of pediatric services throughout the province. The \$20M donation by Overwaitea highlights the expectation and opportunity this initiative presents. With further expansion of the medical school and development of academic leadership positions in the regional sites, we will truly become a provincial Department of Pediatrics.

The CFRI will finish their new research building with major expansion of new space. But this is only the beginning. With establishment of the national Child and Youth Research Network, the Michael Smith Child and Youth Research Network, the recruitment of Jean Paul Collet and his restructuring of CHi to create CHARE, the northern child health research unit, establishment of Clinical Scientist awards and recruitment of numerous clinical researchers we are moving into an unprecedented period of growth. This is the time to be strategic and

get engaged in the opportunity. Finally, we increase our focus internationally. This year we develop a more formal structure to the Centre for International Child Health, introduce an annual University of British Columbia - McGill University Don and Liz Hillman international child health lectureship that will rotate between UBC, McGill and a host site in Africa, introduce a seminar series to highlight local initiatives and we will recruit a full-time Director of the Centre.

So, another important year ahead!

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Administration News



Marcelle Sprecher

Acting Director of Administration

The Power of Focus

Happy New Year to all and we wish you the best of success in 2007.

The new year is a time for renewal; for reflecting on the past and letting it go and setting new intentions for the future. Much is being explored today about the power of focus to assist us in achieving our intentions or goals.

With the help of a few masters, we offer the following thoughts about the power of focus:

“Our thoughts create our reality - when you put your focus in the direction we tend to go”. *Peter McWilliams*

Setting our direction and then refocusing regularly on the direction can help us to achieve our goals. Many times, we focus on “what” we need to do to accomplish our goals. Current thought on focus today suggests leaving the “what” alone and simply focusing regularly on the bigger goal or desired outcome. For instance, if you want to achieve a specific career goal, focus on your ultimate goal and leave the method by which it can be obtained to other forces.

It is not what’s happening to you now or what has happened in your past that determines who you become. Rather, it’s your decisions about what to focus on, what things

cont'd on p. 18

Residents’ Review

Pediatric Chief Residents’ News



Drs. Jenny Retallack and Dr. Mohammed Al Gamdi

The Pediatric residents are very pleased to now have both Dr. Nicolle Kent and Dr. Jenny Druker as co-program directors. With Dr. Kent and Dr. Druker, the chiefs have been working on new strategies for pediatric call. We will be trialing a new schedule with subspecialty call for admissions to Cardiology, Gastroenterology, Nephrology and Hematology/Oncology, covered each night by pediatric residents. This will hopefully allow the residents increased exposure to sub-specialty admissions.

The program has successfully completed the first resident exchanges with Sydney Children’s Hospital in Sydney, Australia. We have had the pleasure of having Asha Bowen working with us over the last three months, while Adam Bretholz, one of our third year residents, has completed three months of Pediatric ICU at Sydney Children’s. The planning has now started for the next exchange in 2007-2008.

The next six months will include CARMs interviews for the new 2007 residents, two further Pediatric OSCEs, the Pediatric Resident Spring Retreat and Curriculum Retreat, and finally the Royal College exams for the fourth year residents in May and June. Mohammed and I have both enjoyed the position, but will be looking forward to handing over to the new Chiefs in early March 2007.

The Chief Residents can be reached at pedchiefs@cw.bc.ca.



Education Administration Update

Sylvia Wu, Education Coordinator

During the past three months, preparation has been ongoing to ready the Department for the onsite visit by the Royal College Accreditation Team. The site visit will take place during February 11-16, 2007. The Accreditation Survey Schedules have now been submitted to the Postgraduate Deans’ Office.

Construction in the Central Office is finally complete. The renovations in 2D23 have provided much needed additional office space for faculty and staff.

The implementation of WebEval for evaluations of the Residents and their rotations began this summer. To date, we have received very positive feedback. The system allows for easy tracking of outstanding evaluations and also has the ability to send reminders.

We would like to thank all faculty and residents for their patience during the implementation stage of WebEval while we were becoming familiarized with the new system.

The first four months’ Rotation Evaluation Summary was distributed to the Divisions during late November 2006.

If any Division requires assistance with the implementation of WebEval for their Fellows and Subspecialty Residents, please contact me at swu@cw.bc.ca.

Medical Students' Update

Joanne Yeung, UBC Medicine, Class of 2007

Students Interested in Pediatrics (SIPs)

Much anticipated and long overdue – finally, an interest group for medical students curious about children, anxious about having youngsters in their practice, or looking forward to a career in pediatrics. Over the summer, a group of us (including a soon-to-be pediatric resident) reflected on how most students do not fully understand what pediatrics involves until clerkship. However, the interest is definitely there, strong and early.

So we put our heads together and came up with SIPs – *Students Interested in Pediatrics.*

The goals of the group are to serve as a resource for students, provide information on careers in pediatrics, foster a relationship with pediatricians and residents, and participate in child advocacy. Our first event took place in early October, 2006 with the generous support of the Department of Pediatrics, and was entitled “The Life of a Pediatrician.” Dr. David Smith and four UBC pediatric residents spent the evening with over 70 students discussing the advantages and disadvantages of the specialty, the variety of clinical presentations

in general pediatrics, and the many avenues that can be pursued. This was followed by a stimulating question period addressed to the panel of guests. There was also participation by the Island and Northern Medical Programs via videoconferencing.

Upcoming events include visitations to Canuck Place Children’s Hospice, a clinical skills workshop, and a seminar by a pediatric subspecialist. We are looking forward to an exciting first year!



Tammy Dewan - Year 1 Pediatric Resident

Students Interested in Pediatrics (SIPs) would like to thank the BC Pediatrics Society (\$300), UBC Pediatrics Department (\$300) and the Medical Undergraduate Student Union

(\$200) for their generous financial support. Two of our students also



Medical Students

attended the BCPS annual general meeting to spread the word about our initiative.

If you would like to contribute to our group, to speak at one of our events, or have one of our students participate in your event, please contact Elsa Fiedrich at elsa01@interchange.ubc.ca.

Joanne Yeung
UBC Medicine Class of 2007

Joanne can be reached at:
joanneyeung@gmail.com

Emeritus Happenings



Dr. David Smith, MD, FRCPC

The seniors’ group met for a pleasant luncheon at the Royal Vancouver Yacht club on November 18th 2006, with a good turnout of over 30 participants. Dr. Rob Hill’s continued leadership of the group was enthusiastically endorsed by all attendees during a general discussion and review of member activities.

Attention was drawn to the death this past year of Dr. Bernie De Jong, a longtime Vancouver general pediatrician. Bernie provided a great deal of background support to the pediatric community without fanfare or attention. He was our provincial delegate to the Canadian Pediatric Society for five years, and quietly turned down the opportunity to run for President of the Society when offered. He organized many planning sessions, including ones for the CPS annual meetings in Vancouver, usually in his home, and again with little recognition or attention. A cheerful individual and a good colleague, Bernie is greatly missed.

The seniors’ group is comprised of a varied group of individuals, and recently I have highlighted the activities of certain retired members. Here’s one more.

