CELEBRATE RESEARCH DAY

April 12th, 2024
The Chan Centre for Family Health Education

The University of British Columbia
Department of Pediatrics
Faculty of Medicine
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Introduction

Dr. Steven Miller, Head of Department of Pediatrics

Dear Trainees and Faculty,

I am thrilled to extend a warm welcome to you all to the 2024 Annual Department of Pediatrics Celebrate Research Day.

Today is dedicated to celebrating the endeavors of our trainees and their mentors, advancing child health through research.

We find ourselves in an era filled with unprecedented opportunities for research breakthroughs to enhance child health. Whether through basic science, translational research, clinical investigations, health services research, or other innovative approaches, the potential for impactful discoveries is vast.

It is crucial to recognize that these discoveries hinge upon the dedication of investigators like yourselves. The Department of Pediatrics remains committed to nurturing early-career child health researchers, ensuring the continuity of this remarkable era. Moreover, we are dedicated to fostering the growth of the next generation of pediatricians, providing them with opportunities to engage in research and pursue their own projects as part of their training.

An inspiring development in recent years has been the translational research at the intersection of our various subspecialties. This growth has been made possible by new collaborations and the advent of new technologies that support both clinical and basic research endeavors.

As residents and fellows presenting your research at Celebrate Research Day, you also embody a crucial link between our patients and their families, and researchers.

On behalf of the Department of Pediatrics, I extend my heartfelt congratulations to each of you on your research achievement today. I am confident that the impact of your work will directly contribute to advancements in child health. The future looks promising.

Warm regards,
Dr. Steven Miller
Professor of Pediatrics
Head, Department of Pediatrics
Special Thanks

Our heartfelt thanks to the Pediatric Residency Research Committee, and Celebrate Research Day Judges 2024 for their support and dedication!

Dr. Jonathan Rayment
Respiratory Medicine,
BC Children’s Hospital

Dr. Brett Schrewe
Island Medical Program &
Department of Pediatrics, UBC
Faculty of Medicine, Victoria, BC

Dr. Thiviya Selvanathan
Pediatrics, UBC Faculty of Medicine

Dr. Carolina Silva
Pediatric Endocrinology,
BC Children’s Hospital

Dr. Lori Tucker
Pediatric Rheumatology,
BC Children’s Hospital
A Sense of the Subject—Education Research & the Dogged Pursuit of Hospitable, Equitable Health Care

Dr. Brett Schrewe, MDCM, MA, PhD, FRCPC
Assistant Professor, Island Medical Program & Department of Pediatrics, UBC Faculty of Medicine, Victoria, BC

Brett lives, works, and is raising his two daughters on southern Vancouver Island, on the ancestral and traditional territory of the W̱SÁNEĆ people, land governed by the South Saanich Treaty of 7 February 1852. He splits his professional time between clinical life as a consultant general pediatrician in Victoria and academic life as an education scientist jointly appointed between the UBC Island Medical Program and Department of Pediatrics. His research uses critical and historical approaches to knowledge making and focuses primarily on the intersections of professional identity, health equity, and medical education.

Statistical Methods Every Resident Should Know

Mr. Jeffrey Bone
Biostatistical Lead, Clinical Research Support Unit
BC Children’s Hospital Research Institute

Jeff Bone is the Biostatistical Lead at BC Children’s Research Institute. Within his role, he supervises a team of biostatisticians who support research activities across the campus. Together with his team he provides expertise in the design, conduct and analyses of projects including studies of population level data, randomized clinical trials, and multi-center cohort studies. He has expertise in a variety of statistical methods such as causal inference for observational data, clinical prediction modeling and meta-analyses.
BC Children’s Hospital Research Institute (BCCHR) conducts discovery, translational, and clinical research to benefit the health of children and families in BC and beyond. Pediatric Residents affiliated with BCCHR have access to dedicated and specialized support staff, state-of-the-art facilities and training to support the next generation of visionary child health researchers.

The Clinical Research Support Unit (CRSU) at BCCHR enables busy clinical trainees to conduct high-quality clinical research offering a central resource of expertise and knowledge. CRSU offers several practical resources and supports from free consultations, advice and guidance to help clinicians navigate the research process, to the ability to buy-out time from professional research staff working across the hospital helping to start-up new studies or completing study visits with patients and families.
1200NOON – 1300PM

*Bedside to Bench and Back to Bedside – a Research Journey*

**Dr. Stuart Turvey, MBBS Dphil FRCPC**
*Canada Research Chair in Pediatric Precision Health*
*Aubrey J. Tingle Professor of Pediatric Immunology*
*Professor, The University of British Columbia*

Stuart Turvey is a Pediatric Clinical Immunologist, UBC Professor of Pediatrics, and holder of the Tier1 Canada Research Chair in Pediatric Precision Health. As a practising pediatric immunologist based at BC Children’s Hospital, Dr. Turvey’s research program responds to major challenges in contemporary pediatric medicine. Specifically, his research focuses on childhood immune deficiency diseases and disorders of immune dysfunction including asthma, allergies, and autoimmunity. Dr. Turvey is internationally recognized for his research in developing precision health-based strategies to address childhood asthma and pediatric immune system disorders, and he is a highly effective mentor for the next generation of child health clinician-scientists.
Dr. Sean Duke / Ped Resident (PGY 3)
Faculty Supervisor: Dr. David Wensley

Evaluation of Child Health Advice in Real-Time Electronically (CHARLiE) in Northwestern BC
Dr. Sean Duke, Dr. Jenna Treissman, Dr. Shannon Freeman, Dr. Emma Rossnagel, Dr. Salima Somani, Dr. Alam Lakhani, Dr. Kirsten Miller, Dr. John Pawlovich and Dr. David Wensley

BACKGROUND
To improve access to pediatric care for children living in rural, remote and Indigenous communities, the RccBC developed CHARLiE, a 24/7 real-time virtual support pathway providing pediatric consultation via videoconference. Due to an unforeseen circumstances in the Fall of 2020, the Pediatrician group in Terrace (the regional referral center for Northwestern BC) was reduced to just two local pediatricians. In response to a local community leader’s proposal, CHARLiE has covered up to 25% of the pediatric call burden in Northwestern BC.

