



Pediagogue

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

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Pediagogue

is published bi-annually by the Department of Pediatrics, University of British Columbia at BC Children's Hospital. The magazine provides news, updates, and information about faculty members, residents and trainees, alumni and staff.

Submissions and feedback are always welcome.

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Issue Number 12
Spring/Summer 2009

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Message from the Department Head



**Dr. Bob
Armstrong**
Department Head

Physician Leadership

Today there is increasing attention being paid to the role of physicians as leaders in the health care system; their role in ensuring best practice, quality and safety, their leadership in managing and transforming the system of care, and their role in advocating for the needs of those they serve. This is in addition to their central role as clinicians being individually responsible for the patients directly in their care and their personal accountability to the College and to the health authority through the privileges they earn.

This is a tall order and fortunately we don't have to play all roles or all roles at the same time! However, we have to be well prepared for the leadership roles we do play and we have to have clarity of responsibility and accountability when we take on the roles.

As educators we do best at preparing trainees for the role of clinician but in line with CANMeds we have to think about the multiple roles and how

we craft our training programs and continuing professional development to better prepare for the roles we take on.

We have moved a step forward with the new organizational structure introduced by Larry Gold during his first year as President of B C Children's Hospital and with completion of a new strategic plan that is innovative and challenging.

This is a critical time for physician leadership. We have revised the leadership role descriptions for pediatrics and we are now in search of two senior medical directors for the pediatric program and acute/critical care program. Dr. O'Donnell remains Senior Medical Director at Sunny Hill.

Please consider stepping up to these very important leadership roles and help set the direction for the future of BC Children's Hospital. The organizational structure, role descriptions and advertisements for the two positions can be found on the department web-site at: <http://www.pediatrics.med.ubc.ca/ProfessionalOpportunities.htm>

Dr. Armstrong can be reached at: barmstrong@cw.bc.ca.

Pediatric Emergency Care: March 2009 - Volume 25 - Issue 3 - pp 160-163

“Impact of an Observation Unit and an Emergency Department-Admitted Patient Transfer Mandate in Decreasing Overcrowding in a Pediatric Emergency Department: A Discrete Event Simulation Exercise”
Hung, Geoffrey R. MD, FRCPC, FAAP; Kisson, Niranjana MD FRCPC, FAAP, FCCM

Objectives: The primary objective was to examine the effects of a simulated observation unit (OU) and a transfer mandate for admitted patients on pediatric emergency department (PED) patient flow indicators. The secondary objective was to report on the occupancy rate of the simulated OU.

Methods: Simulations were conducted using a previously designed and validated discrete event simulation model of our PED operations. A simulated OU was designed, and an emergency department-admitted patient transfer mandate was developed and then applied to a discrete event simulation model. Four scenarios (regular PED operations with and without a 5-bed OU and transfer mandate in all combinations) were modeled.

concluded on p. 6

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Any opinions expressed by authors of articles in Pediagogue are the authors' opinions alone and do not represent the philosophy or opinions of the Department of Pediatrics

Administration News



Marcelle Sprecher

Acting Director of Administration

In addition to our usual full workload, we are currently in the process of preparing our Department of Pediatrics Five Year Review.

These reviews are conducted before the end of the Department Head's first and/or second term, and are intended to inform on the Department's future direction. In our case, this is the second term of Dr. Bob Armstrong's tenure as Department Head, and the review will also support the new Department Head search, whose effective recruitment date is July 1, 2010.

A Five-Year Review document is being prepared by the Department and Divisions with the assistance of the Faculty of Medicine. It will review the Department's accomplishments over the past five years and its strategic direction for the next five years. As reported in the previous edition of *Pediagogue*: <http://www.pediatrics.med.ubc.ca/Pediagogue.htm>, a Strategic Planning Committee chaired by Dr. Stuart Turvey together with members from across the Department, have been working to engage all members in making recommendations on the Department's future directions.

An Internal Self Study Committee with cross departmental membership is also in the process of being created. Its purpose will be to provide an "independent" reflection on the Department which will form part of the document for the external reviewers. Their work will supplement, but be totally independent of the departmental report.

Three external reviewers have been selected by the Dean of Medicine with input from our faculty members.

They are:

Dr. Garth Warnock, Professor and Head of the Department of Surgery, UBC who will act as Chair of the Review Team:

Dr. Colin Rudolph, Professor & Vice-Chair for Clinical Affairs and Chief of Pediatric Gastroenterology and Nutrition, Department of Pediatrics at the Medical College of Wisconsin and Children's Hospital of Wisconsin.

Dr. Phil Sherman (Toronto) Division of Gastroenterology, Hepatology and Nutrition, Professor, Department of Paediatrics, University of Toronto.

The external review will take place from October 5 to 7, 2009, with opportunity for members of the Department to participate.

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

Residents' Review

Pediatric Chief Residents' News



*Drs. Cristina Bigg and Shelina Jamal,
Pediatric Chief Residents*

The pediatric chief residents are very excited to be welcoming 13 new pediatric residents, two pediatric neurology residents, and one medical genetics resident July 1st, 2009. The entire CARMs process went very smoothly and received excellent feedback from its participants, interviewers, and volunteers. We would like to thank everyone who contributed to the success of this program.

Academic Half Day, held weekly on Tuesday afternoons, continues to follow its new case-based approach. This format is resident-driven and has allowed for a clinically based approach to pediatric teaching and resident learning. It has been very well received by staff and residents alike.

We are happy to continue our affiliation with the Red Cross Hospital in South Africa and Sydney Children's Hospital in Australia with resident exchange programs.

Celebrate Research Day, held March 20th, show-cased resident research. Congratulations to Dr. Kevin Harris, winner in the resident

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Residents' Review

research competition held that day.

Dr. Harris represented our program at The National Pediatric Research competition in Winnipeg on May 14th. The annual Pediatric Resident Spring Retreat was held in April, with a focus on ethics in pediatric practice as well as some child-life inspired activities! Our fourth year residents completed the written portion of their Royal College Exams on May 6th.

We are delighted to have Dr. Grace Yu join our team as the new Assistant Program Director. Along with Drs. Druker and Yu, we have achieved some considerable steps forward. Implementation of family-centered rounds on the wards has been a huge success, both for patient care and management as well as family satisfaction. In response to resident requests, beginning in July 2009, night float will be replacing traditional CTU call. Pediatric Mock Codes have been reinstated with an eventual transition to the use of patient simulator machines. We are actively working on the creation of a Pediatric Resident Continuity Clinic as well as Pediatric Morbidity and Mortality Rounds.

Lastly, we would like to thank Dr. Alexandra Zorzi for all of her work and dedication as our chief resident over the past year. She has significantly contributed to the education and well-being of the pediatric residents, and we look forward to continuing on in this tradition.

Cristina Bigg, MD
Shelina Jamal, MD

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



Education Program Updates

Dr. Joan Fraser, Associate Head, Education

The recent past education reports have emphasized the expansion of the UBC Medical School across the province, and this one will continue in a similar vein.

The Faculty of Medicine is now reaching tendrils across the province and as far North as Fort St John. The next phase of expansion will be the opening of a new campus, full medical school, in the Okanagan, based in Kelowna, to be named the Southern Medical Program (SMP). A new Associate Dean, Dr. Allan Jones, has just been appointed, and we are about to appoint Dr. Eleanora Hansch, a new faculty recruit to Kelowna, as the new education leader (DSSL) for the core education program development in Kelowna.

Reference to the Faculty of Medicine map will show evidence of all provincial sites currently involved in FoM programs, including post-graduate. UBC has now become one of the most 'watched' schools in the world for its experience with distributed education and its innovative integrated clerkship programs.

Pediatrics is one of the most distributed Undergraduate programs; we currently manage a total of seven core sites.