Dr. Peter Ransford is now

cont’d on page 5

Emeritus Happenings

cont'd from page 4



Dr. Peter and Mrs. Georgina Ransford

approaching his 89th birthday and continues to manage his Victoria house near the University with his wife of 56 years, Georgina. Peter is an English graduate of Middlesex hospital at London University. After a year as a resident in Pediatrics at VGH in Vancouver, he then conducted a pediatric practice in Victoria starting in 1949 before being appointed Executive Director of the Emergency Health Services Commission in 1974. From this position he organized and developed the BC Ambulance Service. Peter is recognized as a pioneer in Paediatrics in BC and was awarded the BCMA silver medal of service in 1999 along with many other awards over the years.

Peter continues to follow current events and takes regular car trips on Vancouver Island, recently cutting back on his regular yearly Hawaii jaunts. With two children and three grandchildren, there are many family duties to keep him busy. It's good to see him regularly at our twice yearly senior luncheons here in Vancouver.

Dr. Smith can be reached at dfsmith@cw.bc.ca



Tutoring in Growth and Development

Dr. Barbara Fitzgerald, MD, FRCPC,
Clinical Assistant Professor, Division of
Developmental Pediatrics

As most of you know, UBC medical school has been using a problem based learning (PBL) format to teach undergraduate medical students for several years. The students follow this curriculum for two years. Due to Pediatrics having some strong voices around the original table, we have one whole block solely dedicated to pediatrics. This block, which is called Growth and Development, runs for five weeks and is chaired by Dr. Barb Fitzgerald (Developmental Pediatrics) with weekly chairs, Dr. Barb McGillivray (Medical Genetics), Dr. John Smyth (Neonatology), Dr. Dina Panagiotopoulos (Endocrinology) and Dr. Jorge Pinzon (Adolescent Medicine). As you can see, there is diverse input into the block. Each week revolves around a clinical case which the students work through in tutorials which take place at VGH on Mondays, Wednesdays and Fridays from 8-10 a.m. from mid-April to mid-May. The block moves from a prenatal case, to a newborn, a toddler, a school aged child and on to an adolescent.

Each tutor is assigned a group of six students to meet with for the five weeks of the block. There is plenty of support for the tutors, who each take a short seminar on how to be a PBL tutor. This is provided free of charge through Faculty Development. The time commitment is six hours per week plus a one hour introductory session to the next week each Friday.

Tutoring is an extremely gratifying and enjoyable experience. Payment for non-GFT's is at the usual university rates. The students in this block are at the end of their PBL training and become very experienced at it. The tutor's job is to facilitate the process, not to teach content. Content expertise is in no way a requirement for tutoring and some schools of thought actually discourage it. Having said that, the wealth of clinical experience that a pediatrician brings to the tutorial sessions is a real boon to the students.

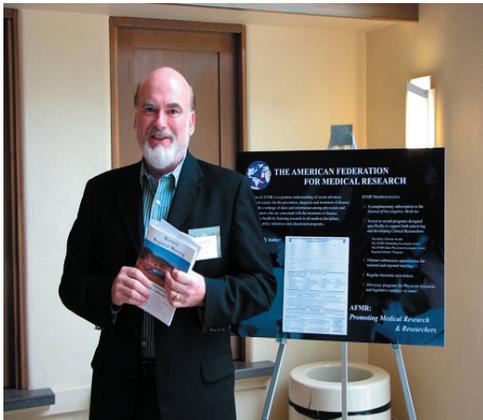
Background reading is provided to all tutors and a group email contact is set up for tutors' discussion with one another and with the week/block chairs. The students are just about to enter their clerkship years and are so keen and motivated; it is the perfect time to foster a lifelong interest in pediatrics!

There are currently, only a few pediatricians involved as PBL tutors in Growth and Development. It is a popular activity, and the openings are currently filled for 2007 but please consider signing up for 2008. Dr. Bob Armstrong is already on the waitlist!

To sign up for this opportunity, please contact Nora Houlahan (nhoulahan@interchange.ubc.ca) or for more information, call Barb Fitzgerald at (604) 453-8300, ext. 8232.

The Western Regional Meeting of American Federation of Medical Research (WAFMR) - January 31 - February 3, 2007, Carmel, CA, USA

The University of British Columbia had strong representation at the 2007 regional meeting with a team of 36 presenters, making us the largest Canadian University in attendance. The Department of Pediatrics comprised the largest contingent of the UBC team. Dr. Andrew Macnab was distinguished as this year's President of the Western Society of Pediatric Research and mentored many members of our team.



Dr. Andrew Macnab

This international meeting attracted nearly four hundred participants, with over 500 abstracts presented, of which 384 were by residents and medical students.

Our Department's team included six faculty – Drs. Armstrong, Budden, Macnab, Sandor, Singh and White; nine residents – Dr.'s Chou, Flemming, Gerschman, Gibson, Radziminski, Rozmus, Singal, Wahi and Yeung; Wendy Cannon and six medical students. In addition other representatives from BCCH included the Department of Pediatric Surgery, including Drs. Blair and Skarsgard, Mr. Damian Duffy and their medical students.

Of the 14 of our team's abstracts presented and published, Dr. Heidi

Budden received an award for the Brighter Smiles Africa program: Improving the Accuracy of Survey Data in An International Student Collaboration Project. Congratulations Heidi!



Dr. Heidi Budden

Dr. Jane Schaller presented the WSPR Stanley Wright Memorial Lecture: "Global Child Health: The Challenge and the Promise". 'State

Also of note, Dr. Judith Hall, Professor Emeritus, confessed that she has been attending the conference for 41 years – albeit the first one as a student!

This meeting offered researchers, both residents and medical students, the unique opportunity to present their data on an international stage - perhaps for the first time. In addition, trainees had the chance to network with a variety of people, ranging from other residents and medical students to prominent researchers in diverse fields.

The presentations by our Department's team generated much discussion and interest that may lead to new partnerships in the future.

Thanks to all the team for their hard work and enthusiasm!



of the Art' Lectures were given by UBC Faculty including Dr. Sandor: "Fetal Echocardiography: Science and Art"; Dr. Blair: "The Art of State: Advocating for Surgical Care" from BCCH and from UBC, Dr. Catherine Rankin: "The Fundamentals of Early Experience"; and Dr. Anthony Chow: "Staphylococcal Superantigens: from Toxic Shock to Immunotherapy".

Keep on researching!!

Wendy Cannon and Heidi Budden

Wendy Cannon can be reached at: wcannon@cw.bc.ca.

Dr. Heidi Budden can be reached at babydoc2@shaw.ca



Fond Farewell

Remembering Dr. Andrew Quinn McCormick

It was with great sorrow that we heard of Andrew's death after a short illness on December 30, 2006. Andrew Quinn McCormick was born in North Vancouver on April 25, 1929. After completing his BSc in Zoology, he graduated MD from McGill, partly supporting himself by working as an ambulance driver. From 1962-65, he was a resident in Internal Medicine and then Ophthalmology at Vancouver General Hospital. He studied as a research trainee at the University of London (UK) in the Institute of Ophthalmology before returning to a faculty appointment in the Department of Ophthalmology at UBC in 1967.

So began a unique career which, for more than three decades, so effectively straddled the disciplines of Ophthalmology and Paediatrics, first at VGH, then at BC's Children's Hospital. With the support of the Departments of Paediatrics and Ophthalmology in the early 1970's, Andrew developed expertise in the disorders of the eye in the newborn, and became internationally recognized as an expert on Retinopathy of Prematurity. He gave numerous lectures at academic meetings in the US and elsewhere on pediatric eye diseases. He enthusiastically contributed ophthalmological clinical care and expertise to infants in Peru and children living at high altitude, and was a member of the Peruvian Ophthalmological Society and the Peruvian Paediatric Society. He provided over 30 years of expert eye screening for premature babies in the SCN and subsequent ophthalmological follow up, and was beloved by patients and their families. He increasingly developed close working relationships with most of

the specialty areas in BCCH and published original work on a broad range of topics with many of them, including paediatric rheumatology, the child abuse team, paediatric oncology, and with Jim Jan in the Visually Impaired Programme.



