

# The Paediatric Insider

Continuing Medical Education 2025  
*Department of Paediatrics*



## Table of Contents

<b>04</b>	Message from the Chair
<b>05</b>	Message from the CME Director
<b>06</b>	Paediatric Update Conference
<b>07</b>	PEM Refresher Day
<b>08</b>	PEM Review
<b>09</b>	International Impact
<b>11</b>	Grand Rounds
<b>12</b>	PROP Lectures
<b>13</b>	PROP Simulation
<b>14</b>	PROP POCUS
<b>15</b>	PROP Lecture Award
<b>16</b>	Paediatric Division in Focus - <i>Paediatric Hospital Medicine</i>
<b>18</b>	Research Day
<b>19</b>	Regional Case Reviews
<b>20-25</b>	Education Articles



## Paediatric Continuing Medical Education

# CME Contributors

## Paediatric CME Director

Dr. Rahul Ojha - Paediatric Hospital Medicine

Ms. Megan Dykstra – CME Coordinator

## CME Committee Members

Dr. Jagraj Brar - Paediatric Hospital Medicine

Dr. Shruti Mehrotra - Paediatric Emergency Medicine

Dr. Paige Burgess - Paediatric Critical Care

Dr. Sepideh Taheri - Paediatric Hospital Medicine

Dr. Brianna Broussard - Paediatric Hospital Medicine

Ms. Kristine Fraser - Paediatric Nurse Consultant MNCYN

## Regional Representatives:

Dr. Manju Rajguru - Paediatrician, Cambridge

## Canadian College of Family Medicine Representatives:

Dr. Jamie Wickett

Dr. Sara Puente

Dr. Tania Rubaiyyat

## Annual Report Contributors

Dr. Rahul Ojha - Writer/Editor

Ms. Megan Dykstra - Writer/Editor/Designer

Dr. Craig Campbell - Paediatric Chair

Nerissa Taylor - Manager VCP & MyCarePortal

Dr. Sarah Pilon - Developmental Paediatrics

Dr. Michael Reider - Clinical Pharmacology

Dr. Breanna Chen - Paediatric Hospital Medicine

Dr. Sepideh Taheri - Paediatric Hospital Medicine

Ms. Michelle Mason - Administrative Partner



## CME Committee Members



Dr. Rahul Ojha  
MBBS, DCH, MD, FRACP  
CME Director



Megan Dykstra  
Paediatric CME Coordinator



Dr. Jagraj Brar  
MD, FRCPC  
Paediatric Hospital Medicine



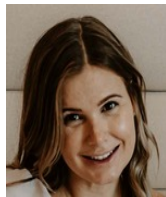
Dr. Shruti Mehrotra  
MD, FRCPC  
Paediatric Emergency Medicine



Dr. Paige Burgess  
MD, FRCPC  
Paediatric Critical Care



Dr. Sepideh Taheri,  
MD, FRCPC  
Paediatric Hospital Medicine



Dr. Brianna Broussard  
MD, FRCPC  
Paediatric Hospital Medicine



Dr. Sara Puente  
MD, CFPC, FCFP  
Family Physician



Dr. Tania Rubaiyyat  
MD, CCFP, FCFP  
Family Physician



Dr. Jamie Wickett  
MD, MCISc(FM), CCFP, FCFP  
Family Physician



Dr. Manju Rajguru  
MBBS, DNBE, FRCPC  
Community Paediatrician



Kristine Fraser  
Paediatric Nurse Consultant  
Maternal Newborn Child and  
Youth Network

## Message from the Department of Paediatrics Chair



It is my pleasure to introduce the 2025 Annual Report, celebrating another year of excellence and impact in our Continuing Medical Education initiatives. This report reflects the strength and reach of our programming, as well as the dedication, innovation, and collaborative spirit of our CME team and faculty.

In 2025, the Paediatric Update was delivered as a dynamic virtual conference, complemented by a focused half-day in-person workshop. This blended approach enabled broad accessibility while fostering meaningful face-to-face engagement. The caliber of the speakers was excellent and along with the enthusiastic participation of colleagues across the region created an environment rich in professional growth and scholarly exchange.