We are now running core clerkship programs (Yr 3) in five Vancouver-Fraser sites. In addition, we will have three Integrated Yr 3 clerkship programs in Chilliwack, Terrace and Fort St John. The latter two sites do not have pediatric specialists other than visiting Out Reach clinics, so our students will be learning pediatrics in primary-care community settings. However, UBC remains responsible for the curriculum delivery on these sites and we therefore need to remain as involved as possible. I have been appointed as the UBC Integrated Core Clerkship Director, responsible for the running and implementation of these integrated programs.

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Education Program Updates

cont'd from p. 5

We have a successful senior resident program in Kamloops and Surrey, and hope to develop increasing experience for residents in community settings to enhance both core residency experiences and recruitment to the community.

Our education office has expanded slightly to accommodate the increasing workload; we welcome Dr. Grace Yu, who has joined us as an assistant Post-Graduate Director; we also welcome Dr. Erik Swartz as the new academic pediatrician in Richmond; Erik has responsibilities as the Clinical Skills Director and as the Richmond DSSL. Dr. Victoria Atkinson, also based in Richmond, has taken over the Yr 4 Director position and Dr. Mumtaz Virji has moved to the Yr 3 program.

Dr. Regan Ebbeson who has been with us as the Teaching Fellow for the past seven months, has been a welcome addition to our programs.

Courtesy of the expansion, the ability to video-conference (V-C) our Grand Rounds has been improved, thereby adding to our connection to our other sites, both near and remote, and enhancing our faculty's ability to access CME credits. Work continues on adding more sites and with newer technology to be able to reach quite small or isolated communities. We already video-conference our academic half-days for residents and students, and are likely to increase this modality of delivery so faculty may find themselves more involved with this technology than before. (Courses are offered for those new to V-C technology - contact: anil.patel@ubc.ca for more information).

In the bigger world of medical education, the Centre for Health Education Scholarship (CHES) has opened with Dr. Joanna Bates as Director; however we look forward to the arrival of Dr. Glenn Regher this summer. Dr. Regher is an eminent medical education researcher from the Wilson Centre in Toronto. This Centre will be a huge asset to the possibilities of medical education activities and research, and will support the Clinical Educator Fellowship programs. Pediatrics has been a leader with its Teaching Fellowship program and we hope to turn this position into a more academic position through CHES.

Have a great summer everyone, we have lots of work ahead of us in the years to come!

Dr. Fraser can be reached at: jfraser@cw.bc.ca



cont'd from page 3

Results: A combination of an OU and an emergency department-admitted patient transfer mandate resulted in reductions in time to be seen by a physician and length of stay in patients who were triaged with urgent or emergent presentations as compared with PED operations with neither an OU nor a transfer mandate. Small improvements in fracture response were observed for patients triaged with urgent presentations. The OU without the transfer mandate had a simulated occupancy rate of 73.1%. The inclusion of the transfer mandate reduced the occupancy rate to 48.1%.

Conclusions: Simulation scenario analyses predict that an OU and a transfer mandate would reduce overcapacity in the PED, with more substantial reductions in time to be seen and length of stay for patients of high acuity.



Trainees - Scholarly Activities

Wendy Cannon, Scholarly Activities Coordinator

CELEBRATE PEDIATRIC RESEARCH DAY was held on March 20, 2009 at the BCCH Chan Centre. This annual departmental education day is chaired by Research Director Jean-Paul Collet and organized by Wendy Cannon, Scholarly Activities Coordinator. The platform allows residents, subspecialty residents and fellows the opportunity to present their research orally in a professional formal setting before their peers, faculty researchers and educators. This year our invited faculty speaker was Dr. David Speert whose inspirational talk “*Clinical Scientist: Two Roads Diverged in a Yellow Wood*” gave food for thought of the values of clinical and research pathways illustrated by his personal pediatric research pathway.

To feature levels of research opportunities for our trainees, the program this year invited a panel of trainees to speak about their research paths. Invited panel members included: Dr. Cherry Mammen (CIP Award recipient – Fellow Division of Nephrology), Dr. Natalie Shiff (CIP Award recipient – Fellow Division of Rheumatology), Dr. Alexandra Zorzi (Chief Resident 2008-09) and Dr. Kevin Harris (Masters in Health



Invited speakers: from left to right: Dr. Keven Harris, Dr. Cherry Mammen, Dr. Natalie Shiff and Dr. Alexandra Zorzi respond to questions from the audience.

Sciences, Resident Year 4). Following the talks, the panel responded to open questions which stimulated lively discussion.



Research Competition Judges: from left to right: Dr. Rod Rassekh, Dr. Shazhan Amed and Dr. George Sandor give the results of the winners to Dr. Jean-Paul Collet.

Following the panel discussion, Dr. Jonathan Sam (Associate Chief Resident 2008 - 09) provided an overview “*CanMeds and Research in the Residency Program*” naturally of particular interest to the residents in the audience. The program continued with resident and fellow trainee presentations displaying the high quality and diversity of their research within the Department. Some trainees elected to compete in our Research Day Competition which is an integral component of our program.

The best resident paper and the best fellow paper are presented to compete at the Annual National Pediatric Resident and Fellow Research Competition which was held on May 14,

2009 in Winnipeg at the Manitoba Institute of Child Health. The judges selected Resident Dr. Kevin Harris “*Economic Evaluation of Palivizumab in Children with Congenital Heart Disease: A Canadian Prospective*” and Fellow Dr. Andrew Steer “*Molecular Epidemiology of Beta-hemolytic Streptococci in a Tropical Country: Implications for Global Vaccine Development*” as this year’s winners. Congratulations to both Kevin and Andrew! This year, our competition judges were: Dr. Shazhan Amed (Division of Endocrinology), Dr. Rod Rassekh (Division of Hematology/ Oncology), and Dr. George Sandor (Division of Cardiology).

Photos: Wendy Cannon

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Trainees - Scholarly Activities

cont'd from p. 7

We are extremely pleased to announce that Dr. Andrew Steer won the Fellow Research Award at the “21st Annual National Pediatrics Resident and Fellow Research Completion” in Winnipeg on May 14 2009! Andrew is invited to present his research paper (“*Molecular Epidemiology of Beta-hemolytic Streptococci in a Tropical Country: Implications for Global Vaccine Development*”) at the Annual Canadian Pediatric Society (CPS) meeting in Ottawa June 23-27, 2009. Congratulations to Andrew for his national research prize!

Our Research Day and its success involves many people – our thanks to the judges, Karen May for arranging a wonderful lunch and to the Education Team for their help and support. It is enlightening to witness the excellent research being performed by our trainees and our research Day provides the opportunity for this acknowledgment.

We look forward to next year!



Dr. Andrew Steer accepts his award.

Brighter Smiles Africa 2009 Team is Heading to Uganda



*The 2009 Brighter Smiles Africa Team are Heading off to Uganda!
 Lt-Rt: Dr. Niki Radziminski, Wesley Jang, Dawn Roccomtasi,
 Dr. Andrew Macnab, Mandeep Sanghera and Yili Wang*

The 2009 Brighter Smiles Africa Team is packed up and off to Uganda for project delivery during June and July for a global child health initiative in Kampala and surrounding rural communities. The field trip team this year includes: Faculty Leader Dr. Andrew Macnab, Team Leader, Dr. Niki Radziminski, medical students Wesley Jang and Dawn Roccomtasi, dental student Yili Wang and postgraduate student Mandeep Sanghera.

Good luck to the 2009 team in Uganda and we look forward to receiving your report in the Fall!

Wendy Cannon, Scholarly Activities Coordinator, Department of Pediatrics. Wendy can be reached at: wcannon@cw.bc.ca.

Photos: Chris Durlen



Appointment of Co-Directors for the Maternal, Infant, Child and Youth Research Network (MICYRN)

Dr. Aubrey Tingle and Dr. Anne Junker

As Co-Chairs of the Canadian Child & Youth Health Coalition (www.ccyhc.org) we are pleased to announce that, following a national search, the Coalition has appointed Dr. Anne Junker and Dr. Aubrey Tingle as Director and Associate Director respectively of the Maternal, Infant, Child and Youth Research Network (MICYRN). The appointment is effective immediately.

