

PEDIATRIC CARE IN FAMILY MEDICINE

PRA-BC CENTRALIZED ORIENTATION

FALL 2025

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INTRODUCTION & CONFLICTS OF INTEREST

I have no commercial affiliation with the products or websites mentioned in this talk



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WHO AM I?

I am a Retired Full-Service Family Physician as of June 30, 2020.

My practice was focused
on maternity care, newborn,
Pediatrics, Breast Feeding,
Adolescent care, and families.
I also saw other patients in
their later years of life....



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WHO AM I?

I practiced Full-Service Family
Medicine for 39 Years, and I
delivered more than 2000 babies...

I was on staff in the Department of Family
Practice at
VGH and BC Women's Hospitals

....and I am an artist.....



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TODAY'S OBJECTIVES

- Provide an overview of the medical culture of British Columbia and Canada in the context of Pediatric care in Family Medicine
- Provide information on best practice approaches to common pediatric topics presenting in the office
- Provide evidence-based resources in the care of children and adolescents



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QUESTION FOR THE GROUP

What are you hoping to get out of today's session?



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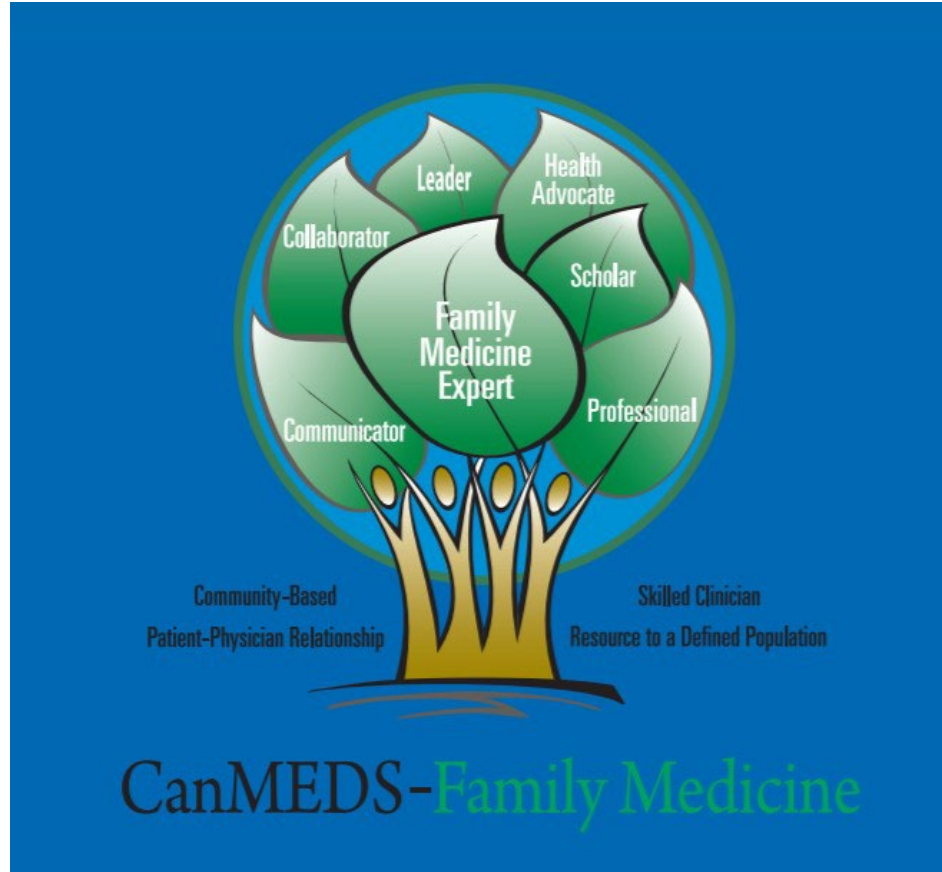
PEDIATRIC VS ADULT MEDICINE: CONSIDERATIONS FOR FAMILY PHYSICIANS

- Culture
 - Consent
 - Communication



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CANMEDS – FAMILY MEDICINE



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PEDIATRIC VS ADULT MEDICINE: CONSIDERATIONS FOR FAMILY PHYSICIANS

1. Culture:

- Canada is a multicultural society. Here are some general principles to recognize and follow:
 - Respect other belief systems
 - There are a variety of gender roles within families
 - Collaboration with patients
 - Non-judgemental
 - Privacy issues for patients who have not reached majority age



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PEDIATRIC VS ADULT MEDICINE: CONSIDERATIONS FOR FAMILY PHYSICIAN

Culture cont'd

- * Different cultural groups have different expectations of their doctor.
- * How questions posed by physicians are perceived very differently by patients
- * Some parents may expect their family physician to help them parent;
Eg/ “What will Dr. Wenner suggest??”
- * Physicians can easily overstep boundaries (too casual or too dogmatic)
- * Doctors in Canada are used to asking personal questions.