Andrew was an astute clinician with a keen sense of observation. He was inevitably consulted in cases where diagnosis had eluded all the best minds. The apparently seamless integration in his mind of the minutiae of paediatrics and ophthalmology frequently provided the catalyst for a new completely different and successful line of investigation. He would always make time for just another consult on the ward. He was the trusted ophthalmologist for most of the children of the BCCH staff. He was also an avid clinical teacher of the old school and had unflinching enthusiasm for his subject. He was genuinely thrilled, while passing by on the ward with his ophthalmoscope, to demonstrate eye findings to countless passing residents, thus exposing them to a breadth of understanding of Paediatrics they would not otherwise have ever known. His commitment to Residents and Fellows in Paediatrics, Ophthalmology and Neurology was legendary.

By 1992, he was considered one of the pre-eminent neonatal ophthalmologists on the international scene, and as Professor in 1994, was due to retire. By special arrangement, however, he continued to provide his unique services to his neonatal and paediatric patients and was still screening eyes in the SCN until 2002. Until just a few weeks before his death

he was still actively involved in the teaching of ophthalmology fellows from Canada and abroad and derived much pleasure from looking after them.

Andrew was a modest and private person, but had a wry sense of humour with which he debunked the pomposities of life. He always told it like it was. He was devastated when he found out, in the late 1990's that the library no longer carried some of his favourite journals in paper form, and he was expected to read them sitting down at a computers rather than wandering the corridors of the hospital

improving his peripheral vision! He tended to find ways to avoid social events, but on some occasions



could be persuaded to participate if he could be assigned a defined role (e.g. barbecue chef, chauffeur). He participated in and enjoyed the SCN Alumni parties. He had a passion for collecting antique maps and, later than most, developed an involvement with fast cars.

It has been our great good fortune to have known and worked with Andrew McCormick. He made a huge contribution to Paediatric Ophthalmology, to the Hospital, to the teaching of paediatric and other trainees and to the care of a generation of paediatric patients.

In recognition of Andrew's life and many contributions donations are invited to the Dr. Andrew McCormick Endowment Fund (#DM55007) at BC Children's Hospital Foundation.

Dr. Christopher Lyons
Dr. Michael Whitfield



Division of Endocrinology and Diabetes Unit - Healthy Buddies Program

Dr. Jean-Pierre Chanoine, MD, PhD, Head and Clinical Professor,
Division of Endocrinology, Department of Pediatrics Stacey Evans, Project Coordinator

Healthy Buddies®: a novel peer-led health promotion program for the prevention of obesity and eating disorders in elementary school children

<http://www.healthybuddies.ca>

The Endocrinology and Diabetes Unit is proud to announce the expansion of the Healthy Buddies© program into forty British Columbia elementary schools between now and 2008. Healthy Buddies© is a novel peer-led health promotion program designed and tested for use in elementary schools. The program pairs older and younger elementary students (“healthy buddies”) to enhance learning and support change.

Healthy Buddies© is a comprehensive school health promotion program consisting of twenty-one different weekly lessons, each involving a combination of in-class instruction and physical activity sessions. Each week, older students learn about healthy living from their teachers. Within the same week, older students visit their paired “buddy” classroom and teach the healthy living lesson to the younger students. The “buddies” also get together twice weekly for

thirty minute fitness loop sessions. Older and younger students learn to exercise together in a safe, challenging and fun way.

In addition to expanded implementation, program and process evaluation will be conducted over

and Family Research Institute (CFRI), schools will receive all materials including lesson plans, games, fitness DVDs and CDs free of charge. Workshops, training and phone/email support are also provided free of charge, during this expansion phase.

The award was based on the success of a prospective randomized controlled pilot study conducted on the Sunshine Coast in 2003/2004. The results of the pilot study showed that our student-led curriculum improved knowledge not only in older schoolchildren but also in their younger “buddies”. It also decreased

weight velocity in the older students. We believe that

student-led teaching may be an efficient, easy-to-implement way of promoting healthy lifestyle from Kindergarten to Grade 7.

The program and pilot study were also featured at the recent Child and Adolescent Obesity Conference in Vancouver and at the International Obesity Conference in Sydney, Australia in 2006. The pilot study manuscript is in press in *Pediatrics*.

Dr. Chanoine can be reached at jchanoine@cw.bc.ca.



The Healthy Buddies© team (D Barnum, V Ryden, S Stock, J-P Chanoine, S Evans)

the next two years. Target outcomes are improved knowledge, attitudes and behaviours surrounding nutrition, physical activity and healthy living habits such as decreased screen time. Improved health parameters such as body mass index (BMI), waist-to-height ratio and blood pressure are also being examined pre and post intervention.

Thanks to a competitive health promotion grant from the Provincial Health Services Authority (PHSA) and the generous support of the Child

The Brighter Smiles Africa Team 2006

Dr. Heidi Budden, MD, FRCPC

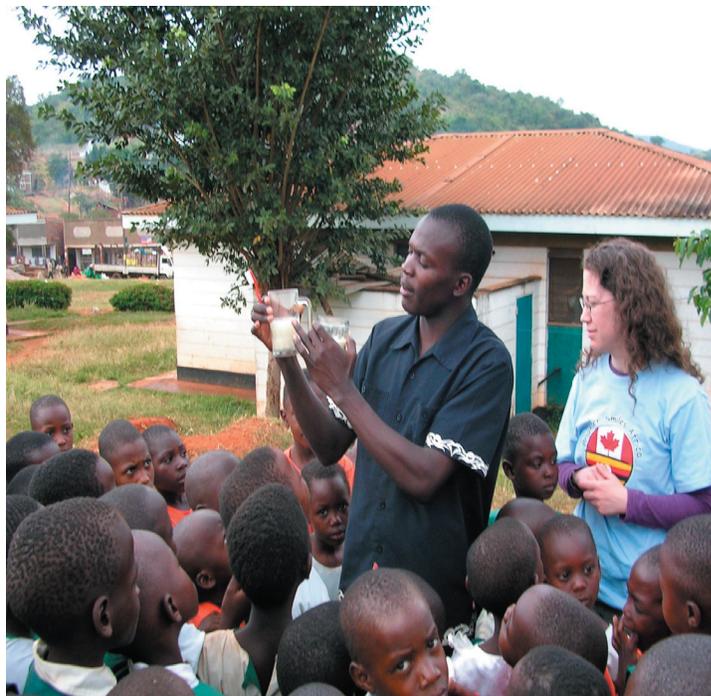
Time has really flown since residency finished! Life after residency is as good as everyone said it would be, and it continues to be busy in so many ways....

The Street Youth project that began in 2003 has grown and is now continuing with the support of a grant this past year from the Assistant Deputy Minister. This allows the drop-in center to be supported for education one night a week. The program's mandate to encourage trainee participation is continuing as we are recruiting pediatric residents in addition to medical students and undergraduates.