MICYRN was established by the Coalition as a key strategy for building national collaboration around clinical research in child and youth health. In the course of establishing MICYRN, the important link to maternal health was defined and incorporated into the organizational structure and programs that now constitute MICYRN (www.micyrn.ca).

The Director position has been supported through the host institution and this support will continue through the Child and Family Research Institute (CFRI) where Dr. Junker is Director of Clinical Research and Population Health. Dr. Tingle will join CFRI on a part-time basis in relation to his role as Associate Director of MICYRN.

Drs. Junker and Tingle will begin by meeting with the MICYRN committee members and doing a scan of issues and opportunities. We have had tremendous support through the Foundations across the country and will be working with them to ensure the continued growth and success of this very important initiative.

We would like to take this opportunity to thank Dr. Terry Klassen for the tremendous leadership he provided in getting MICYRN established. Not only did we have Terry's leadership but we had direct financial and in-kind commitment from his department, Stollery Children's Hospital, and the Stollery Children's Hospital Foundation.

We would like to thank Dr. Victor Han and Gwen Burrows for chairing the Search Committee for the new Director(s) and also the members of the committee. The committee worked hard to ensure that we had the right candidate(s) to take MICYRN to the next stage and we thank them for that. Other members on the Search Committee were Elaine Orrbine, Drs. Alan Bocking, Thierry Lacaze, Jacques Lacroix, Alan Rosenberg, and Norm Rosenblum.

Finally, we want to thank Anne and Aubrey for taking on this challenge. We believe the level of commitment and collaboration we have seen across the country for this initiative is unprecedented and we can assure them that they will have, from all of us, the support that will be required to make this a success for all of the mothers, infants, children and youth of the country.

Dr. Junker and Dr. Tingle will be happy to receive your comments, advice and volunteer efforts. They can be reached at: ajunker@cw.bc.ca and tngl@telus.net, respectively.

Sincerely,

Bob Armstrong
Co-Chair, Canadian Child & Youth Health Coalition
and Director, Associate Professor & Chair, Department of Paediatrics
University of British Columbia

Marilyn Booth
Co-Chair, Canadian Child & Youth Health Coalition
and Executive Director, Provincial Council for Children's Health (Ontario)

On behalf of the CCYHC members: CAPHC, CCHCSP, CFAN, CPS, (CCCHR, MICYRN, PCC, PSCC, SKC





Department of Pediatrics Faculty Awards

for the Period January 1, 2008 - December 31, 2008

Name	Sponsor/Donor	Name of Award
Dr. Adam Cheng, Assistant Professor	UBC Faculty of Medicine	UBC Clinical Faculty Award for Excellence in Teaching
Dr. Adam Cheng, Assistant Professor	BC Children's Hospital	Education Award of Excellence with Distinction
Dr. Quynh Doan, Clinical Assistant Professor	Canadian Pediatric Society	1st Prize Fellow Research Award
Dr. Quynh Doan, Clinical Assistant Professor	Society for Pediatrics Research	Clinical Fellow Research Award
Dr. David Dix, Clinical Associate Professor	Partners in Care Family Advisory Committee/BCCH and BCCF	Family Centred Care Award Honourable Mention
Dr. Jennifer Druker, Clinical Associate Professor	Department of Pediatrics, Pediatrics Residency Program	Golden Rattle Award
Dr. Walter Duncan, Clinical Professor	Department of Pediatrics, Pediatrics Residency Program	Teacher of the Year Award
Dr. Shawn George, Clinical Instructor	Department of Pediatrics, Pediatrics Residency Program	Rookie of the Year Award
Dr. Ruth Grunau, Professor	Human Early Learning Partnership (UBC)	Senior Scholar Award
Dr. Keyvan Hadad, Clinical Assistant Professor	Department of Family Practice	2008 Postgraduate Teaching Award
Dr. Jane Hailey, Clinical Associate Professor	Partners in Care Family Advisory Committee/BCCH and BCCF	Family Centred Care Award Honourable Mention
Dr. Judith G. Hall, Professor Emerita	Canadian Pediatric Society	Lifetime Membership in Canadian Pediatric Society
Dr. Jean Hlady, Clinical Professor	BC Representative for Children and Youth	Award of Excellence
Dr. Derek Human, Clinical Professor	Partners in Care Family Advisory Committee/BCCH and BCCF	Family Centred Care Award
Dr. Sheila Innis, Professor	Dieticians of Canada	Volunteer Recognition Program Award



Department of Pediatrics Faculty Awards

for the Period January 1, 2008 - December 31, 2008

Name	Sponsor/Donor	Name of Award
Dr. Osman Ipsiroglu, Clinical Associate Professor	German Society for Social Paediatrics and Adolescent Medicine; German Society for Family Medicine	Transcultural Paediatrics Award of the German Society for Social Paediatrics and Adolescent Medicine, Poster Prize of the German Society for Family Medicine
Dr. Frank Jagdis, Clinical Associate Professor	Department of Pediatrics, Pediatrics Residency Program	Best Community Based Pediatrician of the Year
Dr. Peter Louie, Clinical Instructor	Department of Pediatrics, Pediatrics Residency Program	Best Hospital Based Pediatrician of the Year
Dr. Andrew J. Macnab, Professor	American Urological Association	Outstanding Achievement in Research Innovation
Dr. Andrew J. Macnab, Professor	Canadian Pediatric Society (CPS)	CIHR Research Prize (Faculty Supervisor, resident research)
Dr. Ross Petty, Professor Emeritus	Governor General of Canada	Order of Canada
Dr. Min Sen Phang, Clinical Associate Professor	UBC Clinical Faculty Award for Excellence in Clinical Teaching	UBC Faculty of Medicine
Dr. Glenn Robertson, Clinical Assistant Professor	Wyeth Pharmaceuticals	Wyeth Excellence in Teaching Award, Undergraduate Education
Dr. David Speert, Professor	Department of Pediatrics, Pediatrics Residency Program	Ivory Tower Award
Dr. David Speert, Professor	Vancouver/Lower Mainland Chapter of the Canadian Cystic Fibrosis Association	BC Cystic Fibrosis Association Dawn Green Volunteer Award
Dr. Paul Thiessen, Clinical Professor	Pediatric Chairs of Canada, Pediatric Academic Leadership Award - Clinician Practitioner Award	Pediatric Chairs of Canada
Dr. Glen Ward, Clinical Assistant Professor	BC Pediatrics Society	Judith Hall Service Award
Dr. Stephen Wellington, Clinical Assistant Professor	BC Children's Hospital	Excellence in Education Award with Distinction



Dr. Judith G. Hall, Professor Emerita of Pediatrics and Medical Genetics is honoured with the 2009 UBC Faculty of Medicine Bill & Marilyn Webber Award

*Judith G. Hall, OC, MD, FCAHS
Professor Emerita of Pediatrics and
Medical Genetics, UBC & Children's and
Women's Health Centre of BC*



*Dean Gavin Stuart presents Dr. Hall with the
Bill & Marilyn Webber Award*

The Department of Pediatrics is pleased to announce that Dr. Judith G. Hall received the 2009 UBC Faculty of Medicine Bill and Marilyn Webber Lifetime Achievement Award. Dr. Hall was honoured at the Faculty of Medicine Awards Reception which took place on April 29, 2009 at the University Golf Club.



Dr. Hall's acceptance speech

The Bill and Marilyn Webber Award recognizes extraordinary members of the Faculty of Medicine who have sustained distinguished careers at UBC in the areas of research, teaching and service. Dr. Hall, who was Head of the UBC Clinical Genetics Unit from 1981-1990 and Head of the Department of Pediatrics at UBC and BC Children's Hospital from 1990-2000, has had a remarkable career as a clinician and clinical researcher, teacher, educator, administrator, and as a local, national, and international leader. Dr. Hall, an extraordinary physician and scientist, is recognized nationally and internationally as one of the foremost clinical geneticists in the world.