OBJECTIVES
To evaluate the integration of CHARLiE into the pediatric call rotation and thereby improve upon CHARLiE’s implementation.

METHODS
Pediatric healthcare providers in Northwestern BC participated in surveys (N=72) and focus groups (N=39) to share their experiences with participating in a healthcare model that incorporates virtual Pediatric consultants in lieu of adequate local Pediatrician coverage. Descriptive statistics were drawn from survey data, while themes were generated from a qualitative descriptive approach to focus group transcripts.

COMMUNITY ENGAGEMENT
Community stakeholders (e.g. clinicians, healthcare administrators) were engaged to formulate survey and focus group content tailored toward the unique strengths/challenges of providing pediatric care in Northwestern BC.

RESULTS
Survey responses indicated that the majority of CHARLiE users were “satisfied” or “very satisfied” with the overall support provided by CHARLiE, user friendliness (94.2%), efficiency (90.4%), collegiality and professionalism (96.1%), assessment of patients (90.4%), and provision of education around cases (88.4%). Of respondents who had not used CHARLiE, the most frequently reported barrier was lack of necessary resources to access CHARLiE (54.5%). Focus group analysis revealed that Pediatric care providers within Northwestern BC value CHARLiE’s timely, virtual bedside assessments of patients; collegiality and professionalism; prevention of local Pediatrician burnout; prevention of unnecessary transfers; and offloading of indirect patient care tasks. Areas of improvement include addressing technological barriers, knowledge of local resources, continuity of care, and role clarification.

CONCLUSIONS
Rural physicians benefit from offloading indirect patient care tasks to CHARLiE consultants (e.g. consulting Pediatric subspecialists, organizing transport) which gives local physicians more time at the patient bedside for assessment/stabilization. While unable to replace local specialists, virtual consultants can effectively bolster existing personnel/resources during times of crisis. Although a full complement of on-the-ground Pediatricians remains the ultimate goal for Northwestern BC, in the absence of this, CHARLiE plays a crucial role in ensuring access to pediatric care in Northwestern BC.
Improving breastfeeding outcomes for preterm infants in Mother Baby Care

Dr. Jessica Falls, Dr. Shawn George, Sarah Coutts

BACKGROUND
Many families desire to breastfeed their preterm infant, which can have unique challenges compared to term infants. One milestone for preterm infants is to transition from tube feeding to direct breastfeeding. Babies discharged from BC Women’s Mother Baby Care (MBC) Unit have low rates of direct breastfeeding based on previously reviewed data. The cause of this is unclear, though variation in healthcare provider practices around breastfeeding, inconsistent neonatal feeding practices during transition from tube to oral feeding, and a lack of evidence-based information shared with families have been noted as potential causes to lower rates of direct breastfeeding at discharge. Currently, there is no standard approach to establishing oral feeds and transitioning preterm infants from tube feeding to breastfeeding in MBC.

AIM
The aim of this quality improvement project was to enhance direct breastfeeding rates of preterm infants (<37 weeks) in the MBC unit. Our goal was to increase the rate of any direct breastfeeding in the 24 hours preceding discharge from 35% to 80%.

METHODS
We determined underlying issues and change strategies to enhance breastfeeding experiences and outcomes. We collected baseline data and conducted staff surveys. Baseline surveys showed current healthcare provider practices and beliefs. We then established a multidisciplinary team to generate and prioritize change ideas. We also secured leadership support and heightened staff education.

Our approach included a comprehensive care bundle, which included education for staff and parents, interventions for optimized breast milk production, and a clinical decision support algorithm for transitioning from tube feeding to direct breastfeeding.

RESULTS
Baseline data was collected prior to the project, which indicated a direct breastfeeding rate of 35% within 24 hours prior to discharge. We used CST Cerner to extract data on feeding route, number of feeds in the 24 hours prior to discharge and the percentage of these which were direct breastfeeding. After intervention, the rate of direct breastfeeding in the 24 hours prior to discharge was 76%.

CONCLUSIONS
Establishing breastfeeding for preterm infants has unique challenges. After identification of key drivers, this project implemented multiple change ideas including a standardized protocol to transition from tube to oral feeding. Through these cycles, we saw increased rates of direct breastfeeding upon discharge. Post-intervention, the rate of direct breastfeeding in the 24 hours preceding discharge has shown positive improvements, up to 76%. Further observation is required to ensure this trend continues and is sustained.
Dr. Gurkirat Kaur Kandola / Ped Resident (PGY 4)

Faculty Supervisor: Dr. Ian Pike

Self-Harm Among British Columbian Adolescents and Accessibility to Mental Health Resources

Dr. Gurkirat Kaur Kandola, Fahra Rajabali, Dr. Ian Pike

BACKGROUND
Self-harm is most common in the adolescent age group and traditionally. With self-poisoning rates in adolescents on the rise in BC, less is known about how much other causes of self-harm contribute to the overall burden of self-inflicted injuries in this age group. This study aimed to explore hospitalization trends in BC due to all causes of self-harm (excluding self-poisoning) in adolescents ages 10-19 years old from 2002-2019.

METHODS
The data was extracted from the Discharge Abstract Database, BC Ministry of Health and then stratified according to the ICD-10 codes. This included hospitalization rates and death rates of adolescents due to self-harm (excluding self-poisoning).

RESULTS
There were a total of 1117 hospitalizations due to self-harm, excluding self-poisoning (11.59 per 100,000 population) in BC among 10–19-year-olds. This exploratory analysis will aim to describe trends across BC according to health service delivery area, age group, sex, method of self-harm, and year across the study period.