I had the privilege of participating in the implementation of Brighter Smiles Africa, with the Dental Faculty at Makerere University in Kampala Uganda last summer. The team (five medical students, Nicole Radziminski and I) had an education in the ups and downs of taking a project across cultures and around the world. Dr Andrew Macnab, our project leader and Wendy Cannon were invaluable and directly responsible for our success. We thank them for that. The implementation has been a huge



School Children brushing their teeth in Kiboga, Uganda



Dr. Heidi Budden, Pediatrician, Brighter Smiles Team Leader, UBC with school children in Kiboga, Uganda

success and we all look forward to following the evolution of the project in the upcoming years.

I will be visiting the Kampala team in February to continue our support of the project. Please see Wendy Cannon (wcannon@cw.bc.ca) if you are interested in becoming involved.

The Brighter Smiles Africa team also met an inspiring group of boys. They had been orphaned by AIDS and have no place to live other than one room that has been offered to them by an older member of the community, but in reality, the living conditions are squalid. Despite all of this, they work hard at a variety of jobs, including a band which they created and play in for donations, to fund their schooling and food. During February, I will be taking some money and supplies I have collected. If anyone else would like to help support this group, please let me know.

The Gulu Walk that I participated in was a huge success, thanks to the support from those who donated. I raised \$950 for the children of northern Uganda.

For more information about where that money goes please visit: <http://guluwalk.com/programs>.

Thank-you.

Heidi Budden MD FRCPC

Heidi can be reached at hbudden@cw.bc.ca.



The Clinician-Educator Fellowship Career Path

Dr. Glenn Robertson, MD, FRCPC, General Academic Pediatric Fellow

Currently, BC is suffering from a shortage of physicians. Part of this problem is due to the fact that BC has the lowest number of medical school spaces per capita in the country. In an attempt to meet the needs of BC residents, an expanded medical program was initiated in 2002 with the objective of doubling the number of medical school spaces to 240 by 2010. With expansion has come the distribution of the medical school. In 2004, distributed medical sites began in Prince George (The Northern Medical Program) and Victoria (Island Medical Program)

The Northern Medical Program (NMP) and the Victoria Medical Program (VMP) are both partnerships between UBC and regional universities and health authorities. The NMP is a partnership between UBC and the University of Northern British Columbia. The goal of the Program is to train physicians in the north for rural and northern practice. The IMP is a collaboration with the University of Victoria and the Vancouver Island Health Authority.

Expansion and distribution have led to an increased need for clinicians trained in medical education. Dr. Glenn Robertson has begun such a program within the Department of Pediatrics at UBC.

The Clinician-Educator Stream is a two year fellowship program. During the first year, the role carried out includes the role previously covered by "Teaching Fellow". In this role, Glenn participated in bedside teaching, clinical skills teaching and delivered many half day sessions to students. She played a significant role in the design and implementation of the distributed curriculum and assisted with the curriculum design and implementation of the Vancouver

Fraser Program (VFMP). In addition, Glenn began, though UBC, a Masters degree in Adult Education (M.Ed.) with a medical focus. During the past year, unique teaching opportunities included being a tutor in problem-based learning (PBL) for first and second year medical students. Glenn was also a Clinical Teacher on the Clinical Teaching Unit (CTU) with the residents as well as a consultant pediatrician in the Pediatric Accelerated Consult Clinic (PACC).

The Second Year focus is on the Masters program and educational projects. This past year, Glenn had the unique opportunity to visit the NMP in Prince George for one week in eight and was designated the teacher of the week. She also continues many of her previous teaching roles including the teaching of bedside teaching and clinical skills to students. She is also a Clinical Teacher on the CTU and a pediatrician in the PACC.

Throughout both years, Glenn attended at medical education rounds and various faculty development teaching workshops. She presents annually at Advances in Pediatrics for the General Pediatric Division.

Below is a list of highlighted research projects Glenn has been pursuing over the last two years.

- Robertson G and Fraser JA. *Mini- CEX's as a Supplement to the Objective Structured Clinical Examination Score (OSCE)*. – Poster Presentation at the Council on Medical Student Education in Pediatrics (COMSEP) in Salt Lake City, UT, March 17, 2006
- Robertson G and Fraser JA. *Mini- CEX's as a Supplement to the Objective Structured Clinical Examination Score (OSCE)*. – Poster Presentation at the Medical Education

Day, UBC, May 19, 2006
 - Robertson G, Altamimi S, Jastaniah W, Davey A, Dehghani N, Chen R, Leung K, and Colbourne M. *Single dose oral dexamethasone in the emergency management of children with exacerbation of mild to moderate asthma*. Pediatric Emergency Care 2006; 22(12):786-793.

- Korn P, Robertson G and Wooten S. BCCCH ER Fever without a focus Protocol in children < 60 days. In use in the Emergency Room at BC's Children Hospital.
- Robertson G, Fraser JA. Pediatric Undergraduate Education Expansion Workshop, May 15th, 2006. Co-designed, implemented and facilitated workshop for faculty and support staff at the disturbed sites.
- Robertson G, Fraser JA. Mini-CEX and OSCE Workshop Leader, November 17th, 2006. Distributed sites Faculty Development Workshop. Faculty of Medicine, UBC.

Currently, Glenn is working on the design and implementation of an instrument to assess clinical teaching at UBC. The instrument will be piloted within the Department of Pediatrics in early spring. Glenn has been awarded a five thousand dollar (\$5,000) Faculty Development Initiatives Grant to help fund this project.

With her interest and new training in clinical education, as her career progresses, Glenn hopes to continue to work closely with medical students and residents within clinical practice.

Glenn can be reached at
 grobertson@cw.bc.ca



Physician Spotlight: Dr. Basil Boulton

Dr. Basil Boulton, MD, FRCP(C)

Photo courtesy of BCMA

I was recently presented with the Wallace Wilson Leadership Award. The occasion caused me to consider why I became a pediatrician and why pediatrics has been so fulfilling.

Looking back, I am grateful to the opportunities afforded me by UBC. Like most idealistic medical students, I chose the profession of medicine to serve others even though my summers in the Gulf of Alaska on halibut boats were more enjoyable than medical school. Heading towards a career in General Practice, I was fortunate to do my clinical preceptorship with Jack Pickup in Alert Bay. A true individual, Jack taught me to think beyond the textbooks in dealing with real life situations.

A two-year stint in Canada's first General Practice residency programme at Montreal General Hospital took the starch out of me with an exhausting alternate night call blur of sleeplessness lasting for the next two years. Punctuated by two rotations away from MGH, I spent four enjoyable months in Sherbrooke, Quebec. I was taken under the wing of Dr. Robert Paulette, one of the most capable surgeons I have known. He taught me qualities of care and caring that have stayed with me through life.

The next rotation was to Charlotte, North Carolina where

for the first time, I found Pediatrics was fun. I did more for children in my first four months than I did in the remaining two years of residency spent caring for adults. This was striking not only in lives saved but more so in life years saved and disabilities and disease prevented for later adult life. I



National Heart Week - February 14, 1969 - First Cardiac Cath Lab - Centennial Pavilion at Vancouver General Hospital

was invited to stay an additional two years as the second pediatric resident in what is now Carolinas Medical Centre. Dr. Bryant Galusha, our Pediatric Director, taught me to enjoy and understand the pediatric literature and gave me the confidence to trust in my own ability. I learned that pediatrics was both fun and academically stimulating.