Dr. Hall is particularly honoured to receive the UBC Faculty of Medicine Bill and Marilyn Webber Lifetime Achievement Award. She notes that UBC and BC Children's Hospital have been an environment which has fostered clinical research. The support of the Children and Family Research Institute and the BC Children's Hospital Foundation have been integral to her ability to continue to do clinical research and Dr. Webber played an important role in bringing her to British Columbia and in mentoring her administrative roles.

Congratulations, Dr. Hall!

*Photos by Janice Franklin
Faculty of Medicine*

Department of Pediatrics Recognition and Awards Dinner, March 18, 2009, University Golf Club

Georgia Petropoulos, Communications Coordinator



The Department of Pediatrics Recognition and Awards Dinner, hosted by Dr. Bob Armstrong, was held on March 18, 2009 at the University Golf Club.



Dr. George Hahn

This year, Dr. George Hahn, Clinical Associate Professor Emeritus with the Division of Developmental Pediatrics was recognized on his contributions to the Department and for his integral role in the advancement of the care of children having neurodevelopmental disabilities.



Dr. Ross Petty

Dr. Ross Petty, Rheumatologist and Professor Emeritus was honored on his induction into the Order of Canada. Dr. Petty was recognized for his contributions to the field of pediatric rheumatology, including the establishment of the first formal academic program in Canada, and for improving the lives of children afflicted with rheumatic diseases.

and tireless advocate for children and Dr. Henry Dunn, Professor Emeritus, Division of Neurology and Pediatric Neurological Pioneer.

We also commemorated two Department Faculty members who passed away in 2008: Dr. Basil Boulton, pediatrician



Mrs. Erica Dunn



Mrs. Marilyn Boulton

The recognition dinner also provided an opportunity to showcase our Faculty Members' awards for the period January 1, 2008 to December 31, 2008.

Next year's Recognition and Awards dinner takes place on March 2, 2010.



Photos: Goran Samardiziski, C&W Media Services

Faculty of Medicine Quarter Century Celebration - April 14, 2009

Georgia Petropoulos, Communications Coordinator

On April 14, 2009, the Faculty of Medicine, hosted by Dean Gavin Stuart, recognized a combined total of 90 faculty and staff members who have contributed 25 years or more service to the Faculty of Medicine and who were still active in 2008. The event took place at the University Golf Club.

This year, seven Department of Pediatrics members were recognized, with two honourable mentions: Dr. Jim Jan, Clinical Professor with the Division of Neurology and Dr. Roger Tonkin, Professor Emeritus, both with 40 years of service.

Dr. Andrew MacNab, Professor, was recognized for 31 years of service.

Ms. Wendy Cannon, Scholarly Activities Coordinator, Dr. Jean Hlady, Clinical Professor, Dr. Sheila Innis, Professor and Dr. Alfonso Solimano, Professor were recognized for 25 years of service.

Congratulations to everyone!



Dean Gavin Stuart, Dr. Jim Jan and Dr. Bob Armstrong



Dean Gavin Stuart, Wendy Cannon and Dr. Bob Armstrong



Dean Gavin Stuart, Dr. Jean Hlady and Dr. Bob Armstrong



Dr. Jim Jan



from left to right: Dean Gavin Stuart, Wendy Cannon, Dr. Jim Jan, Dr. Sheila Innis, Dr. Bob Armstrong, Dr. Alfonso Solimano and Dr. Jean Hlady



Dean Gavin Stuart, Dr. Sheila Innis, Dr. Bob Armstrong

*Photos by Janice Franklin
Faculty of Medicine*



Studying infant and child development following prenatal exposure to maternal depression and antidepressants

Dr. Tim Oberlander
Professor, Division of Developmental Pediatrics

As a clinician-scientist in Developmental Pediatrics, I have an endlessly fascinating and challenging career seeking to understand how early adverse life experiences “program” the developing brain, leading to increased behavioral risk or resiliency during childhood. In my clinical work at Sunny Hill Health Centre for Children, I address questions about behavior and learning in children and youth with prenatal drug (cocaine, heroin) and alcohol exposure. As a researcher in the Early Human Experience Unit at CFRI, I have the opportunity to study similar questions that might help us to understand the mechanisms underlying childhood behavior. A key part of my research focuses on studying the impact of pregnant mothers’ depressed mood and prenatal use of selective serotonin reuptake inhibitors (SSRI’s), the class of antidepressants including well known medications such as Prozac and Paxil.

At the heart of my research is the pressing question: How does prenatal SSRI or maternal mood exposure influence or “program” the developing regulatory systems that help infants and children cope with stress, pain and everyday behavior (mood, aggression)? The neurotransmitter serotonin, which is the target of these drugs, is the fascinating part of this story because of the critical role it plays in the development and function of the systems regulating these childhood behaviors. My research is inherently



Dr. Timothy Oberlander

Photos by Khalid Hawe; UBC Faculty of Medicine

interdisciplinary, extending from molecular (genetics, epigenetic factors, pharmacological variables, stress hormones) to population (population-linked health data) levels. My collaborations with colleagues across the C&W and UBC campuses provides a comprehensive understanding of maternal-child health from basic molecular levels to applied clinical research and population level public policy knowledge translation.

Since 2002, we have studied over 160 mothers (about half of them treated with SSRI’s for mood disorders the others healthy) and their children, starting from mid second trimester to age 7 years. This work includes studies of fetal behavior, learning and memory, and

blood flow at 36 weeks gestation; early infancy studies of pain, arousal (response to novel visual stimuli), neurodevelopment; and early childhood studies of stress reactivity, language, memory, attention and emotional regulation.

At first, we observed that prenatal exposure to SSRI’s directly increased the risk for irritability in the newborn and blunted pain reactivity in early infancy. However, separating out the effects of maternal mood from the drugs was extremely challenging. It soon became evident that the search for a “main effect” – a single cause -- such as prenatal exposure to a specific drug or even the impact of a particular genetic variation offered us very limited insight into the

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Studying infant and child development following prenatal exposure to maternal depression and antidepressants



complexity of childhood behavior.

We are now focusing on incorporating an understanding that genes influence susceptibility to environmental pathogens, and recognizing how crucial this is for clarifying the influence of early life experience and individual behaviors. Recently, we reported that polymorphisms, affecting the way serotonin is handled by neurons, influence susceptibility or risk for behavioral disturbances in prenatal SSRI exposed newborns at four years of age.

Another recent set of studies focused on how early life experience programs the hypothalamic-pituitary-adrenal (HPA) axis stress reactivity system. When functioning properly, the HPA axis allows the body to respond to stress, but also shuts off quickly once the stress is gone. Not keeping cortisol levels finely calibrated has ramifications for mood, immune function, digestion, energy use and may set up health or disease pathways across the life span.

One of our key discoveries, described in an article published last year showed that a mother's depression changes the methyl chemical coating of a child's DNA at birth, leading to deregulation of the HPA stress response system in infancy. Interestingly, the infants of mothers who were taking SSRI's did not appear to be protected or "buffered" from the effects of their mother's underlying disease. Another

key finding was that prenatal exposure to SSRI's makes 3-month-olds less responsive to stress, reflected by blunted daily HPA function.

The implications, while unclear, have huge ramifications for mothers and their children. One of our ongoing and urgent questions is: since the disease and treatment both affect the developing brain, how do you separate the impact of each? In collaboration with colleagues at HELP, I have the remarkable opportunity to examine this question using data sets linking maternal health and prescription records for SSRI antidepressants dispensed during pregnancy with birth/neonatal health records using the entire BC population as our laboratory. We have reported that approximately 15 percent of pregnant women have clinically recognized levels of anxiety and depression, and 5 percent of pregnant women use SSRI medications. This question is very challenging, and an essential part of my research. Over the next five to seven years, I will endeavor to determine what these drugs are doing during the critical early periods of brain development.

We are currently seeking more subjects for our study of pregnant women – taking SSRI drugs or not – and their children. We are recruiting women in their second trimester, and following their children to seven years of age. To find out more, contact Ursula Brain at (604) 875-2392.