CONCLUSIONS
These study aims to provide context to the overall issue of self-harm and help inform future decisions around policy and health service delivery as it relates to youth mental health in the province.
Dr. Marabeth Kramer / Ped Resident (PGY 4)

Faculty Supervisor: Dr. Eva Moore (Adolescent Medicine) & Dr. Danya Fast (BC Centre on Substance Use)

Defining care for vulnerable youth with high-risk substance use admitted to a tertiary pediatric hospital

Dr. Marabeth Kramer, Dr. Danya Fast, Dr. M. Thulien, Dr. J. Gill, Dr. Eva Moore

This study utilized a retrospective chart review to characterize care for youth admitted to a pediatric hospital for medical complications of substance use (e.g., infections, injury due to accidents, hepatitis etc.). Notably, this chart review characterized stabilization care admissions, which is a novel approach to treating drug overdose among youth. We have reviewed the hospital records of youth admitted to BC Children’s Hospital for serious substance use between June 1, 2018 and May 31, 2021 in order to characterize the population of youth being admitted, to define the scope of stabilization care and other treatment approaches currently being offered, and to determine outcomes following admission. It is our eventual aim that data from the chart review be contextualized by qualitative data obtained from in depth interviews with youth and their caregivers. These data will be used to better understand the unique experiences and perspectives of youth undergoing stabilization care and other treatment approaches, and to allow the youths’ voices to be heard.

Youth who use substances typically have multiple, complex healthcare needs. For many youth, these medical concerns are compounded by social-structural factors including unstable living conditions, poverty, criminal justice system involvement, and trauma. For Indigenous youth in particular, the legacies of colonization and ongoing systemic racism in BC’s healthcare system further complicate their experiences in hospital settings. There is currently no defined standard of care at BC Children’s Hospital for the treatment of complications arising from substance use among youth. Moreover, stabilization care is a novel approach, and there is no published data to date examining stabilization care in adult or youth populations. This study will serve as the initial hypothesis-gathering step in the evaluation of the role of BC Children’s Hospital in supporting youth who use substances, and to work towards evidence-based hospital care for youth who use drugs.

We aim to provide these data to better inform management guidelines and hospital policies, and more broadly, to identify gaps and inadequacies in the inpatient and outpatient treatment of youth with life-threatening substance use. We aim to define baseline and demographic characteristics of the youth accessing stabilization care, and to provide summary data describing the course in hospital and outcomes of admission. Hopefully this information can be applied to understanding this vulnerable population better, and be used towards defining a standard of care for youth who use drugs on a broader scale.
Learning on the wards: Quality improvement of inpatient pediatric learner education on CTU

Dr. Sabine L. Laguë and Dr. Mia Remington

**BACKGROUND:** Pediatric learners experience most of their inpatient medicine on the wards. While bedside teaching is invaluable, ward learning can be impacted by seasonal exposure, clinical homogeneity, and volume. Locally our learners requested more formal ward teaching to encourage dialogue around common topics perhaps not encountered on rotation. We queried whether having a database of interactive guideline-based educational experiences would minimize barriers (e.g. time, resources) to providing formal inpatient learner education.

**OBJECTIVES:** We sought to enhance general pediatrics ward teaching by developing a curriculum of guideline-based interactive educational content on common inpatient pediatric topics.

**METHODS:** This study was conducted at BCCH with a range of learners (MSI3, MSI4, pediatric residents (R1-R4)) over 12 months.

1) **Needs Assessment:** We surveyed residents, hospitalist fellows, and CTU physicians regarding a) perceived need for a curriculum, b) content (top 5 CPS guidelines and top 5 non-CPS topics), c) teaching modality, d) need for handouts, and e) curriculum structure.

2) **Curriculum generation:** Curriculum was developed according to needs assessment results.

3) **Quality improvement:** Learners were surveyed after each session with four Likert scale questions (5=strongly agree) regarding teaching quality, clinical translatability, enhanced knowledge/understanding, and improved clinical confidence.

**RESULTS:**

1) Needs assessment: Needs assessment (N=25) unanimously supported a structured curriculum. Eleven CPS statements and twelve non-CPS guideline-based topics were identified for content. Three preferred teaching formats were highlighted, and handouts were important to 88% of respondents. The curriculum was favoured to be 50-75% standardized.

2) Curriculum generation: We developed a curriculum of 13 topics with different delivery modalities (e.g. case-based powerpoints, whiteboard talks, Jeopardy, simulation). All were guideline-based, interactive, and had fill-in-the-blank learner handouts. The curriculum was standardized with 4/6 CTU teaching sessions per block being derived from the curriculum bank, and the remainder being at educator discretion (e.g. curriculum bank, interesting case).

3) Quality improvement: Likert scales (5=strongly agree) were positive from all learners (MSI3-R4; N=52), with scores of 4.9+/-.2 for teaching quality, translatability to practice, and improved understanding, and 4.8+/-.3 for improved clinical confidence.

**CONCLUSION:**

Here we present an interactive and guideline-based pediatric inpatient learner education curriculum whose development, from content to delivery modality, was directed by community needs. We are now seeking funding to prepare for national distribution (e.g. peer-review, licensure), and intend to publish on platform where the curriculum would be downloadable for use by all educators (i.e. senior residents, staff).
Impact of Public Coverage on Access to Continuous Glucose Monitoring Systems in the Canadian Province of British Columbia

Dr. Courtney Leach, Jeffrey Bone, Dr. Ananta Addala, Dr. Shazhan Amed

BACKGROUND: Type 1 diabetes is one of the most common chronic conditions of childhood, with both short- and long-term consequences associated with suboptimal management. Internationally, a correlation between low socioeconomic status and poor diabetes outcomes has been seen; however, access to diabetes technology has been found to mediate the impact of low SES when available universally. British Columbia’s public health insurance, Fair Pharmacare, expanded coverage of assistive diabetes technology to include the Dexcom G6 CGM in June 2021. We sought to assess uptake of CGM technology across various levels of social deprivation both prior to and following this funding change.