Our CME programs continue to evolve in response to the needs of today's learners, integrating advances in clinical practice, quality improvement, and interdisciplinary care. The strong engagement of our participants underscores the importance of delivering high-quality, evidence-informed educational experiences that advance excellence in paediatric care.

I extend my sincere gratitude to all who contributed to the Paediatric Update and the many CME activities across our Department. Your commitment to lifelong learning strengthens our academic mission and, most importantly, enhances the care we provide to children and families.

Dr. Craig Campbell, MD, MSc, FRCPC  
Chair Dept of Pediatrics, Schulich School of Medicine and Dentistry  
Department Head, Paediatrics Children's Hospital LHSC  
Professor, University of Western Ontario



## Message from the Paediatrics CME Director



As we reflect on the evolution of the Department of Paediatrics Continuing Medical Education (CME) program, we do so with a clear sense of purpose and accountability. Our progress is a direct result of the dedication and expertise of our faculty and staff and aligns closely with Royal College accreditation standards and the strategic priorities of our institution. Through this work, we remain committed to advancing lifelong learning, professional excellence, and improved outcomes for children and families.

Our department has demonstrated sustained leadership in paediatric medical education through the delivery of invited lectures, workshops, and symposia at national and international levels. These initiatives are intentionally designed to support competency-based education, reflective practice, and the translation of evidence into clinical impact, while aligning with institutional pillars of quality, innovation, and equity.

Each year, we host high-impact paediatric conferences that reflect emerging priorities in child health. These have evolved into comprehensive academic programs incorporating interactive and experiential learning. In parallel, the Paediatric CME program has strategically expanded the Paediatric Regional Outreach Program (PROP), extending expertise beyond our tertiary centre. The PROP-POCUS initiative and PROP Lecture Series have become well-recognized, accredited platforms, engaging learners and partners across Ontario and other provinces. Our outreach simulation workshops further support interprofessional learning, patient safety, and system readiness.

We are grateful to the Michael Gunning Simulation Centre (MGSC) and Maternal Newborn Child and Youth Network (MNCYN) for their valued partnership in delivering PROP in-situ paediatric simulation workshops across the region.

Our weekly Grand Rounds continue to serve as a cornerstone of accredited academic activity, providing a forum for scholarly exchange and highlighting excellence in paediatric research, education, and clinical practice aligned with Royal College CanMEDS competencies.

Looking ahead, our vision for CME is grounded in continuous quality improvement and learner-centred design. Through ongoing needs assessment, evaluation, and incorporation of feedback, we strive to deliver responsive, inclusive, and impactful education that cultivates leadership and strengthens a learning health system dedicated to advancing paediatric care.

Dr. Rahul Ojha, MBBS, DCH, MD, FRACP  
Director, Continuing Medical Education  
Department of Paediatrics  
Children's Hospital, London Health Sciences Centre





# Conferences in Focus

## Provincial

### Children's Hospital Paediatric Update Conference

The Annual Children's Hospital Paediatric Update Conference is an accredited, multidisciplinary educational program designed for healthcare providers to refresh and enhance their knowledge in Paediatric medicine.

This year, the Paediatric Update Conference was delivered in a hybrid format, with sessions hosted both at the Best Western Lamplighter Inn and virtually. The first day featured a half-day, in-person program focused on hands-on skills workshops, during which participants had an opportunity to obtain advanced skills in PROP Simulation and PROP POCUS.

The second day was held entirely virtually, beginning with large-group presentations and followed by afternoon breakout sessions.