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PEDIATRIC VS ADULT MEDICINE: CONSIDERATIONS FOR FAMILY PHYSICIANS

- **Culture cont'd:**
- Pediatric medicine involves treating many parties

Eg/ You will often be treating the parents and other siblings

School and teachers and educational psychologists are often involved.



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2. Consent

- Teenagers may have differing levels of maturity compared to their cohorts.
- However, most 14 year-old children have the same cognitive ability as an adult, and can participate in decision making.



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Consent cont'd

- The patient must understand the harm vs. benefit of the treatment or intervention.
- The patient must understand the consequences of consent or refusal.
- Therefore, consent must be voluntary and rational
- <https://www.cpsbc.ca/files/pdf/LG-Consent-of-Minors-Infants-Act.pdf>



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PEDIATRIC VS ADULT MEDICINE: CONSIDERATIONS FOR FAMILY PHYSICIANS

Consent cont'd



EDUCATION OF THE PEDIATRIC PATIENT IS IMPORTANT FOR OBTAINING CONSENT

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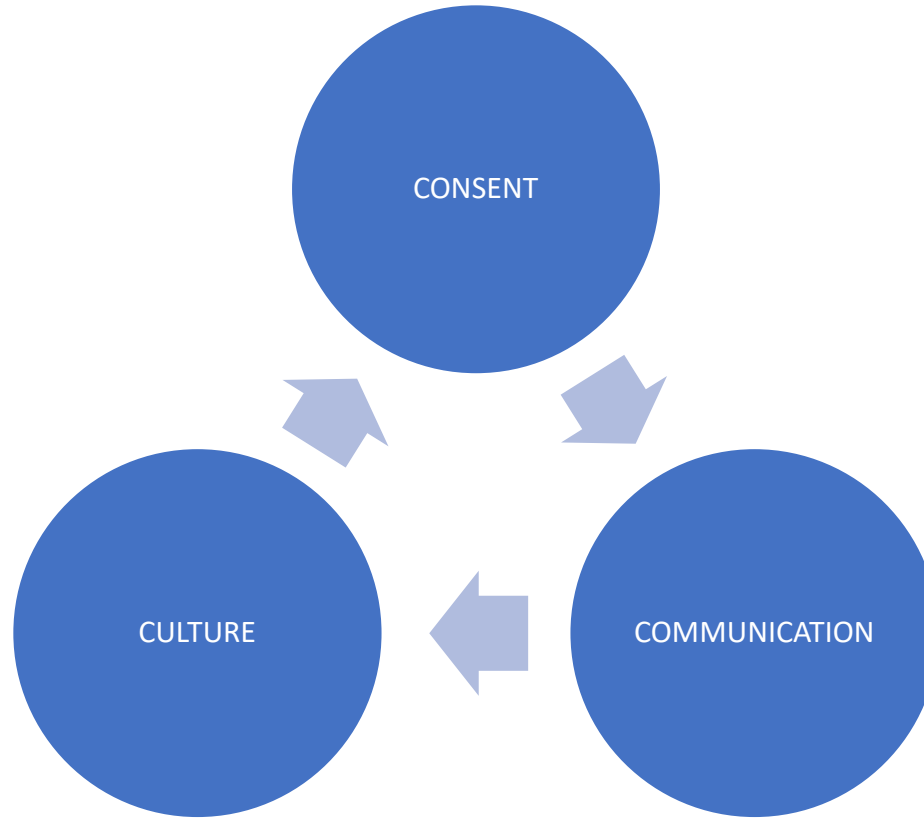
3. Communication

- If able, talk directly to the child.
- During the exam, tell the patient what you are doing.
- Does patient want a parent present or not? (teenagers).
- Teach child to be own advocate by easing parent out of examination room over time.