METHODS: This was a retrospective cohort study using data gathered from the BC Pediatric Diabetes Registry (BC-PDR), a database that contains both demographic and clinical data for patients of the BC Children’s Hospital Diabetes Clinic. We included all patients in the BC-PDR with at least one visit following June 10, 2020, one year prior to Fair Pharmacare Dexcom coverage. Patients without postal codes available in the BCPDR and non-T1D diagnoses were excluded. Degree of social deprivation was defined using the Canadian Index of Multiple Deprivation, which contains neighborhood level quintiles (1 = least deprived, 5 = most deprived) on the following dimensions: residential instability (RI), economic dependency (ED), ethnocultural composition (EC) and situational vulnerability (SV). Ethnocultural Composition was ultimately not used, as due to regional demographics, the quintiles in this domain were felt to be an inaccurate approximation of SES. We used a segmented logistic generalized additive model (GAM) to compare the trends in sensor use pre-pharmacare coverage to those post-pharmacare coverage stratified by CIMD quintiles.

RESULTS: A total of 494 patients were included. The most common quintiles for RI, ED, and SV were 2, 1 and 1, respectively. For each dimension of deprivation, those in the least deprived quintiles had generally higher rates of sensor use both before and after Pharmacare coverage. For both ED and SV, sensor use was declining in the year prior to implementation in the most deprived quintiles but increased sharply after coverage (Figure 1). For Residential Instability, a clear trend did not emerge.

CONCLUSION: Our data demonstrates that public coverage of CGM technology was correlated with increased CGM uptake amongst the most economically vulnerable individuals. This confirms that government policy has had a positive impact on access to diabetes technology and therefore represents a positive step towards equity focused delivery of care.
Table 1: Demographics, deprivation quintiles and visit frequency in study population.

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<th>Situational vulnerability quintile</th>
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Figure 1: Estimated use of sensor pre- and post-Pharmacare coverage by deprivation quintiles. Solid lines represent fitted values from generalized additive model, while dotted lines represent expected values based on pre-Pharmacare coverage trends.
The Incorporation of Entrustable Professional Activities into Simulation Curricula within Canadian Pediatric Residency Programs

Dr. Lindsay Newman, Dr. Melissa Chan

BACKGROUND: In 2021 Canadian pediatrics programs moved to Competence by Design (CBD). The goal was to progress trainees through stages of residency based on attainment of Entrustable Professional Activities (EPAs). Several EPAs may be obtained in simulation; however at this time there is a lack of information on how to incorporate simulation-based EPA assessment into a residency program.

PURPOSE: The aim of this study was to explore how Canadian pediatric programs planned to incorporate EPAs into simulation and to follow-up one year later to explore successes and challenges in this process.

METHODS: In Spring 2022, program directors and simulation leads were surveyed about initial plans for assessing EPAs in simulation. A year later, they were surveyed again about their experience. The surveys were collected using REDCap. Data was interpreted using quantitative and qualitative analysis.

RESULTS: Survey 1 was completed by 8/17 programs. Prior to CBD, the majority (7/8) did not formally assess residents in simulation. Following the CBD launch, 100% planned to assess EPAs in simulation, and most (7/8) planned to develop specific simulation sessions for dedicated EPA assessment. Most planned to have a separate assessor present (5/8) but were undecided if they would provide specific assessor training (5/8). Survey 2 was completed by 10/17 programs. The majority (9/10) had performed assessment of EPAs in simulation since the launch of CBD, and two-thirds of these developed specific simulation sessions for dedicated EPA assessment (6/9). Comparing Survey 1 and Survey 2, the most common EPAs that programs both planned to assess and actually assessed were procedural-based (Foundations 7 and Core 9) and resuscitation-based (Foundations 1 and Core 2). Five had a separate assessor present and 2/5 provided specific assessor training.

The primary challenge expressed by programs was the added resource burden associated with simulation-based EPA assessment. These resources included: 1. Curriculum: development of new simulation scenarios and addition of more simulation sessions to program schedules, 2. Assessors: the need for more assessors and assessor training, and 3. Assessment tools: navigating the shift to evaluation of individuals in the teamwork-oriented simulation environment and adapting the online format of EPAs.

CONCLUSION: With the addition of EPAs to pediatric residencies, there has been an increased need for simulation for assessment. This has created increased resource needs in time, curriculum, faculty demands, and assessment tools.
Healthy living counselling is an important aspect of a healthcare provider’s (HCP) role when providing care to pediatric patients. However, HCPs have reported barriers to engaging in these discussions with families, including a lack of self-efficacy, capacity, resources, and time. The LIVE 5-2-1-0 Healthcare Provider Toolkit (HLT) was created and adapted to help address these barriers and empower HCPs to promote healthy behaviors among their patients. The HLT intervention included integration of routine BMI tracking and growth monitoring into clinical practice, HCP training on motivational interviewing, and tools and resources to support assessment and discussion of daily behaviors (e.g. Healthy Habits Questionnaires, goal trackers, information sheets). The purpose of this study was to evaluate the LIVE 5-2-1-0 HLT being used in the General Pediatrics clinic at BC Children’s Hospital (BCCH), in terms of, 1) the changes in the use and evaluation of anthropometric measures by HCPs, and 2) the incorporation of healthy living counselling during patient interactions. A retrospective chart review was conducted with patient charts covering visits to the General Pediatrics clinic from May 29, 2019 to March 29, 2020. A total of 340 charts were randomly selected during this time period. Chi square testing was used to compare the frequency of anthropometric measurement in clinic, documentation of healthy living recommendations, referrals made for further community support and appropriate communication to primary care providers, pre versus post HLT intervention. Our study found that the HLT intervention increased the frequency of documentation of anthropometric measurements from 46% (pre-HLT implementation) to 60% (post-HLT implementation) of patient visits. There was also an increase in the frequency of discussions of healthy living (nutrition, physical activity and screen time) between HCPs and patients after the HLT intervention. There was a statistically significant increase in the number of community referrals made to help support patients after the HLT intervention as well. In summary, our results suggest that providing an appropriate framework, relevant resources and adequate training to HCPs regarding motivational interviewing and an outline regarding promotion of healthy behaviors in the clinic setting can improve the discussions surrounding healthy behaviors and also facilitate thoughtful referrals to help support a patient in their healthy living journey.
Dr. Asia van Buuren / Ped Resident (PGY 3)

Faculty Supervisor: Dr. Matthew Carwana

Far from home: Qualitative evaluation of the impact of geographic distance from a tertiary pediatric hospital in Canada on family experiences

Dr. Asia L. van Buuren, Dr. Adam Sage, Dr. Adam Sernoskie, Dr. Brittney Udall, Dr. Matthew Carwana

BACKGROUND
Canada's expansive geography has implications for children and their families seeking tertiary paediatric care. There is minimal literature describing their experiences, particularly challenges associated with receiving inpatient care. This qualitative study builds on previous work that captured out-of-pocket costs and stress levels facing families while admitted to our hospital.