Evaluations: 4.5/5

**Save the Date  
2026:**

**When: September 15th  
and 16th**

**Where: Best Western  
Lamplighter Inn**

Some of the topics covered by our Paediatricians were: Early Identification of Cerebral Palsy: From Guidelines to Practice, Brain teasers Emergency Medicine and Paediatric Academic Medicine, Interesting cases in Paediatrics, Paediatric Emergency Medicine Quick Hits, What do we know about Paediatrics Sleep Disorders, Paediatric Diabetic Ketoacidosis: The Latest Updates & Understanding the 2 Bag Method, PABICOP: Supporting children and youth with acquired brain injuries, When Rashes Speak: "Diagnostic Clues in Paediatric Skin Disease", Traffic Jam! How to get the gut moving? Green light therapies vs testing paralysis, Quality of Life and Advanced Care: Case based discussion on Palliative Care and Local Team and Resources, Approach to fever in the returned Paediatric Traveler, CPS Statement on follow up for pre-term infants, Immune Deficiencies, Sickle cell disease crises, management and outpatient care, RSV: Little lungs, big consequences, CPS Position Statements: Update for Management of Hyperbilirubinemia in the Neonate, and Somatic symptom and related disorders: Guidance on assessment and management for Paediatric health care providers.



## Paediatric Emergency Medicine Refresher Day

The Annual Paediatric Emergency Medicine Refresher Day is an accredited, multidisciplinary course open to all healthcare providers seeking to update their knowledge in paediatric emergency medicine. The program features PEM-specific topics that are timely, relevant to the current year, and focused on the practical aspects of patient care.

Sessions are delivered by a diverse group of expert multidisciplinary speakers, including physicians, nurses, EMS professionals, respiratory therapists, and social workers, ensuring a comprehensive and collaborative learning experience.

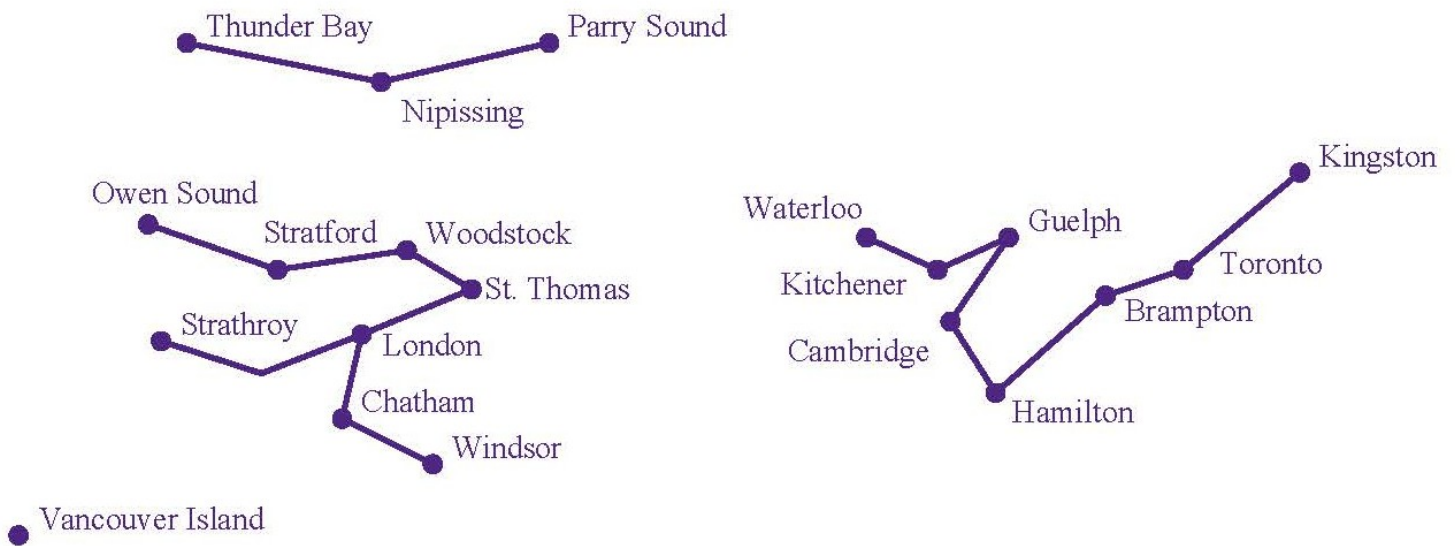
The one-day course is held annually in the spring in London, Ontario, and has been running successfully for over 10 years. Participants attend from across Ontario, making this a regional course that addresses PEM “hot topics” relevant not only to Southwestern Ontario but to all provincial regions.