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PEDIATRIC VS ADULT MEDICINE: CONSIDERATIONS FOR FAMILY PHYSICIANS



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QUESTIONS?



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COMMON REASONS FOR PEDIATRIC VISITS IN CANADA

Well baby / child / adolescent check in / check up

1. Before school age: 0-5 years
2. Elementary school age (Kindergarten to Grade 7): 5-12 years
3. High school age (Grade 8-12): 13-18 years



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WELL BABY/CHILD CHECK UP 0-5 YEARS



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WELL BABY/CHILD CHECK-UP 0-5 YEARS

- **3 Days of age:** (earliest opportunity post discharge from hospital)
evaluate weight, feeding issues, hydration
- **1 week of age:**
evaluate weight, feeding issues, sleep for baby and parent
- **2 weeks of age:**
baby should have regained to birth weight, check on mother's mental health



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WELL BABY/CHILD CHECK UP 0-5 YEARS

- **1 month of age:**
 - check on baby's weight, feeding, sleep patterns
 - check on mother's mental health and any breast-feeding issues
- **2 months of age:**
 - first immunization
 - developmental assessment
- **4 months of age:**
 - second set of immunizations
 - developmental assessment
 - check on mother's mental health and parenting health



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WELL BABY / CHILD CHECK UP 0-5 YEARS

- **6 months of age:**
 - third immunization
 - developmental assessment
- **9 months of age:**
 - no immunizations (except for possibly flu vaccine)
 - developmental assessment
- **12 months of age:**
 - immunizations
 - developmental assessment



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WELL BABY/CHILD CHECK UP: 0-5 YEARS

- **18 months of age:**
 - immunization
 - developmental assessment
- **2 years** and yearly thereafter as necessary
- Access the Rourke Developmental Charts to determine if infant/child is meeting expectations
 - <http://www.rourkebabyrecord.ca/pdf/RBR%202017%20National%20English%20-%20Black%20170926.pdf>



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COMMON REASONS FOR VISITS: 0-5 YEARS

- **Feeding**
 - Baby led weaning
 - ❑ Introduce textured foods at ~6 months including nut butters
- **Food intolerances vs. True milk protein allergy**
 - True milk protein allergy
- **Constipation**
 - Laxative of choice PEG-3350 (polyethylene glycol, ~0.4 – 1g/kg/day)
- **Behavioural issues**
- **Parenting issues**



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COMMON REASONS FOR VISITS: 0-5 YEARS

- **Upper Respiratory Infections:** eg. Influenza, common cold
- **Gastrointestinal infections:** eg. Giardia, Campylobacter,
- **Dermatology:** eg. Molluscum, eczema, bites
- **Childhood immunizations**
- **Hearing and speech:**
- <https://www.childrenshearing.ca/about-us/who-we-are/>



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RESOURCES FOR PARENTS OF CHILDREN 0-5 YEARS

- Baby's Best Chance
 - <https://www.healthlinkbc.ca/babys-best-chance>
- Toddler's First Steps
 - <https://www.healthlinkbc.ca/toddlers-first-steps>
- *Child of Mine* by Ellen Satter (book)
- *Hospital for Sick Children: Baby Food* by Daina Kalnins and Joanne Saab (for babies and toddlers) (book)
- *Hospital for Sick Children: Better Food for Kids* by Joanne Saab and Daina Kalnins (for children ages 2-6 years) (book)
- *Between Parent and Child* by Dr. Haim G. Ginott (book)
- *Baby-led Weaning: An Essential Guide to Introducing Solid Foods and Helping Your Baby Grow Up A Happy and Confident Eater* by Gill Rapley (book)



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RESOURCES FOR PARENTS OF CHILDREN 0-5 YEARS: CONT'D

- Toilet training

- <https://kidshealth.org/en/parents/toilet-teaching.html>
- https://www.uptodate.com/contents/toilet-training-beyond-the-basics?search=constipation%20in%20children&topicRef=611&source=see_link

- Constipation

- https://www.uptodate.com/contents/constipation-in-infants-and-children-beyondthebasics?search=constipation%20in%20children&topicRef=611&source=see_link