OBJECTIVE
1) Gather an in-depth understanding of family experiences through exploring gaps in current approaches and supports received
2) Generate potential patient-centred solutions to challenges identified

DESIGN/METHODS
Ethics approval was obtained. Family partners were involved in all aspects of study design. Qualitative descriptive methodology was adopted to allow for in-depth exploration of family experiences. Semi-structured interviews explored the above objectives. Participants were families that travelled more than 50 km to receive inpatient care under General Pediatrics at a tertiary hospital in Canada within 1 year of when the interview was conducted. In addition, families were purposively recruited through collaboration with community pediatricians until theoretical saturation was reached. Interviews were transcribed verbatim, de-identified, and analyzed for common themes using descriptive analysis in NVivo software.

RESULTS
Between June and October 2023, 16 caregivers participated in our study. The key themes identified were in the following categories: navigating the unknown, bridging the gaps for far away families through equitable resources, and the role of self-advocacy. Families spoke to the overwhelm they faced when being admitted to our centre. For many, it was their first time in our city and the costs associated with being in this city were significant. They identified key gaps in resources and supports, such as knowledge of medical teams, difficulties with eligibility requirements and reimbursement, and inadequate availability of resources after-hours and on weekends. Self-advocacy was important to all participants and innovative solutions were proposed, such as knowledge exchange facilitated by caregivers with lived experience and caregiver-facilitated trainings for providers.

CONCLUSION
This qualitative study highlights the unique challenges facing families traveling significant distances to receive essential healthcare at a tertiary pediatric hospital in Canada. While significant gaps in resources exist, participants suggested innovative, patient-centred, equitable strategies to bridge these gaps. We plan to partner with patient partners to translate this data into evidence-based interventions to support these families at our institution.
Dr. Kayleigh Campbell / PhD Candidate of Department of OBGYN

Faculty Supervisor: Dr. Tim Oberlander

Prenatal antidepressant exposure and neonatal connectome topology: a neural pathway for early social-emotional disturbances

Dr. Kayleigh Campbell, Dr. Colin Brown, Dr. Ghassan Hamarneh, Dr. Steven Miller, Dr. Tim Oberlander

BACKGROUND

Serotonin reuptake inhibitor (SRI) antidepressants are commonly prescribed to treat maternal depressed mood during pregnancy, yet the impact of prenatal SRI exposure on the developing brain remains poorly understood. Using a structural network approach to model early brain connectivity, this study investigated the impact of prenatal SRI exposure on neonatal connectome topology and subsequent associations with early child behaviour at 2-years of age.

METHODS

At postnatal day-7, three groups of term-born neonates underwent diffusion MRI: SRI-exposed (n = 25), Depression-exposed (i.e., unmedicated; n = 23) and non-exposed Controls (n = 27). Structural connectomes were constructed from probabilistic tractography, and graph theory analysis was used to compute network metrics describing key topological features of early brain organization. Network metrics were then compared between groups, adjusting for infant sex, gestational age at birth and postmenstrual age at MRI. At 2-years, toddlers underwent behavioural assessments (Bayley Scales of Infant/Toddler Development-III, Child Behavior Checklist) and partial least squares analysis was used to identify associations between neonatal brain connectivity and early child behavioural outcome.

RESULTS

Compared to both the Depression-exposed and Control groups, SRI-exposed neonatal connectomes had significantly lower global efficiency and higher modularity, predominantly across orbitofrontal, subcortical and superior parietal connections in the left hemisphere, and among SRI-exposed males. Lower connectivity across several newborn brain regions, particularly the bilateral precuneus and left angular gyrus, were then significantly associated with lower cognitive and social-emotional scores, as well as greater externalizing behavioural problems, in SRI-exposed toddlers at 2-years of age (38% covariance; permuted p=0.002). There were no significant brain–behaviour associations identified in either non-SRI-exposed group (Depression-exposed, Controls).

CONCLUSIONS

Prenatal SRI exposure uniquely shaped early brain connectivity, beyond the impacts of maternal depressed mood alone. SRI-exposed neonates, particularly males, had more segregated but less globally-integrated connectome topologies, possibly reflecting weaker or immature longer-range connections and therefore lower communication efficiency among regions involved in cognitive and social-emotional processing. These early brain changes may reflect an endophenotype of atypical neurodevelopment associated with prenatal SRI exposure.
Infectious complications associated with treatment of children with relapsed acute lymphoblastic leukemia: a descriptive analysis

**Dr. Rozalyn Chok, Dr. Amanda Li**

**BACKGROUND:** Children with relapsed acute lymphoblastic leukemia (ALL) have higher rates of infection and treatment-related mortality than at initial diagnosis. While the role of targeted immunotherapy agents is increasing in this population, combination intensive chemotherapy remains the current standard treatment approach for re-induction. However, the risk of serious infections is high and may affect ability to proceed with consolidative treatment. We performed an in-depth review of infectious complications during re-induction for relapsed ALL in patients at our centre to better understand how to monitor for, prevent, and treat infections in this population.

**OBJECTIVE:** To describe the incidence and pattern of infections during re-induction in children with relapsed ALL at a single tertiary centre.

**DESIGN/METHODS:** A retrospective chart review and descriptive analysis was performed of patients from British Columbia Children’s Hospital with relapsed ALL between 2006 to 2022 receiving combination chemotherapy for initial re-induction treatment.