Importantly, none of this work would be possible without a fantastically dedicated group of research staff that includes Ursula Brain, Mary Beckingham, Kiran Greywall, Leah Gillespie, Deborah Heard; grad students: Nicole Catherine, Whiteny Weikum, Suzanne Brummette and Jodi Pawluski in my lab; supportive colleagues include Ruth Grunau, Angela Devlin, Joanne Weinberg, Janet Werker, Shaila Misri, Pratibha Reebye, Fay Warnock, Wayne Riggs, Dan Rurak and Ken Lim at CFRI and Clyde Hertzman and Bill Warburton at the Human Early Learning Partnership. I am very grateful to CIHR, HELP, MSFMR, CFRI and March of Dimes (USA) for generous funding. Thank you to Brian Kladko, Acting Communications Manager, UBC Faculty of Medicine and Ursula Brain for helping prepare this article.

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Photos by Khalid Hawe; UBC Faculty of Medicine



Genetic Causes of Childhood Epilepsy

Dr. Michelle Demos, Clinical Assistant Professor
Division of Neurology

Epilepsy is one of the most common serious neurological disorders occurring in childhood. Children with epilepsy are at risk of developing long-term psychosocial difficulties and there is an increased mortality rate compared to age-matched controls. The risk of developing these adverse outcomes is largely dependent upon the underlying cause. Genetic factors have been shown to play an important role in many epilepsy disorders. Molecular approaches have revealed genes for mendelian epilepsies. These discoveries and others have improved our understanding of the genetics of epilepsy and are beginning to have significant clinical impact.

As a new Pediatric Neurologist with a clinical and post-doctoral research fellowship in Medical Genetics, my clinical focus at BC Children's Hospital includes seeing patients with neurogenetic disorders, and my research focus involves studying the different genetic causes of pediatric epilepsy.

One of our research projects, supported by Epilepsy Canada, Sick Kids Foundation and CIHR involves characterizing the electroclinical features and identifying the genetic cause of a likely novel form of infantile seizures which appears to be disproportionately affecting First Nations families in British Columbia. Our preliminary work on eleven affected families

suggests that the epilepsy syndrome is similar yet distinct to three recognized mendelian forms of Benign Familial Epilepsy Syndromes of Infancy. Genetic studies including sequencing of candidate genes and, if negative, linkage studies are planned to identify the genetic cause(s).

In a different study, we are using another approach to identify the genetic causes of children with intractable cryptogenic or unexplained epilepsy.

Approximately 50% of children with seizures have cryptogenic epilepsy in which the underlying cause is not found. Seizures are also intractable to medication in 30-40% of affected children. Array Comparative Genomic Hybridization (AGH) is a new research technology being used by Dr. Jan Friedman and others at BC Children's Hospital to identify submicroscopic chromosomal imbalance in patients with mental retardation and autism. AGH can detect such genomic imbalance or copy number variants (CNVs) at least twice as frequently as conventional cytogenetic analysis. In this study, we propose that this method will be equally informative for patients with intractable cryptogenic epilepsy. In collaboration with Dr. Jan Friedman and with support from the BC Clinical Genomics Network, we identified pathogenic CNVs in 3 out of 8 affected children studied. This



data suggests that array technology will be able to identify the cause of intractable cryptogenic epilepsy in a substantial proportion of affected children. A larger study is underway to better estimate the frequency of pathogenic CNVs in this group.

The potential benefits of these studies overlap. Identifying a specific genetic diagnosis will prevent further unnecessary investigations from being performed. It will also allow for optimization of antiepileptic therapy in some individuals and for more accurate counseling on prognosis and risk to other family members.

Identifying the genetic cause will also improve our understanding of the underlying pathogenesis and in turn potentially provide insight into novel approaches to treatment that may benefit many other children with seizure disorders.

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SCALP Syndrome

Dr. Joseph Lam, Clinical Assistant Professor
Division of General Pediatrics

Lam J, Dohil MA, Eichenfield LF, Cunningham BB. SCALP syndrome: sebaceous nevus syndrome, CNS malformations, aplasia cutis congenita, limbal dermoid, and pigmented nevus (giant congenital melanocytic nevus) with neurocutaneous melanosis: a distinct syndromic entity. *J Am Acad Dermatol.* 2008 May;58(5):884-8

In this case series, Lam et al describe a unique constellation of clinical findings and review two similar cases in the literature. They hypothesize that the genetic concept of twin spotting may explain the non-random distribution of these rare lesions and propose an easy-to-remember mnemonic, SCALP, as a handy way to remember the different clinical features. The acronym SCALP represents the findings of a Sebaceous nevus, CNS malformations, Aplasia cutis congenita, Limbal dermoid, and Pigmented nevus with many of the cutaneous features located on the scalp.

The case described was that of a term female newborn with a giant congenital melanocytic nevus in conjunction with a large nevus sebaceous as well as areas of aplasia cutis congenita (ACC). The patient also had an extensive limbal dermoid over the left eye and a skin-colored pedunculated papule over the left eyelid. Computed tomographic (CT) scanning and magnetic resonance imaging of the head revealed an arachnoid cyst in the left cranial fossa and parenchymal enhancement characterized by an abnormal

T1 signal within the right medial temporal lobe, cerebellum, anterior pons consistent with neurocutaneous melanosis. There was also a diffusely prominent left choroid plexus possibly representing a choroid plexus papilloma and prominent cerebrospinal fluid intensity spaces at the left T45 and T12/L1 levels consistent with intraspinal arachnoid cysts.

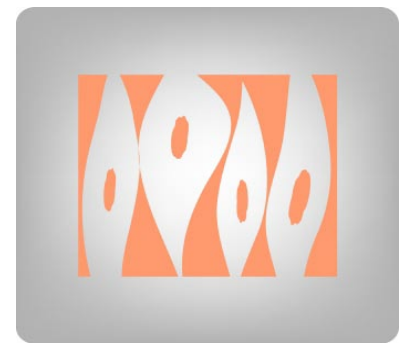
The authors compare their case to two previous reports having the same unusual constellation of clinical findings involving a large nevus sebaceous on the head and neck area, central nervous system (CNS) abnormalities, aplasia cutis congenita (ACC), limbal dermoids, and a giant pigmented nevus.

To explain this unusual phenomenon, the authors hypothesize about the role of twin spotting, a genetic phenomenon originally discovered in the *Drosophila* fly and, uncommonly, in humans. The concept of twin spotting refers to the phenomenon in which a heterozygous cell can give rise to two different homozygous daughter cells. Although recombination of genetic material often occurs in meiosis, it can also occur in somatic cells and explains the phenomenon of twin spotting originally discovered in *Drosophila* in 1936. The phenomenon is well known in plants and animals and is used as a marker to evaluate the recombinogenic activity of chemicals.

In this case series, the authors

highlight a series of cases with a cluster of similar rare anomalies in a nonrandom pattern. They propose a simple mnemonic to remember this association and present an underlying genetic mechanism to explain the temporospatial association between the scalp congenital melanocytic nevus, the nevus sebaceous, and the areas of ACC.

The authors recommend close follow-up for these patients because of the increased risk of CNS melanoma and symptomatic neurocutaneous melanosis in giant congenital melanocytic nevus with multiple satellitosis as well as the risk of neurodevelopmental delay and seizures in sebaceous nevus syndrome.



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Immunization Works

Dr. Julie Bettinger, Assistant Professor
Division of Infectious and Immunological Diseases

Universal childhood vaccination against meningococcal C (Men C) appears to reduce Canadian incidence of the most deadly strain of bacterial meningitis, reports new research published in the March 2009 issue of *The Pediatric Infectious Disease Journal*.

The Men C vaccine was introduced in 2002 as part of universal immunization programs for children in Quebec, Alberta and in 2003 for British Columbia and Prince Edward Island. By 2005, all Canadian provinces included Men C vaccine as part of routine childhood vaccinations. Staggered implementation across Canada offered researchers the opportunity to evaluate the universal vaccination program. For the study, the 12 pediatric centers involved with the Canadian Immunization Monitoring Program, Active (IMPACT), carried out surveillance in collaboration with local public health officials.