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RESOURCES FOR PHYSICIANS OF PATIENTS 0-5 YEARS

- Rourke Baby Record (rourkebabyrecord.ca)
 - Comprehensive on-line resource that includes
 - ☐ Developmental charts
 - ☐ BMI charts & calculators
 - ☐ Weighing & measuring guidance

WHO Growth Charts

PEDIATRIC NUTRITION GUIDELINES 0-6 YEARS: excellent current summary!

http://www.bccdc.ca/Health-Professionals-Site/Documents/healthy_eating/Pediatric_Nutrition_Guidelines.pdf



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WHO GROWTH CHARTS FOR BOYS

https://www.dietitians.ca/DietitiansOfCanada/media/Documents/WHO%20Growth%20Charts/Set-2-LFA-WFA_Birth-24_BOYS_SET-2_EN.pdf

https://www.dietitians.ca/DietitiansOfCanada/media/Documents/WHO%20Growth%20Charts/Set-2-HC-WFL_Birth-24_BOYS_SET-2_EN.pdf

https://www.dietitians.ca/DietitiansOfCanada/media/Documents/WHO%20Growth%20Charts/Set-2-BMI_2-19_BOYS_Set-2_EN.pdf

https://www.dietitians.ca/DietitiansOfCanada/media/Documents/WHO%20Growth%20Charts/Set-2-HFA-WFA_2-19_BOYS_SET-2_EN.pdf



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WHO GROWTH CHARTS FOR GIRLS:

https://www.dietitians.ca/DietitiansOfCanada/media/Documents/WHO%20Growth%20Charts/Set-2-LFA-WFA_Birth-24_GIRLS_SET-2_EN.pdf

https://www.dietitians.ca/DietitiansOfCanada/media/Documents/WHO%20Growth%20Charts/Set-2-HC-WFL_Birth-24_GIRLS_SET-2_EN.pdf

https://www.dietitians.ca/DietitiansOfCanada/media/Documents/WHO%20Growth%20Charts/Set-2-BMI_2-19_GIRLS_SET-2_EN.pdf

https://www.dietitians.ca/DietitiansOfCanada/media/Documents/WHO%20Growth%20Charts/Set-2-HFA-WFA_2-19_GIRLS_SET-2_EN.pdf



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RESOURCES FOR PHYSICIANS OF PATIENTS 0-5 YEARS

- Immunizations (updated September 2023)
 - www.healthlinkbc.ca
 - <https://immunizebc.ca/>
- Free vision, audiology, and speech assessments through the Health Units prior to school age
After age 5: Vancouver Hearing Centre for a charge
- Lifetime Schedule Prevention Chart:
 - <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/health-priorities/lifetime-prevention-schedule/lps-practice-guide-2020-web.pdf>



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ELEMENTARY SCHOOL AGE CHILDREN: 6-12 YEARS



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YEARLY SCHOOL AGE CHECK-IN: CHILDREN 6-12 YEARS

- Regular school-age check-ins are an opportunity for the physician to check in with the child and to inquire about academic performance, physical coordination, learning issues, sports, fine motor, social issues, healthy eating, drugs, alcohol, sexual history (eventually)
- Lifetime Prevention Schedule (see link above & your print out)
- Grieg Health Record:
<https://www.cps.ca/en/tools-outils/grieg-health-record>
This is an excellent developmental guide for children ages 6-18 years.



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RESOURCES FOR PHYSICIANS OF ELEMENTARY SCHOOL AGE PATIENTS 6-12 YEARS

- CONFIDENT PARENTS, THRIVING KIDS

- <https://welcome.cmhacptk.ca/>

- This is an excellent resource for parents to access for children ages 3-12 years with either behavioral issues or anxiety. This is free as long as the family resides in BC

- ❑ Requires a referral from the Family Physician



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ADOLESCENT HEALTH: 13-18 YEARS



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ADOLESCENT VISITS: 13-18 YEARS

- Regular adolescent visits are an opportunity for adolescent to come into the examining room (or televisit) without their parents
- Can ask parents to come into the visit after speaking privately with the adolescent
- If parents are in the room with the child's consent, then must remind child that whatever we speak about the parents will know about
- Option to ask the parent to leave the room or televisit



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ADOLESCENT VISITS: 13-18 YEARS – CASE STUDY & GROUP BREAK OUT EXERCISE

Jessica (16 years old) has an appointment with you, her Family Physician. She comes into your office with her mother Barbara.