**RESULTS:** Forty-three patients (58% male) were included with median age at relapse of 10.2 years. The most common diagnosis was B-cell ALL (n=36; 84%). Most patients had isolated or combined medullary relapse (n=36; 84%). 90% of patients (n=39) received four-drug re-induction with steroids, an anthracycline, vincristine, and asparaginase. Median duration of severe neutropenia was 21 days. Twenty-two patients (51%) had hyperglycemia during re-induction. There were 42 microbiologically or clinically confirmed infectious episodes in 22 patients (51%). Fourteen episodes (33%) were diagnosed in an outpatient and resulted in readmission to hospital (median duration 15 days). Two patients (4.8%) required admission to the pediatric intensive care unit (PICU) for inotropic support. Frequent sites of infection were head and neck (36%), bloodstream (29%), intraabdominal (29%), and skin/soft tissue (21%). Bacterial infections (62%) predominated over viral (21%) and fungal (17%). No patients received antibiotic prophylaxis other than for Pneumocystis jirovecii. Antifungal prophylaxis was used in 30% of patients. Linear regression showed a trend toward increased infection in patients with hyperglycemia and prolonged neutropenia. At median follow up of 36 months, 29 patients (67%) were alive and disease-free. All deceased patients had active disease at the time of death. There were no deaths due to infection.

**CONCLUSION:** Our results show high rates of infection in newly relapsed ALL patients undergoing combination chemotherapy re-induction. Given high rate of readmission in our cohort, inpatient admission for these patients may be warranted, particularly during periods of severe or prolonged neutropenia. Further studies may clarify if management of hyperglycemia helps to reduce infection risk.
Dr. Jad El Maamari / Pediatric Hematology, Oncology, Bone Marrow Transplantation

Faculty Supervisor: Dr. Paul Monagle

Reference Values for coagulation analytes across 3 different analyzers in neonates and children 30 days to 18 years of age

Dr. Jad El Maamari, Dr. Vasiliki Karlaftis, Dr. Chantal Attard, Dr. Sharon Yong, Dr. Stephen Hearps, Dr. Paul Monagle on behalf of The HAPPI Kids Study Team

BACKGROUND
Accurate pediatric reference intervals (RIs) in coagulation testing are imperative for delivering optimal clinical care. Currently, limited data are available for comparing continuous age-matched references across various analyzers. This study offers a comprehensive comparison of reference values and age specific RIs for coagulation analytes in children, utilizing three different analyzer types.

METHODS
Blood samples were collected from healthy newborns and children aged 30 days to less than 18 years. Serum aliquots from the same individual were analyzed using three different analyzer types. Differences in mean reference values among the analyzers were examined through mixed-effect regression analysis. The maximum variation between analyzers was compared with analyte-specific allowable total error from the Westgard QC database. Quantile regression, utilizing power variables in age selected by fractional polynomial regression for the mean, was employed to estimate age specific RIs, with adjustments for sex when necessary.

RESULTS
Variations in age-specific mean reference values among different analyzer types typically remained within the acceptable total error limits, as defined by Westgard QC, for most analytes. Age-specific reference limits applicable across various analyzers were established based on age and/or sex. Furthermore, analyzer-specific reference limits for all analytes across the three types were also detailed in relation to age and/or sex. Direct head to head comparison of aliquots across analysers for the first time enables us to look at differences between analysers at a population and individual level. The different analysers showed clinically significant variation. Age is a critical variable in determining the reference intervals applicable to individual patient samples.

CONCLUSIONS
This study systematically quantifies and qualitatively assesses the concordance of results for individual children across diverse analyzer types, emphasizing the importance of accurate analyser specific age-related reference intervals. The presented equations facilitate the seamless integration of age-specific reference intervals into laboratory information systems, thereby enhancing the precision of evidence-based clinical decision-making in pediatric care.
Dr. Elad Machtey / Pediatric Emergency Medicine Fellow

Faculty Supervisor: Dr. Melissa Skaugset

Pediatric Point-of-Care Ultrasound Training Module for Acute Neck Lymphadenopathy

Dr. Elad Machtey, Dr. Melissa Skaugset

BACKGROUND
Point-of-Care Ultrasound (POCUS) has become indispensable in pediatric care, aiding in diagnoses, guiding procedures, reducing emergency department stays and more. Its radiation-free nature and cost-effectiveness make it a valuable tool. The rise of online learning, accelerated by the pandemic, offers flexibility and cost-effectiveness, making it an ideal platform for POCUS education.

OBJECTIVES
Teaming up with KidSONO, our aim was to create an online module integrating theory and image quizzes, and a video tutorial for assessing children with acute neck lymphadenopathy. KidSONO, designed for pediatric POCUS e-teaching, adjusts content based on learner performance, providing a personalized learning experience with Royal College credits.

METHODS/TECHNIQUE
We collected POCUS scans from our Emergency Department, spanning 37 examinations and generating 355 video clips and 63 images. Literature reviews informed our main module, covering clinical approaches, indications, techniques, and normal lymph node anatomy. We addressed reactive nodes, suppurative nodes, abscesses, and lymphomatous.

RESULTS
Through literature review and internal scans, we developed a comprehensive module emphasizing POCUS reliability in neck swelling assessment, an image quiz featured 15 questions with clinical vignettes and troubleshooting scenarios. theory quiz covered key aspects of POCUS for neck swelling in children.

NEXT STEPS
Feedback from KidSONO has guided us to develop a tutorial video supplementing the main module. This 10–15-minute video will reiterate POCUS evidence, indications, techniques, and troubleshooting scenarios.