The early days of racial integration in the southern USA, I was exposed to a huge array of medical problems among those too poor to afford private medical

care. Homesick for British Columbia, I declined a position of Director of Pediatric Education and returned to Vancouver for a third year of pediatric residency at Vancouver General's Health Care Center for Children. The head of Pediatrics was Sidney Israels, more knowledgeable in basic science and

pathophysiology than any other clinical pediatrician I have known. He taught us to think. He was rivalled in intellect by Geoff Robinson, an early champion of what we now call "population pediatrics" and who greatly influenced my thinking. A year in the cardiology laboratory with Denny Vince as a Queen Elizabeth Fellow completed

my preparation to be the first pediatrician in Victoria with skills in the emerging fields of modern neonatal and intensive care.

I was privileged to be the first physician in Victoria with a clinical academic appointment from UBC and to train pediatric residents at the Royal Jubilee, later initiating third year medical student clinical training at Victoria General Hospital. Immersed in one of the busiest critical care pediatric practices in the province, I was also able to guide the transition of the Departments of Pediatrics and Maternity of the former St. Joseph's and the Royal Jubilee Hospitals to form a single

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Physician Spotlight

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combined comprehensive pediatric and maternity service in well equipped units at the new Victoria General Hospital.

Together with Mr. James Mainguy, former Deputy Minister of Health, I co-authored a comprehensive regional study of child health care leading to the coordination of all child health services throughout the region, years before Health Authorities were formed. Among the achievements was the Child and Family Ambulatory Unit at Victoria General, the establishment of child and adolescent psychiatry at Jack Ledger House and much more. In spite of achievements in the care of children and youth, I have always felt the need to speak out for the health needs of children and youth. If this responsibility is not taken on by pediatricians, who will do so!

Looking back, fifty years after graduating from high school and forty three years after I graduated from medicine, my student and resident days at UBC gave me a foundation to be a “carer” of children, in my opinion, the most noble of medical disciplines. In a change in career, misnamed “retirement”, I am now inspired by the students of the Island Medical Programme and privileged to participate in UBC Alumni activities.

Basil Boulton, MD (UBC’63, FRCP (1969).

Dr. Boulton can be reached at: bboulton@telus.net.



Centre for Understanding and Preventing Infection in Children

Dr. David Speert, MD, FRCPC Head, and Professor, Division of Infectious & Immunological Disease

This past November, The Canada Foundation for Innovation announced a Canada-wide investment of \$422.3 million to support 86 projects at 35 Canadian universities, colleges, hospitals and not-for-profit research institutions.

A Centre for Understanding and Preventing Infection in Children (CUPIC), led by Dr. David Speert, Professor with the Department of Pediatrics, and Head, Division of Infectious and Immunological Disease, received \$3.2 million. Matching funds will be sought from the province and from Children’s Hospital to reach the required goal of \$8 million. The centre is built upon the hypothesis that all children who suffer severe infectious or immunological diseases have definable differences from other healthy children in their immune functioning. UBC researchers will focus on innate immunity in children and new information will help to understand, prevent and treat serious infections in children. The Centre will investigate the reasons why some children but not others suffer serious infections and will then work to design strategies to prevent or enhance therapy of such infections.

The centre will be located on the entire fifth floor of a new Translational Research Building at the Child and Family Research Building and will provide laboratory space and all the latest equipment for the proposed studies.

CUPIC is the only centre of its kind in BC and North America, having an integrated focus on innate immunity and infectious disease in children. The ultimate goal is to develop new diagnostics and therapies to enhance innate immunity and/or prevent infections.

The CUPIC core facilities will be accessible to CFRI researchers from other disciplines, especially those studying diabetes and other autoimmune diseases. CUPIC will enable young (students, residents and postdoctoral fellows) and established investigators to work together in the type of ‘multidisciplinary health research teams of the 21st century’ as identified in CIHR’s Blueprint for Health Research and Innovation. It will also enhance the success of our new investigators, Dr. Stuart Turvey, Dr. Tobi Kollmann, Dr. Julie Bettinger, Dr. Pascal Lavoie and Dr. Susan Wootton, who depend critically on access to the best mentors and facilities and will create a unique enterprise leading to major advances and breakthroughs in discovery and innovation in prevention of infectious diseases in children.

Anyone interested in participating in the studies in this new centre should contact Dr. David Speert, the inaugural director at dspeert@cw.bc.ca.

“If you think you are too small to make a difference, try sleeping with a mosquito.” His Holiness, the 14th Dalai Lama.



Clinical Spotlight - Division of Biochemical Diseases

Dr. Sylvia Stockler, MD, MAS, Head and Professor,
Division of Biochemical Diseases

History

The Division of Biochemical Diseases (BD) is committed to the management of patients affected by inborn metabolic diseases, including patients with Cystic Fibrosis (CF). This dates back to 1973, when Dr. George Davidson, a gastroenterologist at the time, engaged in the care of patients with Cystic Fibrosis and created a Biochemical Disease Clinic for patients with inborn metabolic diseases. In 1979, Dr. Davidson who was then Head of the Division of Gastroenterology, was given the additional mandate to develop a provincial program for patients with inborn metabolic diseases - the Biochemical Diseases Clinical Service.

The need for such a clinical program was recognized while Dr. Derek Applegarth was developing the Biochemical Diseases laboratory for the diagnosis of inborn metabolic diseases in the Department of Pathology at the old Children's Hospital. Both the laboratory and clinical services were transferred to the the 'new' BCCH when it was built, and shortly thereafter, the clinical service and the CF clinic formed a new Division of Biochemical Diseases. Since 1997, the Division has been operating on

an alternative practice plan (APP), and overall funding for metabolic patient services was solidified with the approval of the BC Metabolic



*Physicians, Nursing, Laboratory and Administrative Staff - Biochemical Diseases and Cystic Fibrosis Programs
Photograph Courtesy of Ian Durning, Media Services, C&W*

Disease Program Business Case by the Hospital, Provincial Government and Health Authorities in 1999.

Achievements

Members of the division have been active both nationally and internationally. For example, in 1983, the division was a founding member of the Canadian Inborn Errors Society - the Garrod Association. Members of the division have played leading roles in national and international CF or Metabolic expert committees, and

presented numerous scientific papers at national and international CF and Metabolic Disease conferences. The Division was one of the first

to implement protocols for the transition of patients to adult clinics. The adult CF clinic was developed in 1980 as the first in Canada and represented a marker of improved prognosis for CF. It was also the first adult CF centre to have more patients than its progenitor Children's clinic. Ther Adult Metabolic Clinic (1999) is also the first in Canada and one of the few worldwide that has been developed to ensure resources exist for pediatric Biochemical Disease patients as they move

into adulthood. Other special services developed by the Division are Outreach Clinics for CF patients and At-Home-Monitoring service establishing therapy of metabolic patients to be adjusted at home between clinic visits. The development and implementation of a new data management system represents another major initiative of the Division.

Staff

While the support staff is separate for the Inborn Metabolic Disease and the CF sections, physician staff is shared. Although

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Clinical Spotlight

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Dr. George Davidson has stepped down as Division Head, he continues directing the CF program. Dr. Yolanda Lillquist supports the Division in both the CF and BD sections, as did Dr. Lawrence Wong, whose presence is greatly missed since serious illness forced his premature retirement. Dr. Donlim Peacock and Dr. Anna Kielska are important part-time members of the CF clinic. Dr. Gabriela Horvath, Dr. Ramona Salvarinova, and Dr. Saadet Mahmutoglu are biochemical genetics fellows whose enthusiasm and dedication to complex patients with Inborn Metabolic Diseases are to be particularly acknowledged. Dr. Seemi Essa and Dr. Jatinder Grewal are supporting the Division as trainees, and Dr. Eva Yap-Todos as a research assistant. Dr. Ali Al Asmari is a metabolic disease specialist from Saudi Arabia who has joined us for a one year sabbatical.