Jessica is sitting in the corner on a stool and Barbara is sitting closer to you. You ask Jessica “what brings you into the office today?” Jessica mumbles to her mother: “you tell her.”

Barbara tells you that things have not been going very well at home. Jessica doesn’t want to go to school and she stays in her room on her iPhone all day. At which point, Jessica rolls her eyes at her mother.

You notice this interaction and ask Jessica if there is anything she would like to tell you about what is going on at home. Jessica responds with another mumble.

What would you do?



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BREAK OUT SESSION: DISCUSSION ABOUT CASE STUDY



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RESOURCES FOR PHYSICIANS: CHILD & ADOLESCENT

- **Grieg developmental records** for children age 6-18 years
 - Encourage basic swimming lessons
- Mild to moderate **parenting difficulties** (up to age 12 years)
 - www.confidentparents.ca
- **BC guidelines** (BCguidelines.ca) for most childhood illnesses



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RESOURCES FOR PHYSICIANS: CHILD & ADOLESCENT

- **CHILD HEALTH BC:** Caring for Children and Youth with Mental Health issues. Excellent resource!

https://www.childhealthbc.ca/sites/default/files/caring_for_children_youth_with_mh_and_su_concerns_aug_2018_0.pdf

<https://mediasite.phsa.ca/Mediasite/Play/29d6522fccc24d1fa8ad6416fdbe9a801d>.

- **PEDIATRIC FOUNDATIONS ONLINE MODULE:** Excellent review of Pediatric care from 0-18 years: <https://ubccpd.ca/course/pediatric-foundations>
- **VITAL SIGNS FOR CHILDREN 0-18 YEARS:**
<https://www.childhealthbc.ca/media/224/download>



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COMMON REASONS FOR PEDIATRIC VISITS IN FAMILY PRACTICE

- | | |
|--------------------------------|--|
| 1. Allergies/Asthma | 10. Obesity |
| 2. Eczema | 11. Gastrointestinal infection |
| 3. Acne | 12. New onset Coeliac disease |
| 4. Fever | 13. New onset Juvenile Diabetes Type I |
| 5. Upper respiratory infection | 14. Juvenile onset arthritis |
| 6. Lice | 15. Eating disorders |
| 7. Urinary tract infection | 16. Depression |
| 8. Musculoskeletal injuries | 17. Anxiety/ADHD |
| 9. Head injuries/Concussion | 18. Toileting |



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QUESTIONS?? WHAT HAVE YOU SEEN IN YOUR PRACTICES??

COMMON REASONS FOR PEDIATRIC VISITS IN FAMILY PRACTICE

- **Allergies**

- Most common allergies are egg, milk, peanut, soy, fish/shellfish, tree nuts, wheat



- **Asthma**

- Can be difficult to diagnose children under 5
- Pet avoidance: remove stuffed toys and carpets

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- **Eczema**

- Assess for food allergies; but, food allergies do not cause eczema
- Review skin hygiene: frequent bathing can exacerbate eczema

COMMON REASONS FOR PEDIATRIC VISITS IN FAMILY PRACTICE

- **Allergies & Asthma - Resources**

- Vancouver Pediatric Allergy & Asthma Centre

- www.vancouverpac.com

- <https://asthma.ca/get-help/allergies-and-asthma/>

- **UBC CPD: Atopic dermatitis:** <https://ubccpd.ca/course/pediatric-atopic-dermatitis>



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COMMON REASONS FOR PEDIATRIC VISITS IN FAMILY PRACTICE

- **Fever**

- Less than 2 months old – unique risk for serious bacterial infection

WHAT MIGHT YOUR DIFFERENTIAL BE IN YOUR COUNTRY OF ORIGIN?

HOW IS THIS DIFFERENT IN CANADA?