CONCLUSION
In a short timeframe, we created a Pediatric POCUS training module, hoping to enhance clinical assessments and healthcare for pediatric patients. The multilayered approach, encompassing theory, quizzes, and video content, reflects our commitment to comprehensive and accessible education for healthcare providers.
Dr. Lilian Ping Ling Ngo / Pediatric Neonatology Fellow  
Faculty Supervisor: Dr. Pascal Lavoie  
The impact of RSV infection post-resurgence on disease severity and the role of co-infection in infants less than 6 months old in British Columbia, Canada  
Dr. Lilian Ngo, Dr. Marina Viñeta Paramo, Dr. Bahaa Abu-Raya, Dr. Frederic Reicherz, Dr. Rui Yang Xu, Jeffrey N. Bone, Dr. Jocelyn A. Srigley, Dr. Alfonso Solimano, Dr. David M. Goldfarb, Dr. Pascal M. Lavoie

BACKGROUND
The epidemiology of RSV has changed during the COVID-19 pandemic. The resurgence of RSV infections post-Covid-19 mitigation measures relaxation has become a significant public health concern. While seasonal respiratory viruses (e.g., RSV, flu, rhinoviruses) each have their own seasonal periodicity, driven by viral and population factors, this year (2022-23) saw a lot more synchronous epidemics across viruses, potentially in the context of lower population immunity rates against these infections, compared to any previous years. This study aimed to study the severity of RSV infections in children < 6 months old and explore the potential role of viral co-infections in increasing the severity of RSV infection in this age group.

METHODS
Retrospective cohort study of all children < 6 months old who tested RSV positive at BC Children’s Hospital (BCCH) between September 1, 2017 to January 7, 2023. The main severity outcomes were hospitalizations and intensive care unit (ICU) admissions.

RESULTS
Only 1 RSV case was detected at BCCH, and 11 cases in all of BC between Sep 2020 and Aug 2021. Following this hiatus, RSV cases resurged massively in the (Sept-Aug) 2021-22 period, with 241 RSV cases reported (testing positivity rate: 19.1%), but no more hospitalizations (n=64; 26.6% of RSV cases) and ICU admissions (n=16; 25.0% of RSV hospitalizations) than the average of three pre-pandemic periods (average 61 hospitalizations, 49.6% of RSV cases, and 14 ICU admissions, 32.3%, per season, in 2017-2020). The following year (Sept 1, 2022-Jan 7, 2023) saw more RSV cases (n=172; testing positivity rate: 29.6%), with significantly more hospitalizations (n=90; 52.3%; 95%CI: 44.8% to 59.8%) and ICU admissions (n=29; 32.2%; 95%CI: 25.2 %to 39.2 %), in healthy children, with a younger median age at diagnosis (1.8 months; IQR: 1.1 to 3.0 months), compared to 2021-22 (2.6 months; IQR: 1.4 to 4.0 months) p<0.001. There was also an increase in the proportion of children with viral co-infections among those admitted to ICU in 2022-23 compared to 2021-22 (9/29; 31.0% vs. 2/16; 12.5%; OR: 4.27, 95%CI: 0.95-30.64). There was no difference in length of hospital stay between the 2021-22 and 2022-23 periods (median 3 days, IQR 2-5 versus 3 days, IQR 2-6 days). Hospitalizations in palivizumab-eligible infants, including children born prematurely <35 weeks GA and those with cardiac or respiratory co-morbidities remained low in both periods (n=4 in 2021-22, and n=4 in 2022-23).

CONCLUSION
RSV practically disappeared in BC from September 1, 2020 to August 31, 2021, and this was followed by a progressive worsening of RSV clinical severity in healthy young infants over the following two seasons. Hospitalizations and ICU admissions remained infrequent in palivizumab-eligible infants. In 2022-23, viral co-infection may have contributed to increasing ICU admissions, although completion of data for the remaining portion of the season is required to conclude more decisively.
Evaluation Without Representation: Pediatric Resident Perspectives on CBME

Dr. H. Anzinger, Dr. B. Schrewe

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Dr. Amanbir Atwal / Ped Resident (PGY 3)

Faculty Supervisor: Dr. Erin Peebles

Implementation of Self-determination Theory in Pediatrics Clerkship Academic Half Days

Dr. Amanbir Atwal, Dr. Erin Peebles

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Residency Letters in the AI Era: Comparing AI and Human-Generated Personal Statements for Pediatric Residency Admissions

Dr. Brittany Curry, Dr. Mia Remington, Dr. Amrit Kirpalani, Dr. Erin Peebles

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Dr. Sean Duke / Ped Resident (PGY 3)

Faculty Supervisor: Dr. Catherine Biggs

Functional and phenotypic characterization of novel loss-of-function variants in CTLA4

Dr. Sean Duke, Dr. James Maiarana, Dr. Pariya Yousefi, Dr. Samantha Gerrie, Dr. Cornelius Boerkoel, Dr. Ali Amid, Dr. Dewi Schrader, Dr. Orlee Guttman, Dr. Sally Lawrence, Dr. Meera Rayar, Dr. Connie Yang, Dr. Anna F. Lee, Dr. Amin Kanani, Dr. Persia Pourshahnazari, Dr. Audi Setiadi, Dr. Jacob Rozmus, Dr. Stephanie Erdle, Dr. Kyla J Hildebrand, Dr. Elliot James, Dr. Stuart E Turvey, Dr. Janet Markle & Dr. Catherine M Biggs.

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Dr. Sabine Laguë / Ped Resident (PGY 4)

Faculty Supervisor: Dr. Shreya Moodley

The Pediatric Aortopathy Connection: Creating a provincial patient and family networking and educational conference for inherited aortopathies

Dr. Sabine L. Laguë, Dr. Leslie Raffin, Dr. Pascal Bernatchez, Dr. Alison Castle, Dr. Winnie Chung, Dr. Astrid de Souza, Dr. Karen LeComte, Dr. Karen Lyons, Dr. Gnalini Sathananthan, Dr. Heather Stephenson, and Dr. Shreya Moodley

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Enhancing Social Determinants of Health Education for Pediatric Residents

**Dr. Nancy Lum, Dr. Sara Jassemi**

Read poster online:

2024 CRD Poster Competition combined posters from Residents and Fellows.pdf (ubc.ca)

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**Introduction**

Social Determinants of Health (SDOH) account for 30-55% of health outcomes,
however, existing medical curricula may not sufficiently equip trainees to address patients’ psychosocial needs.