Dr. Cynthia Davies is a psychologist supporting us in the care of patients with complex metabolic diseases. Dr. Barbara Plecko from the Department of Pediatrics in Graz, Austria, joined the Division early in 2007 as a locum physician for a one year period. Her focus is in neurometabolic disease. During 2007, the Department hopes to recruit a new CF clinic director which will be a major step towards a new structure of the CF clinic.

The Division would not be operational without the dedicated work of our professional and administrative support staff. The names and functions of each of these indispensable team members is as follows:

BD: Nursing - Gail Barkey, Annie Thekkaka; **Nutrition:** Sally Gilbert, Carol Harnett, Jennifer Krempien; **Clerical:** Ruth Giesbrecht, Gail

James, Sally Lin; **CF: Nursing** - Shelagh Jenkins, Anna Gravelle, Vanessa McMahon; **Nutrition:** Barbara Bell, Huguette Cloutier; **Physiotherapy:** Maggie McIlwaine; **Lab Technician:** Lillian Morishita; **Clerical:** Pamela Seldon. Lynne Guinet is the Social Worker for CF and BD, and Sharon Gyorgy is the Administrative Assistant of the Division.

Services

The division currently runs two CF clinic half days and two BD clinic half days per week. Despite shortages of staff, the Division has been able to maintain the care of CF patients over the years. Since 2005, the number of patients seen in the BD clinic has increased by 25%. In addition, more than 20-30 patients with metabolic diseases are monitored weekly and managed by a multidisciplinary team for dietary treatment and follow-up. An increasing number of patients is treated and investigated in MDU/MIF with complex treatment (e.g. Recombinant Enzyme Replacement Therapy) and diagnostic protocols.

Psychosocial aspects and the complex multi-organ character of most metabolic diseases have prompted us to organize increasing numbers of ad hoc multidisciplinary meetings and regular multi- and interdisciplinary rounds. We are also developing standard protocols which will make work more efficient and serve as a quality control tool.

Research

The CF section has been involved in various international multi-centre studies on the development of inhaled mucolytic and antibiotic treatments, and has played a key role in participation in the Canadian CF Foundation Patient Data Registry and in the analysis of new diagnoses in BC between 1993

and 1996. The effects of choline-related supplements on abnormal plasma methionine and glutathione levels are presently investigated in a proof of concept study. This study is carried out in collaboration with Dr. Sheila Innis of the Children's Hospital Research Institute and Canadian Institutes for Nutrition Research. BD research is focused on neurometabolic diseases and neuroprotective treatment.

We are particularly interested in Cerebral Creatine Deficiency Syndromes (CCDS) which represents a newly described group of disorders causing mental retardation and epilepsy. Diagnostic methods for CCDS are presently established in our Biochemical and Molecular Genetic Laboratories. Finding new patients with these disorders will provide us with the opportunity to contribute to the understanding of the pathophysiology and to develop new treatment and prevention strategies. Dr. Marion Coulter-Mackie has been tightly linked to the Division as a biochemist for many years. She is internationally renowned for her research on the molecular characterization of AGT deficiency which leads to progressive renal insufficiency.

We are making first steps in applying the methods established in Dr. Coulter-Mackie's lab for new research projects related to CCDS. Investigation of the neuroprotective role of ketone bodies on hypoglycemia in infancy is the second focus of our research concept. Dr. Peter Schutz is currently developing an infantile rat model for the investigation of the neuroprotective effects of betahydroxybutyrate and anaplerotic substrates in insulin induced hypoglycemia in the course of his PhD study.

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Teaching

There exists a shortage of specialists for Inborn Metabolic Diseases both nationally and internationally. Consequently, the division has identified the education of biochemical genetics subspecialty fellows as its principal mandate. In Canada, this subspecialty program is currently accredited by the Canadian College of Medical Genetics (CCMG) and comprises a 3-year curriculum including education in clinical biochemical diseases, biochemical diseases laboratory and in medical genetics. As the program is not accredited by the Canadian Royal College of Physicians and Surgeons, there is no regular funding for any of these positions. Acknowledgement of biochemical diseases as a pediatric subspecialty is a future challenge to which the Division is ready to direct its expertise.

Outlook

The Division of Biochemical Diseases is still “under construction” but it has, to date, met and surmounted many challenges in its development, and is supported by the expertise, enthusiasm and dedication of the entire team. I am sure we will successfully achieve further improvements in patient care, teaching and research.

Sylvia Stockler, MD, Head,
Division of Biochemical Diseases

Dr. Stockler can be reached at
sstockler@cw.bc.ca



BC Children's Hospital Foundation would like to thank the physicians and staff who participated in the *Campaign for BC Children*. Together, we have shown the community how important this initiative is for the children and families of British Columbia.

Congratulations to the Division of Pediatrics, Safe Start and the BC Children's Hospital Foundation for reaching 100% participation.

If you would like more information on the *Campaign for BC Children*, the 2007 Hospital Family Matching Gift program, or if you would like to make a donation, please contact Janice Williams, Development Officer, BCCHF at (604) 875-2677 or jwilliams3@cw.bc.ca.

Thank you for being a superhero!



Conferences, Events and Workshops

February 14, 2007 from 6-8 p.m.,
Chan Centre Auditorium
The Centre for International Child Health is presenting “Global Health: What is needed to make a difference?” Dr. Zulfiqar A. Bhutta, The Husein Lalji Dewraj Professor & Chair, Department of Paediatrics & Child Health, Aga Khan University.

February 16-18, 2007 - Lifelong Learning in Pediatrics - Winter 2007 Course: Content Areas - Dermatology, Haematology, Improving your practice and Infectious Disease. Sheraton Ottawa Hotel, Ottawa, Ontario. E-mail: meetings@cps.ca

March 23, 2007 - 3rd Annual Pediatric Allergy and Dermatology for the Practitioner. Pediatric Allergy and Dermatology Centre, Vancouver and UBC Department of Dermatology and Skin Science, Whistler, BC E-mail: info@cpdkt.ubc.ca Web: www.cpdkt.ubc.ca or www.padc.org.

May 5 - 8, 2007 - Pediatric Academic Societies Annual Meeting - Toronto, Ontario Tel.: 281-419-0052; Fax: 281-419-0082 e-mail: info@pas-meeting.org. Web: <http://www.pas-meeting.org>

June 24 - 27, 2007 - International Conference on Physical Activity and Obesity in Children - Westin Harbour Castle Hotel, Toronto, Ontario E-mail: obesity@post.queensu.ca; Web: www.obesityconference.ca.

August 25 - 30, 2007 - 25th International Conference of Pediatrics - Athens, Greece Web: www.icp2007.gr



The Importance of Pediatric Academic Societies

Dr. Judith G. Hall, OC, MD, FCAHS, Professor Emerita of Pediatrics and Medical Genetics

The Pediatric Academic Societies Meeting is held each spring, usually at the end of April or early May: <http://www.pas-meeting.org/2007Toronto/default.htm>.