- **Upper respiratory infections** (ear, nose, throat, eye)

- 95% of time, these are viral infections

- **Lice** infestations



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COMMON REASONS FOR PEDIATRIC VISITS IN FAMILY PRACTICE

- **Urinary tract infections**

- Investigate when child is less than 2 years



- **Acne**

- Don't let kids scar
 - Three topical medication families
 - Antibiotics / Retinoids / Benzyl Peroxide
 - Three oral medications
 - Antibiotics / Retinoids (Accutane) / Oral contraceptive (female patients)

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COMMON REASONS FOR PEDIATRIC VISITS IN FAMILY PRACTICE

Closed head injury / CONCUSSION (rule out violence)

- Take out of game → Observe for 24-48 hours
- www.thinkfirst.ca
- <https://parachute.ca/en/injury-topic/concussion/>
- CHILD SCAT6 :
<https://bjsm.bmj.com/content/bjsports/57/11/636.full.pdf>
- BC GUIDELINES FOR CONCUSSION:
- <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/concussion-mild-traumatic-brain-injury-mtbi#figure2>



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COMMON REASONS FOR PEDIATRIC VISITS IN FAMILY PRACTICE

- **Musculoskeletal injuries**
 - Clinically we are often wrong; when in doubt, x-ray
 - Fractures are more common than sprains before growth plate closes



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COMMON REASONS FOR PEDIATRIC VISITS IN FAMILY PRACTICE

- **Obesity**
 - Use BMI's to measure children older than 2 years (catch early)
 - Involve parents
- HOW DID YOU HANDLE OBESITY IN YOUR COUNTRY OF ORIGIN VS. CANADA?



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CHALLENGING PEDIATRIC VISITS IN FAMILY PRACTICE

Mental Health and Behavioral problems

Anxiety: GAD-7
SCARED Questionnaire
Depression: PHQ-9
ADHD: CAADRA
Resources: Kelty Mental Health

Taming the Worry Dragons by Dr. Jane Garland

<https://learninglinksbc.ca>

FOUNDRY: Mental Health support for youth12-24 <https://foundrybc.ca/>



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CHALLENGING PEDIATRIC VISITS IN FAMILY PRACTICE

Mental Health and Behavioral problems continued:



ATTENTION DEFICIT DISORDER (ADHD)

AUTISTIC SPECTRUM DISORDER (ASD)

CAADRA <https://www.caddra.ca/> Questionnaire to separate ADHD from ASD

<https://autismcanada.org/autism-explained/history-of-autism/>

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CHALLENGING PEDIATRIC VISITS IN FAMILY PRACTICE

Mental Health and Behavioral problems continued:

LEARNING DISABILITIES

GIFTEDNESS

Resources: School Counsellor

Psychoeducational assessment: provided by school or privately



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CHALLENGING PEDIATRIC VISITS IN FAMILY PRACTICE

Mental Health and Behavioral problems continued:

- Schizophrenia
- Bullying
- Gender Identity
- Sexual Health and Contraception
- Substance Use and Addiction and Harm reduction

MENTAL STATUS EXAMINATION FORM FROM BC CHILDREN'S HOSPITAL:

<http://policyandorders.cw.bc.ca/resource-gallery/Documents/BC%20Children's%20Hospital/C-05-06-60339%20Pediatric%20Mental%20Status%20Exam.pdf>



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CHALLENGING PEDIATRIC VISITS IN FAMILY PRACTICE

- **Harm reduction in teenagers**

- **CRAFFT QUESTIONNAIRE**

- ☐ Have you ever ridden in a **car** driven by someone (including yourself) who was high
 - ☐ Have you ever used alcohol or drugs to **relax**
 - ☐ Have you ever used alcohol or drugs while **alone**
 - ☐ Have you ever **forgotten** things while using alcohol or drugs
 - ☐ Have **friends or family** ever told you they were worried about your use
 - ☐ Have you ever gotten into **trouble** while using alcohol or drugs



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CHALLENGING PEDIATRIC VISITS IN FAMILY PRACTICE

QUESTIONS?

What kind of challenging pediatric visits have you seen and how does this differ from Canada?



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TOPICS OF CONTROVERSY IN PEDIATRICS

- **Immunization refusal**

- Immunization Communication Tool for Immunizers (online)

- ❑ http://www.immunizebc.ca/sites/default/files/docs/ict_final.pdf

- Books for parents:

- ❑ Your Child's Best Shot 3rd ed. by Dr. Ronald Gold 2006

- ❑ Childhood Vaccinations 2nd ed. by Dr. Katia Bailetti 2010



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TOPICS OF CONTROVERSY IN PEDIATRICS

- **Circumcision**

- Do early by experienced practitioner with adequate pain management (usually both topical and subdermal)
- Usually costs about \$500-\$1000 (non MSP)
- Updated CPS statement <http://www.cps.ca/documents/position/circumcision>



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COMMENTS??