This ongoing quality improvement project aims to increase resident proficiency in assessing and addressing SDOH within UBC's Pediatric Residency Program.

We present our environmental scan of the program’s curricular climate surrounding SDOH education. Additionally, we present our driver diagram that informed the interventions for our Plan-Do-Study-Act (PDSA) cycles.

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**Methods**

- **Environmental scan**
  - Interviewed practicing group
  - Chart review
  - Resident survey
  - Continuity Clinic

**Primary Drivers**

- **Knowledge**
  - What SDOH to ask about (e.g., IT-HELPS, severity, relevance)
  - How to ask about SDOH (e.g., nonjudgmental, trauma-informed, culturally safe approaches)
  - Why we should ask about SDOH (e.g., reduce excessive management, build rapport, preventive care, advanced)

**Secondary Drivers**

- **Experience**
  - First-hand experience asking about SDOH
  - Second-hand experience observing others ask about SDOH

- **Attitudes**
  - Prioritization of psychosocial aspects of care
  - Self-efficacy around ability to make impact on patients' SDOH

**Proportion of Assessments**

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<td>Personal work stress</td>
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<td>Income occupation</td>
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<td>Emotional health history access</td>
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<td>Screen for housing instability</td>
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</tr>
<tr>
<td>Screen for transportation needs</td>
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</tbody>
</table>

**Discussion**

We selected 3 change ideas for the Social Determinants of Health (SDOH) in our PDSA cycles:

- An orientation presentation, which teaches the IT-HELPS approach to social history-taking.
- A case workbook on common psychosocial issues in General Pediatrics.
- Structured observations of psychosocial histories taken by healthcare providers experienced in Social Pediatrics.

We plan to study how these interventions affect resident proficiency at assessing and addressing SDOH through our PDSA cycles.

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**References**

Dr. Emma McCrady / Ped Resident (PGY 2)

Faculty Supervisor: Dr. Erin Peebles, Dr. Matthew Carwana

Unseen and Unheard: Medical Student Perspectives on Interpreter Use and the Hidden Curriculum

Dr. Emma McCrady, Dr. Erin Peebles, Dr. Matthew Carwana

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Dr. Paige Murphy / Ped Resident (PGY 3)

Faculty Supervisor: Dr. Aisling Young

Scanning for Success: perceived barriers and rates of completion of extended cardiac views on prenatal ultrasound before and after a targeted education session

Dr. Paige Murphy, Jennifer Lawless, Dr. Aisling Young

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Dr. Jacqui van Warmerdam / Ped Resident (PGY 2)

Faculty Supervisor: Dr. Joseph Ting, Dr. Emily Kieran

Respiratory outcomes by five years of age among children born preterm: a population-based study using health services data

Dr. Jacqui van Warmerdam, Dr. Ye Shen, Dr. Lindsay Richter, Dr. Connie Yang, Dr. Sarka Lisonkova, Dr. Jonathan Wong, Dr. Ashley Roberts, Dr. Jeffrey Wong, Dr. Emily Kieran, Dr. Joseph Ting

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Serious bacterial infections in infants 90 days and younger associated with acute respiratory tract infections at BC Children’s Hospital. A subgroup analysis of the READAPT-Kids BC Cohort: Clinical Characteristics and outcomes of hospitalized children with Acute respiratory infections in British Columbia

Dr. Claire Seaton, Dr. Fahad Alotaibi

Read poster online:

2024 CRD Poster Competition combined posters from Residents and Fellows.pdf (ubc.ca)
Autism and Second Language Exposure

Dt. Grace Iarocci, Dr. Tim Oberlander, Dr. Sarah Hutchison, Dr. Natalia Diaz Pinzon

What is the impact of second language exposure on cognitive and language skills in children with and without Autism?

Methods

We are currently analyzing existing data from 396 children (age 6-16 years) with and without ASD that has been collected by Dr. Grace Iarocci and her team at the SFU Autism and Disabilities lab.

We are using the EF and Functional Communication scales from the Behavior Assessment System for Children—Second Edition Parent Report to measure cognitive and language skills.

We are using parent reported measures of second language exposure.

IQ was measured using the English version of the WASH-11 during a one-on-one assessment with the child.

References


Dr. Jad El Maamari / Hematology, Oncology and BMT Fellow

Faculty Supervisor: Dr. Rod Rassekh

Does treatment with Vincristine impact gait function in individuals who are at least 5 years post completion of childhood cancer treatment? A pilot study.

Dr. Jad El Maamari, Dr. Tim Bhatnagar, Dr. Karen Davies, Dr. Kristin Marr, Dr. Rod Rassekh

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Dr. Sanya Grover / Ped Medical Student (third year)

Faculty Supervisor: Dr. Matthew Carwana

Patient and caregiver perspectives of trauma-informed care in pediatric practice: a scoping review

Dr. Sanya Grover, Dr. Colleen Pawliuk, Dr. Devon Greyson, Dr. Britt Udall, Dr. Matthew Carwana

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Dr. Catherine Njeru / Hematology, Oncology and BMT Fellow

Faculty Supervisor: Dr. Caron Strahlendorf

A Glimpse into the chance of saving the eye- a case series of retinoblastoma patients treated with intra-arterial chemotherapy

Dr. Catherine Njeru, Dr. Caron Strahlendorf

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Dr. Nicole (Nikki) Tyminski / Adolescent Health and Medicine Fellow

Faculty Supervisor: Dr. Anita Datta, Dr. Katelynn E. Boerner, Dr. Sheila K. Marshall, Dr. Jennifer S. Coelho

Ketogenic diets for children and youth with epilepsy: Exploring long-term impacts on eating behaviour

Dr. Tanya Pardiwala, Dr. Nicole Tyminski, Dr. Anita Datta, Dr. Katelynn E. Boerner, Dr. Sheila K Marshall, Dr. Jennifer S. Coelho

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