This meeting was initially introduced by the American Pediatrics Society and the Pediatric Research Society joined thereafter (respectively the older academic pediatrician society and the younger academic pediatrician society). Both of these organizations are exclusive in the sense that you must be proposed by a member and have achieved fairly significant academic success, that is, achieved good publications of original research in journals of high standing in order to become a member. We have a number of members of APS and SPR in our department who can nominate younger department members as appropriate.

Because academicians from all over North America attend PAS meetings to present their new research findings, these meetings have become a hub of research and educational activities. Many pediatric subspecialties now hold their meetings in association with the spring PAS research meetings--endocrinology, nephrology, hematology-oncology,

etc. These PAS meetings have become particularly important for neonatology and developmental pediatrics as their primary site for presentation of new research findings. In addition, the American Academy of Pediatrics found that the meetings provided an excellent setting in which to collaborate for Pediatrician Continuing Medical Education. Consequently, there are excellent symposiums on areas of interest to all pediatricians, combining state of the art as well as exciting new research findings. The meetings provide general pediatricians with information about children at all ages.

There is a significant level of competition relative to abstract acceptance for platform or poster presentation. Certainly not all abstracts submitted are accepted for presentation. For young academicians, both fellows and assistant professors of pediatrics, it is an excellent place to “cut your teeth” with regard to the opportunities for presentation and meeting people in respective fields of interest. It also turns out to be a place where several committees meet. Workshops and working groups on particular topics are held and this is where new research projects are “hatched”.

The Canadian Heads of Pediatrics also hold a reception where Canadians have the opportunity to rub shoulders with



fellow Canadians. The International Pediatric Association, which now house in Vancouver also frequently hosts a reception for members working in international pediatrics.

Dr. Bob Armstrong has negotiated for the Pediatric Academic Meeting to be held in Vancouver in 2010 and 2014. Good work, Bob! This means that it will be much easier for our academic faculty and fellows to attend. However, it is also an excellent CME meeting for general pediatricians since the symposiums, state of the art lectures and plenary sessions almost always have a significant application to patient care.

Dr. Hall can be reached at jhall@cw.bc.ca





Global Child Health - A New Emphasis in the Department of Pediatrics

Dr. Jane Schaller, MD, Executive Director, IPA

One hundred young children will die while you read these paragraphs. Recent decades have witnessed great strides in child health in affluent industrialized countries like



Tough times for this little boy, a refugee of war

Canada. To our shame, however, 10-11 million poor children from the developing world still die of preventable or readily treatable diseases each year before they reach their fifth birthday. Millions more survive only to lead stunted lives, never growing to be the human beings that they could have been.

Why should we care about this?

Child health today is a vital factor for societal health tomorrow. It is also the right of every child. The tacit acceptance of continuing loss of children, the world's most precious natural resource, represents neither good policy nor acceptable human behaviour. The implication that children of the developing world are not as worthy of life as our own children is abhorrent, and it is wrong. We pediatricians bear a special responsibility to know about these issues and to do what we can to address them.

The global community of pediatricians has now arrived in Vancouver with the relocation of the

offices of the Executive Director of the International Pediatric Association (IPA) to BC Children's Hospital and UBC. The IPA is a unique organization which spans the globe. There are pediatricians in nearly every country and every corner of the world, with all doctors specifically trained in child health who devote their professional lives to caring for and about children. In most countries, pediatricians are organized into National and Regional Pediatric Societies; these Societies are the members of the International Pediatric Association.



The World's Pediatricians: IPA Leaders and academicians come from many countries - Pictured here at the 2005 PAS annual meetings from left to right: Zulfiqar Bhutta, Pakistan, (Professor & Chair of Pediatrics, Aga Khan University; Neonatologist and International Child Health Expert); Mhd Cherif Rahimy, Benin (Professor of Pediatrics, National University Benin; Hematologist and expert in Sickle Cell Disease; Past President of the Union of African Pediatric Associations); Vinod Paul, India (Professor All India Institute, Neonatologist and International Child Health Expert)

The IPA was founded in 1910 in Paris to promote friendships and sharing of knowledge among pediatricians. This organization has stayed together and thrived for almost 100 years, which bears witness to the common values that pediatricians share in working for children. The IPA is active in several program areas that are key to global child health, and collaborates with other international organizations including

WHO, UNICEF, the Global Alliance for Vaccines and Immunizations, the Partnership for Maternal, Newborn and Child Health, and the International Federation of Obstetrics and Gynecology: <http://www.ipa-world.org>.

There now exists a first hand opportunity for the community of pediatricians from UBC's Department of Pediatrics to relate to this global community first hand. The IPA already has strong ties to Canada. The Canadian Pediatric Society is a valued member of IPA. Judith Hall is a member of the IPA Standing Committee, as is our first Hillman lecturer, Zulfiqar Bhutta of Pakistan. Robert Armstrong is a member of the Executive of the International Pediatric Chairs Association. David Speert and Simon Dobson have served as generous IPA consultants. Jane Schaller, Executive Director of IPA, is now a Visiting Professor within the Department of Pediatrics, as well as a Consultant to the Centre for International Child Health at BC Children's Hospital. IPA offices are currently located at 601 West Broadway.

Jane can be reached at jschaller@cw.bc.ca or (604) 707-6375, and the IPA Administrative Assistant, Jennifer Hanson can be reached at jhanson@cw.bc.ca or 604-707-6379. Please visit the IPA website at: <http://www.ipachildhealth.org/index.htm>

We are always happy to hear from students, residents, faculty, and staff with international interests. Stayed tuned, and let us hear from you if you are interested in Global Child Health and the global community of Pediatrics!

Director of Administration News

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mean to you, and what you're going to do about it, then that will determine your ultimate destiny".

Anthony Robbins

What an exciting idea - we are not limited by the past except to the extent that we choose to be. Consciously choosing new ways to think and react to old or existing issues builds this power.

"When you write down your ideas you automatically **focus** your full attention on them. Few if any of us can write one thought and think another at the same time. Thus, a pencil and paper make excellent concentration tools." *Michael Leboeuf*.

One strategy is to write your goals down and then to set up reminders that surround you that will trigger you to remember them regularly, particularly when you are most distracted.

"The key to success is to focus our conscious mind on things we desire not things we fear." *Brian Tracey*

It is critical to ensure that you are focusing on what you want and not what you don't want (or fear). For example, it is more exciting to think about engaging in activities for good health to enable you to enjoy what you want in your life, than to focus on a health goal related to a concern about a health problem. Elevate your focus for better results.

What are your goals for 2007?

Marcelle can be reached at msprecher@cw.bc.ca.

Infant Deaths Linked to Cough and Cold Medications

The Centers for Disease Control and Prevention (CDC) is urging caution when administering cough and cold medications to children younger than 2 years. In a recent issue of the Morbidity and Mortality Weekly Report (MMWR), three deaths in infants less than 1 year were determined to be caused by cough and cold medications. The three infants had high levels of pseudoephedrine (a nasal decongestant) in postmortem blood samples. One infant was receiving both an OTC and a prescription medication, and each contained pseudoephedrine. Two of the infants had detectable blood levels of dextromethorphan (a cough suppressant) and acetaminophen (used for fever and pain.)

The MMWR publication estimated that about 1500 children younger than 2 years were treated in U.S. emergency rooms during 2004-2005 for adverse events, including overdoses, associated with cough and cold medications.