OTHER PEDIATRIC PROBLEMS IN FAMILY PRACTICE

- **Child physical abuse/neglect**
 - Red flags: 8-year old fell off bike



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OTHER PEDIATRIC PROBLEMS IN FAMILY PRACTICE

- Child physical abuse/neglect
 - Red flags: Slapping



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OTHER PEDIATRIC PROBLEMS IN FAMILY PRACTICE

- Child abuse imitators
 - Congenital Mongolian Blue spot



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OTHER PEDIATRIC PROBLEMS IN FAMILY PRACTICE

- **Child physical abuse/neglect**

- Identify and intervene before escalation
- Primary physician would not have reported 21% of cases that child abuse experts would have
- Required by law to report possible child abuse up to age 19
- Report to Ministry of Children and Family Development or a designated Aboriginal authority
- There are five Suspected Child Abuse and Neglect teams in BC (Vancouver, Surrey, Kamloops, Nanaimo, Prince George)



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GROUP DISCUSSION: CHILD ABUSE IN PHYSICIANS' COUNTRIES OF ORIGIN

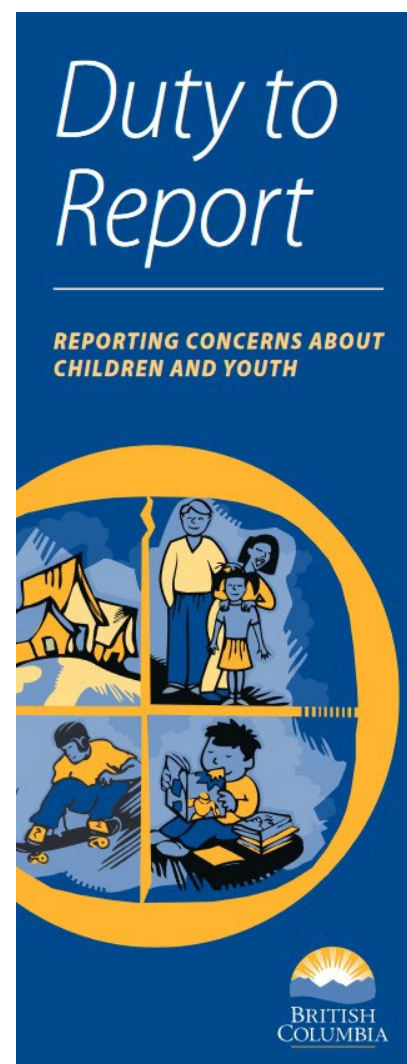
WHAT IS YOUR EXPERIENCE WITH CHILD ABUSE IN YOUR COUNTRY OF ORIGIN AND HOW MIGHT THIS BE THE SAME OR DIFFERENT IN CANADA?



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CHILD ABUSE & NEGLECT - RESOURCES

- Government of British Columbia
- <https://www2.gov.bc.ca/gov/content/safety/public-safety/protecting-children/reporting-child-abuse>
 - Phone 1-800-663-9122



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PEDIATRIC EMERGENCIES

- Swallowed batteries look a lot like swallowed coins.
- Lower abdominal pain remember torsion of testes or ovaries.
- Appendicitis has a highly variable presentation.
- Most common surgical emergency in children under 2 is intussusception.

Consult with your Assessors to ensure you are aware of the emergency services in your community



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PEDIATRIC EMERGENCIES



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HOW TO FIND A RELIABLE HEALTH CARE WEBSITE FOR PARENTS

How to assess if a website has good quality information:

- Does the site sell product/service?
- Is it a for profit organization?
- It should have an 'About Us' section
- No requests for personal info
- Content is reviewed by experts
- Content is up to date
- Run by a “recognized” authority on subject
- Evidence vs opinion; testimonial / anecdotes vs studies



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WHEN TO REFER:

Family Physicians are exposed to many clinical scenarios and most of these can be managed by the Family Physician. However, if recommended treatments and management have not been helpful, or the diagnosis is not clear, then a referral to a Pediatrician, Child Psychiatrist, Pediatric surgeon, Pediatric Dermatologist, Ophthalmologist etc.... would be helpful.