“There was a dramatic decline in provinces with the early immunization program, suggesting the program works,” says Dr. Julie Bettinger, the study’s lead author.

Dr. Bettinger is an Assistant Professor in the Department of Pediatrics and the epidemiologist for the IMPACT project and Vaccine Evaluation Center.

Prior to Men C universal vaccination,

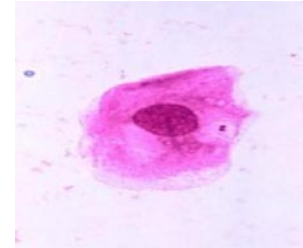
BC, Alberta, and Quebec had rates of meningococcal C disease that were nearly 4.5 times higher than the rest of Canada.

The study reports that these provinces currently have the lowest rates in Canada, from 4.1 cases per million people in 2002 down to 0.7 per million in 2006. The provinces having later introduction of universal Men C vaccination showed no major changes in the one year of follow-up study, with annual rates of meningococcal C at 0.8 per million people in 2006.

There are five strains of meningitis caused by the meningococcal bacteria (called serogroups A, B, C, Y, and W135). Meningococcal vaccines protect against A, C, Y, W135 with the current public vaccination programs targeting the meningococcal C strain. Dr. Bettinger did not observe significant changes in the rates of other strains causing meningitis following introduction of the meningococcal C vaccination program.

The Men C vaccine is the first product suitable for infants which offers longer-term immunity against meningococcal C. It is provided free to all children in British Columbia along with the regular childhood vaccinations.

In British Columbia, infants receive two doses: one at two months of



Meningococcal C Bacteria

age and then another at 12 months. However, the immunization schedule is not harmonized across Canada and the duration of protection is unknown. Three doses are provided in Alberta, two doses in British Columbia and one dose at 12 months in the rest of Canada. This lack of harmonization among MenC immunization programs provides another research opportunity.

Dr. Bettinger and her colleagues in Alberta and Nova Scotia were recently awarded a Canadian Institutes of Health Research operating grant to evaluate the effects of the different provincial MenC immunization programs, to determine whether children are protected throughout early childhood which represents the period of greatest risk and determine if priming doses at 2 and 4 months of age increase the duration of protection.

“The results of our multi-center study should clarify which immunization program provides the best bang for the buck,” says Dr. Bettinger.

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Zajac Ranch for Children

Dr. Morrison Hurley, Clinical Professor and Nephrologist
Department of Pediatrics

Welcome to the Zajac Ranch for children.

It seems like only yesterday that the Zajac Ranch for Children opened to provide a marvelous camping experience for those children with medical conditions which prevented them from attending a “regular” children’s summer camp. Actually this camp began five years ago and has continuously expanded to over 400 campers having various medical conditions.

Children with spina bifida, Turner syndrome, hematologic, gastro-intestinal disorders, heart disease, autism, Down syndrome, muscular dystrophy, Tourette’s, epilepsy, craniofacial disorders, mixed medical chronic kidney disease, children on home peritoneal dialysis and those with a solid organ transplant, kidney, liver, small bowel and heart are welcomed. Family weekend camps in the spring, fall and winter are also quite popular. Counselors in training courses have been developed for graduating campers this summer to teach the skills necessary for becoming a camp counselor. Hopefully some of the campers will



want to continue their great camp experience as a teacher, friend, and role model for the younger campers.

The camp is located on the shores of Stave Lake about one and one half hours from Vancouver near Mission. Children come from all over British Columbia, Ontario and Alberta. There are a variety of activities such as archery, swimming, horseback riding, the high wires, high ropes, a huge

climbing wall, various crafts and games both in the gym and outdoors. I am always in awe of the bravery of these kids in trying things they have never had the opportunity to attempt. To watch the smiles and hear the squeals of laughter, fear and triumph reminds us as health care professionals how important childhood experiences are.



I had interpreted the title of a recent book “Children’s Nature: the rise of the American summer camp” by Leslie Paris (UBC Department of English) as signifying an adult wish for children to experience nature or a more natural state but maybe our experiences at the Zajac Ranch gives us further insight into the nature of children. The patient disappears and the child emerges.



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Photos: Dr. Morrison Hurley



Marfan Syndrome Research Project

Dr. George Sandor, Professor, Division of Cardiology

Marfan syndrome was first described over one hundred years ago and occurs in 1 in 5-10,000 live births. Patients with Marfan syndrome have an abnormal fibrillin molecule and this affects the “scaffolding” of connective tissue and related structures within the body. The clinical findings are therefore widespread and involve the elastic tissue of the aorta, tissue holding the ocular lens, the skeletal system, lungs, skin and interestingly the central nervous system. The genetic abnormality has recently been isolated to be a mutation in the fibrillin-1 gene on chromosome 15. There are, however, a large number of genetic mutations. Prior to the description of the genetic abnormality, the diagnosis of Marfan syndrome was made on clinical criteria which, like so many medical conditions, included major and minor criteria. The obvious phenotype of Marfan patient is a tall, thin patient with chest deformity, scoliosis, arachnodactyly, long arm span, hyper-mobility of joints etc. The most dangerous of the complications is aortic root dilation leading to dissection and rupture and premature death in these patients. They also have abnormalities in the ocular system, the most serious of which is ectopia lentis. Patients with Marfan syndrome have an increased tendency to apical bullae and spontaneous pneumothorax. They have skin striae and interestingly, there is a 90% or greater incidence of lumbosacral dural ectasia which is one of the major diagnostic criteria.

Marfan syndrome is autosomal dominant with high penetrance and variable expressivity. Most patients with Marfan syndrome have fairly obvious phenotype although there are a number of tall, slim patients who do not have Marfan syndrome and there are a number of related abnormalities which require careful application of the diagnostic criteria.

The tragic presentation of Marfan syndrome with fatal aortic dissection is less common today but may still occur and some of our patients are assessed following loss of life of a family member.

The traditional method of treatment of Marfan syndrome has been to use beta blockers which were felt to decrease the pulsatile action of the left ventricle and thereby decrease the pressure within the aorta. The literature regarding the efficacy of beta blockers has been mixed and recent literature describing therapy using ace inhibitors shows a similar effect. Recent research has shown that the previously held concepts of the vascular problem of Marfan syndrome were not correct or were incomplete. For example, it was shown that these patients have a more widespread vascular abnormality than mere aortic root dilation when it was shown that there is marked endothelial dysfunction. Studies, including our own, indicate that rather than the aortic root being large and weak, the enlarged aortic root is actually quite stiff and lacks the elasticity that is required for cushioning pulsatile blood flow which is the function of the large central arteries.



Perhaps the most exciting part of the Marfan story most recently, has been the translational research that has occurred. It has been shown that the binding of the abnormal fibrillin molecule with the TGF-beta molecule complex is weaker in Marfan syndrome than normal. This weaker binding releases the TGF-beta molecule which increases signaling, starting a series of complex reactions by increases in fibroblast and smooth muscle cell action, up-regulation of collagen synthesis and altered levels of matrix metalloproteinases. In the mouse model of Marfan syndrome, administration of angiotensin-1 receptor blocker, Losartan, to the pregnant Marfan mouse and the newborn Marfan mouse resulted in an almost normal phenotype, aortic root size and aortic histology in the mouse genotype. This remarkable study showed that the signaling and remodeling process is a very important part in the pathogenesis of this condition. As further proof of the importance of this pathway mechanism, Dr. Chung from the CFRI on site, demonstrated that inhibition of matrix metalloproteinases by Doxycycline had a similar effect in the fetal mouse model.