Other groups have also published recent warnings regarding cough and cold medication use for infants. Because of the unproven efficacy of the cough suppressants codeine and dextromethorphan in young children and the potential for adverse events, in 1997 the American Academy of Pediatrics issued a policy statement advising that parents should be educated regarding the lack of antitussive effects, risk for adverse events, and potential for overdose in children from these medications. The American College of Chest Physicians (ACCP) released clinical practice guidelines in 2006 for management of cough that advised healthcare providers to refrain from recommending cough suppressants and other OTC cough medications for young children because of associated morbidity and mortality.

For additional information, please visit:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5601a1.htm>



The Office of the Associate Dean, Equity, UBC Faculty of Medicine

Lori Charvat, J.D., L.L.M.
Associate Dean, Equity, Faculty of Medicine

Equity. What is *equity*? Posing this question to the Google website, will likely inform you that equity is “the difference between the market value of a property and the claims held against it”. While this is true, *equity* in the context of the Associate Dean, Equity (ADE) office at the UBC Faculty of Medicine holds another meaning: namely, it is about fairness and equality.

The Faculty of Medicine, through the drive of Peggy Ross and other women faculty, created the ADE office in 1993. Dr. Ross, assumed the role of the office’s first Associate Dean, with a specific mandate to review and address the challenges of recruiting and advancing women in academic medicine. Today, the office’s mandate has expanded – and addresses the concerns of faculty as well as students, and goes beyond the area of gender, ensuring that personal characteristics, such as race, religion, sexual orientation, or physical/mental ability are not factors in admissions, recruitment, promotions, etc. Still, the issue of gender equity among faculty remains a significant component of the ADE portfolio, given that gaps continue to exist between men and women in academic medicine, across North America and at UBC.

For the last five years, former Associate Dean, Equity, Dorothy Shaw (now, Senior Associate Dean, Faculty Affairs) has collected

gender benchmarking data to illustrate the specific gap areas. For example, the report indicates that women are overrepresented at the Senior Instructor level, while underrepresented at the Assistant, Associate and full Professor ranks. The full report is scheduled to be released in March 2007.

In addition to keeping a focus on gender equity, the ADE is charged with the responsibility of addressing complaints and concerns of learners and faculty, where individuals or groups believe that they have been harassed, intimidated or treated unfairly. The Associate Dean, Equity, acts as the point person for the Faculty of Medicine’s Professional Standards policy – which sets out guidelines for professional behaviour and procedures to address behaviour that falls outside these parameters. Under this policy, the Associate Dean, Equity provides confidential consultation and complaint management for anyone who believes they are entitled to redress. Acting as a neutral, and operating under the principles of natural justice, the Associate Dean can investigate complaints, mediate conflicts, or simply provide advice on other options (short of filing a complaint). More generally, the ADE ensures that fair process is followed – e.g., in assessment of residents or in making decisions about hiring and promotions.

Lori Charvat is the current Associate Dean, Equity, having assumed this role in January 2006. Since joining the Faculty of Medicine, Lori, who has a background in law and alternative dispute resolution, has concentrated on building conflict resolution curriculum for undergrad and postgraduate learners. In this way, the ADE can proactively address issues of unprofessionalism by providing tools for better communication and dispute management. The CanMEDS framework has indicated the importance of conflict resolution – listing this as one of the important skills of the “communicator” role.

The office of the Associate Dean, Equity plays an important role in the Faculty of Medicine – ensuring fairness and equitable treatment for the residents, undergraduate medical students and faculty at UBC.

If you have questions about the office the ADE, please check out the ADE website at http://www.med.ubc.ca/faculty_staff/equity.htm

Lori Charvat can be reached at lori.charvat@ubc.ca.

Announcements

Appointments

Dr. Anne Feng

Dr. Anne Feng has been appointed as the Year 3 Pediatric Clerkship Director. Dr. Feng completed medical school at Shanghai Medical University in 1984 and first came to Canada in 1988 as a visiting PICU fellow at IWK, Children's Hospital in Halifax. She completed her pediatric residency program at Dalhousie University's IWK Children's Hospital and also completed a one-year Neonatology fellowship at BCCH.

She worked as a general consultant Pediatrician at Richmond General Hospital from 1997 to 2001, and then as a General Consultant Pediatrician at Shaikh Khalifa Medical Centre in the United Arab Emirates before settling in Vancouver. Welcome, Dr. Feng.

Dr. Naomi Paice

Dr. Naomi Paice has recently been appointed as Clinical Skills Director for Years 1 and 2 Undergraduate programs. Naomi is Clinical Assistant Professor with the Department of Pediatrics and her specific areas of interest include medical education as well as medical errors and quality assurance.

Dr. Paice received her MD from McGill University in 2000 and completed her General Pediatric Academic Fellowship at McGill 2005, after completing her Postgraduate General Pediatric residency at the University of Ottawa in 2003. We welcome Dr. Paice.

Dr. Mumtaz Virji

Dr. Mumtaz Virji has taken over as Year 4 Undergraduate Director as of mid-January. Dr. Virji is Clinical Assistant Professor in the Division of General Pediatrics and has been working in the SCN at BCCH, at Richmond General Hospital and with Dr. N. Bhanji.

Dr. Virji has maintained an active role within the undergraduate and postgraduate teaching programs in association with Dr. Bhanji. She has enthusiastically welcomed trainees into her private Pediatrics office, and in Dr. Bhanji's absence, has effectively supervised the Clinical Teaching Units at BC Children's Hospital. We welcome Dr. Virji.

Awards

Dr. Leora Kuttner has been awarded the Jeffrey Lawson Award for Advocacy in Children's Pain Relief. Dr. Kuttner has been invited to Washington DC for the presentation in May 2007.

Dr. Kuttner is a Clinical Professor with the Department of Pediatrics and Registered Clinical Psychologist .

The Jeffrey Lawson Award for Advocacy in Children's Pain Relief was established in memory of Jeffrey Lawson, whose mother, Jill, brought to the attention of professional organizations the practice of performing surgery and other procedures on children without the benefit of analgesia. The award recognizes advocacy efforts to improve management of pain in children.

This award is not restricted to American Pain Society (APS) members. Congratulations, Dr. Kuttner.

Two Pediatric Hematology/Oncology Fellows won Resident Research Competition Awards at the "Inaugural Conference for Canadian Hematology/Oncology Program Directors and Residents" in Lake Louise, Alberta, October 2006

Dr. Geoff Cuvelier, Subspecialty Resident VI, won **third** prize for his research project entitled: *A Randomized, Double Blind Placebo-Controlled Trial of Megestrol Acetate as an Appetite Stimulant in Malnourished Children with Cancer.*

Dr. Rod Rassekh, Subspecialty Resident VII, won **first** prize for his research project: *Genotype-Specific Approaches to Therapy in Children with Cancer.*

Congratulations to both Geoff and Rod!

Children's Mental Health Research Quarterly

The Children's Health Policy Centre at Simon Fraser University is pleased to announce the first issue of their new electronic publication, the Children's Mental Health Research Quarterly. Please visit their website to access the quarterly: <http://www.childhealthpolicy.sfu.ca>. The quarterly represents a continuation of their six-year research-policy partnership with Child and Youth Mental Health at the BC Ministry of Children and Family Development. Its purpose is to provide regular updates on the best currently available research evidence in children's mental health for policy-makers, practitioners, families and community members. The theme for the first issue is prevention.