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RESOURCES FOR PARENTS

- Concussion awareness tool <https://cattonline.com/>
- Immunization schedule <https://immunizebc.ca/>
- HPV information <https://www.hpvinfo.ca/>
- Asthma <https://asthma.ca>
- Mental health <https://keltymentalhealth.ca/>
- Eating disorders <https://nedic.ca/>
- Sexually transmitted diseases <https://www.cdc.gov/nchhstp/Default.htm>
- Sexual health <https://www.sexandu.ca/>
- Travel health <http://travelclinic.vch.ca/>
- Eczema <https://www.aad.org/public/diseases/eczema>
- Autism <https://autismcanada.org/autism-explained/history-of-autism/>
- Autism <https://www.autismbc.ca/about/>
- Crisis Centre <https://crisiscentre.bc.ca/>



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RESOURCES FOR PARENTS

General:

- Safe Kid Canada www.parachutecanada.org
- [Healthlink BC](https://www.healthlinkbc.ca/) <https://www.healthlinkbc.ca/>
- <http://www.nationalcac.org/prevention/internet-safety-kids.html>
- Poison control (have phone number on fridge): 1-800-567-8911
- <http://www.confidentparents.ca>
- <https://www.childhealthbc.ca/>
- <https://www.caringforkids.cps.ca/>
- <https://www.aboutkidshealth.ca/>
- Red Book Community Resources <http://redbookonline.bc211.ca/>
- <https://www.childrenshearing.ca/about-us/who-we-are/>



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EVIDENCE-BASED RESOURCES FOR PHYSICIANS

- [Up to date](#) (subscription service)
- [American Academy of Pediatrics](#)
- [Canadian Pediatric Society](#)
- [Doctors of BC Guidelines](#)
- [Alberta College of Family Physicians guidelines](#)
- [BC Children's Hospital](#)
- [BC Centre for Disease Control](#) (immunizations/outbreaks)
- [BC Ministry of Health](#)
 - [Lifetime Prevention Schedule](#)
 - [Lifetime Prevention Schedule chart](#)
- [College of Family Physicians of Canada](#)



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RESOURCES FOR PEDIATRIC CARE IN FAMILY PRACTICE



UBC CPD: FOUNDATIONS OF PEDIATRIC CARE IS AN EXCELLENT REVIEW

<https://ubccpd.ca/course/pediatric-foundations>

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UP-COMING COURSES RELATED TO PEDIATRIC CARE IN FAMILY PRACTICE



1. BEYOND BIRTH: SUPPORTING FAMILIES FROM PRECONCEPTION TO EARLY CHILDHOOD: OCTOBER 8, 2025 6:30-8:30 PM

https://ubccpd.ca/learn/learning-activities/course?eventtemplate=1010-beyond-birth-supporting-families-from-preconception-to-early-childhood&utm_medium=email&utm_campaign=2025-09%20Sept.%20QL&utm_source=Invoke-1.-UBC-CPD-Learning-Activities&utm_term=QUICK-LINKS%3A-Upcoming-UBC-CPD-Learning-Activities

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UP-COMING COURSES RELATED TO PEDIATRIC CARE IN FAMILY PRACTICE

**2. EMOTION REGULATION STRATEGIES IN DBT(DIALECTICAL BEHAVIOUR THERAPY:
NOVEMBER 27, 2025 12:00-1:00 PM**

<https://www.eventbrite.ca/e/emotion-regulation-strategies-in-dialectical-behavior-therapy-tickets-1669433633939?aff=oddtcreator>



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QUESTIONS?



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SUMMARY

- We reviewed the expectations of Physicians regarding Paediatric care, specifically around Culture, Consent, and Communication.
- We reviewed common and challenging Paediatric reasons to visit the Family Doctor.
- I provided you with a list of resources for both parents and physicians.



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FAMILY PHYSICIANS ARE IN A UNIQUE POSITION TO ESTABLISH LONG, TRUSTING RELATIONSHIPS WITH FAMILIES AND THEIR CHILDREN



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REGULAR VISITS AT APPROPRIATE INTERVALS CAN AID IN ESTABLISHING RAPPORT



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ENCOURAGE CHILDREN AND THEIR PARENTS TO BECOME THEIR OWN ADVOCATES FOR HEALTH



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