The inevitable outcome of this research is for clinical studies and there is a large, NIH funded, long term follow-up study of patients with Marfan syndrome comparing the affect of beta blocker vs. Losartan on aortic root dilation. There is one small anecdotal report of the use of Losartan in these patients which suggests that aortic root dilation is less in patients on Losartan. Our study which is funded by the Heart and Stroke Foundation of BC and Yukon is a shorter study whose objective is to compare the health of the arterial system in patients with Marfan syndrome treated with a beta blocker or with Losartan. The study is a double blind superiority trial. Using the techniques that we have developed in the echocardiography laboratory here, we will be studying pulse wave velocity of the aorta and the biophysical properties of the aorta in these patients as well as endothelial function by a standard flow mediated dilation technique. Secondary end points will be aortic root dilation although we feel that the time frame of one year will not be long enough for comparison of the efficacy of the two medications. The study is halfway through and we will be submitting our preliminary data to the data safety and monitoring. We anticipate that patients on Losartan will have better vascular health in terms of pulse wave velocity and flow mediated dilation than patients on beta blockers.

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Department of Pediatrics Sun Runners Keep on Keeping on!

Georgia Petropoulos, Communications Coordinator

The Vancouver Sun Run is the biggest and best community run, the second largest timed 10K in the world and the third largest timed run of any distance in the world. This year's event marked the 25th Annual Sun Run, so it was a particularly special event.

This year's Sun Run included 55,737 runners and the weather was absolutely perfect for the event.

Members of the Department of Pediatrics Sun Run Team were as dedicated as ever this year to complete the run and top their previous times.

Team Members this year were: Benjamin Maas, UBC Medical Student, Dr. Shu Sanatani, Pediatric Cardiologist, Associate Professor, Dr. Deepak Manhas, Year 2 Resident, Dr. Jennifer Druker, Clinical Professor and Pediatric Residency Program Director, Dr. Erik Swartz, Clinical Associate Professor, Dr. Gustavo Pelligra, Georgia Petropoulos, Communications Coordinator, Department of Pediatrics, (Team Captain), Dr. Veronica Schiariti, Research Associate, Dr. Jane Hailey, Clinical Associate Professor and General Pediatrician, Amina Kariminia, Research Associate and Dr. Jay Srinivasan, Clinical Fellow, Pacific Parkinson's Research Centre

Congratulations to all!

Next year's Sun Run takes place on May 9, 2010. We look forward to another season of team success.



Dr. Jane Hailey



Dr. Shu Sanatani



Upopolis - Safely Connecting Children during their hospital stay

On April 20, 2009, B.C. Children's Hospital unveiled the first secure online social network for kids in hospital care. This program has been developed by the Kids' Health Links Foundation in partnership with TELUS and BC Children's Hospital.

Mr. Basile Papaevangelou and his daughter Christina founded Upopolis after Christina was admitted to the ICU at McMaster Children's Hospital in 2002 with a life-threatening illness. It started with Kids' Health Links, founded by Mr. Papaevangelou and Christina to enable children in



Left: Amanda Lascelle, child life specialist with patient Kate Mitchell

also helps alleviate the stress, isolation, fear of 'falling behind' at school, as well as the loneliness children feel while under medical care in the hospital.

Upopolis is the first secure social network in western Canada for kids in hospital care. With Upopolis, a protective bubble is essentially placed around the child and the only way a child can get out is through the Upopolis channel which has to be approved by the hospital and by the parent. Upopolis has chat functions and e-mail, but does not allow access to sites such as Facebook. It allows patients to connect with others in the network, in the same hospital.

Mr. Papaevangelou and his daughter Christina were recently joined by BC Children's Hospital and Sunny Hill President, Larry Gold, TELUS CEO Darren Entwistle, (pictured below) and BC Children's Hospital Foundation CEO Sue Carruthers (pictured left) at the CFRI to launch Upopolis at BC Children's.

Also announced is a Fellowship in Child Life Studies to support a student studying to become a child life specialist.



Ms Sue Carruthers, President & CEO, BC Children's Hospital Foundation

health care facilities across Canada to connect with friends, family, teachers and their schoolwork. The Kids' Health Links Foundation, in partnership with TELUS and BC Children's Hospital, created Upopolis, a secure and youth-friendly social network which allows patients to virtually escape the confines of their beds and hospital rooms for friendships and fun online. It is a private social community connecting young hospital patients to their family, friends and school network. It



From left to right: Mr. Darren Entwistle, CEO, TELUS, Mr. Joe Natale, President, TELUS Business Solutions, Mr. Larry Gold, President, BC Children's Hospital and Sunny Hill Health Centre for Children, Ms. Christina Papaevangelou, Mr. Basile Papaevangelou, Mrs. Georgia Papaevangelou

Photos: Karen Macenrot, TELUS Communications Team



Emeritus Happenings

Dr. David F. Smith
Associate Professor, Department of Pediatrics

The senior's spring luncheon was held on May 29th at the Royal Vancouver Yacht Club. Over recent months, activities reported by our working physicians now over 60 years as well as our retired members have been somewhat limited. As a result, I've looked at other potential sources of material for this article. In doing so, I've reviewed some personal non academic publications from the past, and chose a story published in the Medical Post last year. The events described took place when I was a locum physician replacement in Whitehorse in the summer of 1968. This Yukon experience was my initial exposure to general practice. I didn't finish my pediatric training until four years later, but the GP experience provided a motivating factor for its eventual completion.

Some patient encounters, because of their unique nature, stick with you, and this is one such example. I doubt that many MDs today will encounter anything like this. I certainly hope not. Nevertheless, I thought that this short story might provide some interest for today's residents as a historical piece and hopefully entertain a few of the older staff as well.

"A Modern-day scalping" Originally published in "The Medical Post", September 26, 2008.

Scalping, the removal of skin and hair together from the top of a human head, reportedly wasn't initiated by

North American First Nations tribes, but by our early British soldiers. It was a means of tallying "kills" and the natives picked it up and returned the favour.

Early in my medical career, I had some direct experience with this practice. I was hired as a summer GP locum in the Whitehorse medical clinic and took regular hospital emergency call. One Saturday afternoon, I was contacted by phone by a nurse at one of the northern Yukon nursing stations about a patient who'd been scalped, ostensibly by her husband, and the patient was being flown to Whitehorse for treatment.

The patient, a native woman, appeared to be in her mid-30s and had a bulky, blood-soaked bandage covering her head. She wasn't very communicative and wouldn't talk about her injury. It was apparent that her entire scalp had been sliced through along the hair line, and completely separated from the underlying bone and tissue except for a one-inch pedicle of remaining skin at the back of the head, just below the occiput. Her scalp cover could be folded back below her neck. Hoping that the pedicle allowed sufficient remaining blood flow in the scalp flap for viability, I proceeded to sew her scalp back in place under local anesthesia. It took a very long time.

There had been considerable loss of blood, so the patient was admitted, monitored and stabilized. She remained in hospital for a week. During that time, I was able to obtain a bit of information

about the traumatic event. Her husband had a significant alcohol problem and, under the influence, he had become irate about something trivial and had taken a kitchen knife to his wife's head.

After a week, my patient had her stitches removed. Her scalp had remained viable, and there was now little to see of the repair job as her hair was carefully placed strategically over the laceration lines.

"Are you sure that returning to your husband is a good idea?" There was a non-committal shrug. "What's to prevent him from doing this again?" I asked. She didn't think this would happen. "Can he get help for his alcoholism?" I asked further.

The patient thought this might be possible.

I continued to express concern over her returning home, but to no avail. Her decision had been made.

I finally came to the question that had been bothering me since her arrival. "When your husband scalped you, he didn't finish the job." I remarked, hoping for a response indicating regret for what he had done. "Why did he stop?"

The patient looked at me with a resigned expression on her face. "He fell asleep," she replied.

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

Announcements

Appointments

Dr. James Lim, Assistant Professor, Division of Hematology/Oncology, Scientist, Level 1, CFRI



Dr. James Lim

The Department of Pediatrics is pleased to announce the appointment of Dr. James Lim to the Division of Hematology/Oncology as Assistant Professor.