Since 2023, the course has been offered in a hybrid format, with the majority of participants attending in person and a smaller number joining virtually. In 2025, a total of 121 participants attended the PEM Refresher Day, most of whom were in person. Feedback from this and previous years has been consistently excellent, with attendees valuing the balance of plenary sessions and smaller breakout groups, as well as the multiple opportunities to interact directly with speakers throughout the day.



### PEM Refresher Day

In 2025, a hands-on Difficult Airway breakout session was offered, providing attendees with practical, skills-based training to enhance their clinical expertise. Due to its strong reception, this session will again be offered in 2026.



# National



## Canadian Paediatric Emergency Medicine Review Course

The Canadian Paediatric Emergency Medicine Review Course is an annual national continuing professional development program designed for physicians seeking a comprehensive review of core topics in paediatric emergency medicine. The course is delivered by paediatric emergency medicine specialists from across Canada with recognized expertise in their respective fields. In 2025, the program was hosted in Banff, with a virtual attendance option available to support broader accessibility. The curriculum enabled participants to review, consolidate, and enhance their knowledge across a wide spectrum of paediatric emergency presentations.

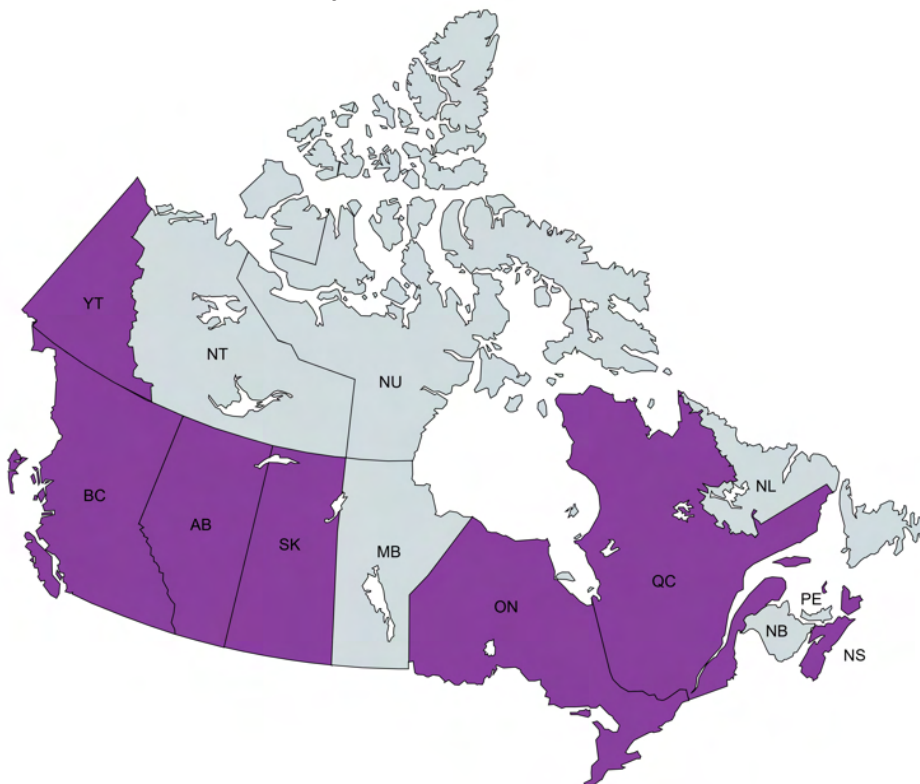
### Prerecord Presentations

- Migraine in PEM
- Environmental presentations
- Hematology presentations
- Infectious disease the febrile infant
- Mental health emergencies
- Child maltreatments
- Oncology presentations
- Dentistry presentations
- Burn management
- Practice changing papers of 2024
- Lower limb fractures/injuries
- Toxicology emergencies
- POCUS
- Surgical emergencies