He received his BSc (Honors) in Biochemistry from SFU in 1995 and PhD in Microbiology and Immunology from UBC in 2002.

His most recent postdoctoral training took place at Scripps Research Institute at the University of California at San Diego and he was recently awarded a Career Development Award from the Leukemia and Lymphoma Society. His research interests include: cell adhesion, cell migration and signal transduction in health and disease.

**Dr. Erik Swartz, Clinical Associate Professor
Department of Pediatrics, DSSL – Richmond
Clinical Skills Director**

The Department of Pediatrics is pleased to announce the appointment of Dr. Erik Swartz. Dr Swartz was born and raised in Vancouver and attended medical school at UBC. He completed his residency training and a one-year fellowship in Pediatric Cardiology at the University of Alberta in Edmonton. In 2003, he became an Assistant Professor at the University of Alberta and began working as a General Pediatrician at the Stollery Children’s Hospital. For two years, Dr Swartz could be seen weekly on the Global Morning News in Edmonton. He was also on the Edmonton Oilers medical staff as team Pediatrician for his last year in Edmonton.



Dr. Erik Swartz

He returned to British Columbia in 2008 to become the Clinical Director of the Pediatric clinic at Richmond Hospital, Pediatrics DSSL at Richmond Hospital, and Pediatrics Clinical Skills director. Erik recently received a Masters of Science degree in Medical Informatics through the University of Bath (UK) and Royal College of Surgeons of Edinburgh.

**Dr. Grace Yu, Assistant Professor, Department of Pediatrics,
Assistant Program Director,
Pediatric Residency Program**



Dr. Grace Yu

The Department of Pediatrics is pleased to announce the appointment of Dr. Grace Yu to the position of Assistant Program Director, Pediatric Residency Program. Dr. Yu completed medical school at McGill University, Montreal, Quebec and her Pediatric Residency at the University of British Columbia, Department of Pediatrics. She was the Community Pediatrician of the Year in 2004 and Co- Chief Pediatric Resident in 2000-2001.

Dr. Yu has given several lectures on such topics as “Matters of the Heart, Common Pediatric Problems in Children with Congenital Heart Disease”, “Breastfeeding”, “ALTE and SIDS” and “Starting out in Practice as a Community Pediatrician”. She has been part of various committees such as the Early Newborn Discharge Committee and the Residency Training Committee. She has supervised medical students and pediatric residents on the wards at the hospital, in the caseroom, in her private office practice, and in the Sheway Clinic on Vancouver’s downtown eastside. She also travels to provide pediatric services to the rural communities of Bella Coola and Mt. Currie, BC.

Announcements, cont'd

Ms Maryam Saeri, Director, Alternative Funding Plan and Physician Support

The Department of Pediatrics is pleased to announce the appointment of Ms Maryam Saeri to the position of Director, Alternative Funding Plan (AFP) and Physician Support, Department of Pediatrics, effective June 1, 2009.

Maryam has been a committed and valued employee at Children's and Women's Hospitals for the past 18 years with an impressive track record of growth and success. Most recently, she was the Provincial Program Manager, Dentistry and Administrative Manager for the Department of Surgery where she was highly regarded for her many successes; in particular, for her work with the Community Dental Partners Program, a highly acclaimed entrepreneurial initiative and the first public/private partnership of its kind within the province.



Maryam Saeri

Maryam has a Bachelor of Science (Honours) degree in Biopsychology from the University of British Columbia and further graduate studies at UBC in Biopsychology and Biomedical Ethics. She continues to pursue professional and educational development opportunities.

Congratulations - Promotions

Dr. Victoria Atkinson, Clinical Assistant Professor, General Pediatrics Richmond General Hospital

Dr. Jack Behrmann, Clinical Assistant Professor, General Pediatrics

Dr. Ruby Chan, Clinical Assistant Professor, General Pediatrics

Dr. Trent Smith, Clinical Assistant Professor, General Pediatrics

Dr. Sue Stock, Clinical Assistant Professor, Endocrinology

Congratulations to Dr. Andrew Macnab on receiving the 2009 Faculty of Medicine Career Award for Excellence in Clinical Teaching. The award recognizes long-time clinical faculty members who have achieved a record and reputation for excellence in clinical teaching.

Congratulations to Dr. Ruth Grunau, recipient of CIHR Strategic Training Initiative in Health Research Renewal funding for her research: "Pain in Child Health, an innovative, international, transdisciplinary research training consortium, Phase II." Dr. Grunau is one of the seven Principal Investigators, led by Dr. Patrick McGrath of Dalhousie University for a total amount of \$1,950,000 over six years.

Congratulations to Dr. Kristen Ebbert on receipt of a travel award from the CPS International Child Health Section spring 2009 competition. This award recognizes the work done by Don and Liz Hillman in developing areas of the world as well as their contributions to the Canadian Paediatric Society and the International Child Health Section.

Selected Faculty and Trainee Publications

(medline searches from January-June 2009)

Barr RG, Barr M, Fujiwara T, Conway J, Catherine N, Brant R. Do educational materials change knowledge and behaviour about crying and shaken baby syndrome? A randomized controlled trial. *CMAJ*. 2009 Mar 2.

Barr RG, Rivara FP, Barr M, Cummings P, Taylor J, Lengua LJ, Meredith-Benitz E. Effectiveness of educational materials designed to change knowledge and behaviors regarding crying and shaken-baby syndrome in mothers of newborns: a randomized, controlled trial. *Pediatrics*. 2009 Mar;123(3):972-80.

Pediatr Infect Dis J. 2009 Mar;28(3):220-4. The impact of childhood meningococcal serogroup C conjugate vaccine programs in Canada. **Bettinger JA**, **Scheifele DW**, Le Saux N, Halperin SA, Vaudry W, Tsang R; Canadian Immunization Monitoring Program, Active (IMPACT).

Dewan T, **Chanoine JP**. Body mass index in children with Prader-Willi Syndrome during human growth hormone therapy: a real world situation. *J Pediatr*. 2009 May; 154(5):777-8.

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Upcoming Conferences and Events

September 12-15, 2009: World Congress on Huntington's Disease, Westin Bayshore Hotel, Vancouver, BC World Congress on Huntington's Disease. Registration deadline up to August 15, 2009.
<http://www.worldcongress-hd.net/html/2009>

October 17-20, 2009: AAP 2009 National Conference & Exhibition (NCE) Washington Convention Center, Washington, DC.
<http://www.aapexperience.org/>

October 25-28, 2009: 16th Annual Canadian Conference on International Health - Health Equity: Our Global Responsibility, Crowne Plaza Hotel, Ottawa, Ontario. <http://www.csih.org/en/ccih/overview.asp>

October 30, 2009: Pediatric Oncology/Hematology Educational Day; BC Children's Hospital, Chan Centre for Family Health Education
 Conference Summary: This one-day educational program will provide you with updates on the current management of the pediatric oncology/hematology patient from experts in the field. There will be opportunity for dialogue, discussion, and questions and answers throughout the program.
http://www.cme.ubc.ca/Events/CPD_Conferences/Pediatric_Oncology_Hematology_Educational_Day.htm

February 4 - 6, 2010: Early Years Conference 2010, The Rights of the Child, Victoria, BC, Victoria Conference Centre. Fairmont Empress Hotel, Victoria, BC: http://www.interprofessional.ubc.ca/Early_Years_2010.html

March 4-6, 2010: Canadian Pediatric Endocrine Group, 2010 Scientific Meeting, Location: Calgary, AB Conference Information: The overall learning objective of this meeting is to present current state of knowledge of topics in pediatric endocrinology and diabetes. http://www.interprofessional.ubc.ca/Canadian_Pediatric.htm

May 1-4, 2010: Pediatric Academic Societies (PAS) Annual Meeting Vancouver, BC. <http://www.pas-meeting.org/2010Vancouver/default.asp>.

August 4-9, 2010: The 26th International Pediatric Association Congress of Pediatrics, Johannesburg, South Africa.
<http://www2.kenes.com/IPA/Pages/home.aspx>.





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