### In Person Presentations

- Traumatic head injury
- Cardiology emergencies
- Paediatric EKG interpretation
- Paediatric c-spine
- Upper and lower airway emergencies
- NRP/PALS update
- CNS emergencies
- Urologic emergencies
- Announcement/evaluation completion
- Upper extremity fractures
- Sedation in PEM
- The Limping Child
- Pain Management in PEM
- Thoracoabdominal trauma- blunt and penetrating
- Resuscitation of the trauma patients – tips for optimization

Registrants from across Canada joined our PEM review

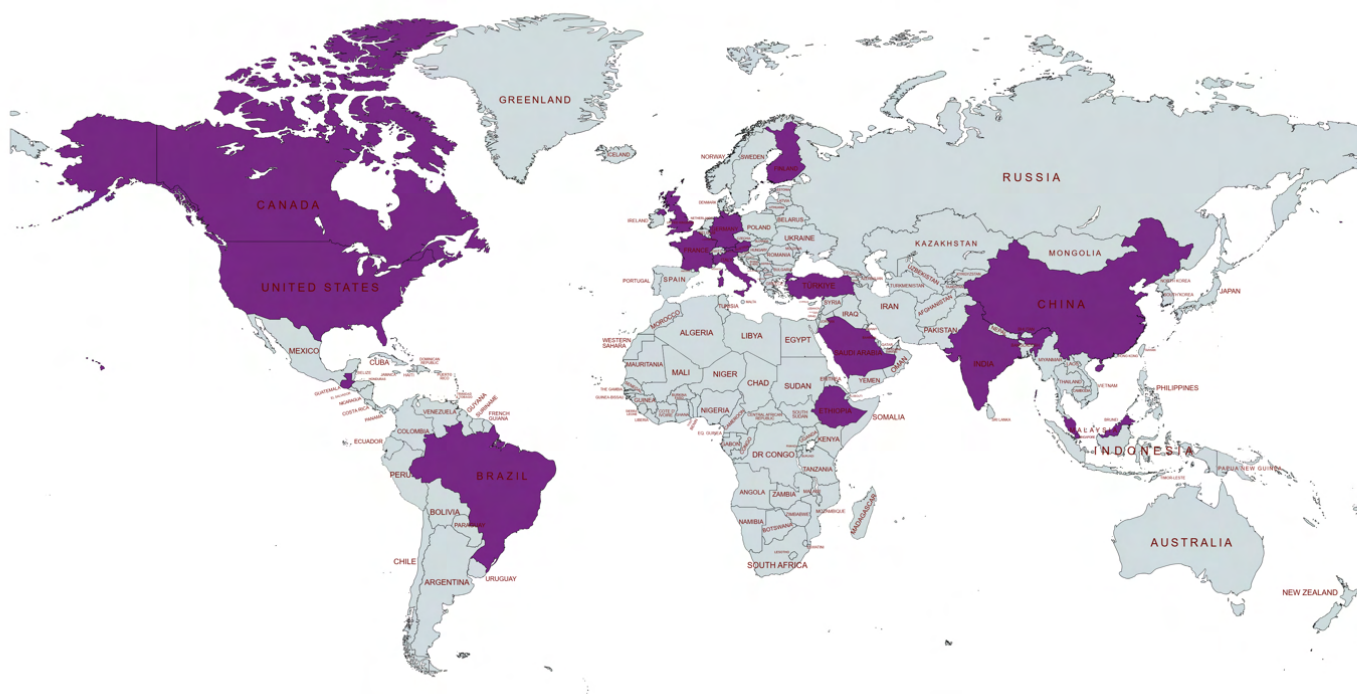


**Save the Date  
2026:**

**When:** April 15th, 2026  
**Where:** Best Western  
Lamplighter Inn

# International Impact

## Our CME Activities Around the World



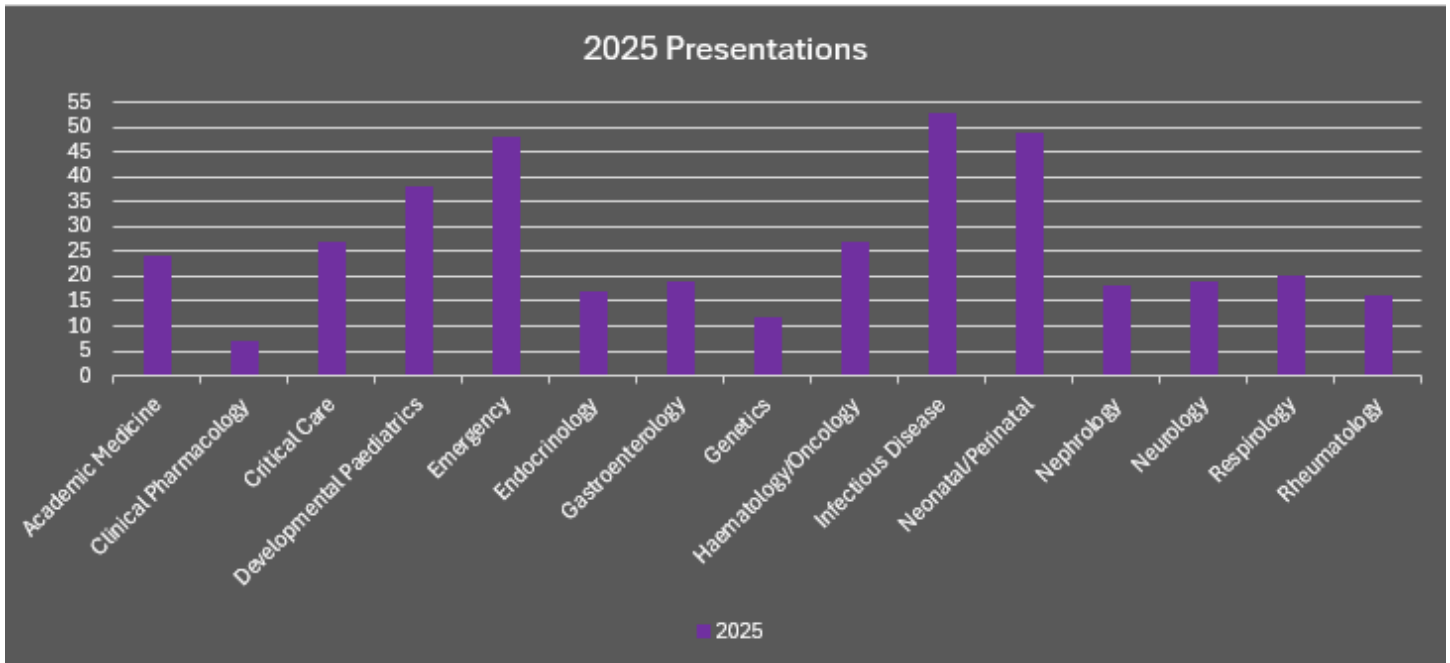
### Where in the World?

Between January and December 2025, the Department of Paediatrics delivered more than 250 Continuing Medical Education (CME) presentations and was invited to present at over 150 additional CME events. These presentations were delivered across 16 countries worldwide, including **Brazil, Austria, China, Ethiopia, France, Germany, Guatemala, India, Italy, Malaysia, Saudi Arabia, Singapore, Turkey, the United Kingdom, the United States, and Canada.**

The presentations spanned a broad range of paediatric subspecialties, including Academic Paediatric Medicine, Clinical Pharmacology, Critical Care, Developmental Paediatrics, Emergency Medicine, Endocrinology, Gastroenterology, Genetics, Haematology/Oncology, Infectious Diseases, Neonatal/Perinatal Medicine, Nephrology, Neurology, Respiriology, and Rheumatology.

# Breakdown by Division

## International Presentations and Invited Lectures



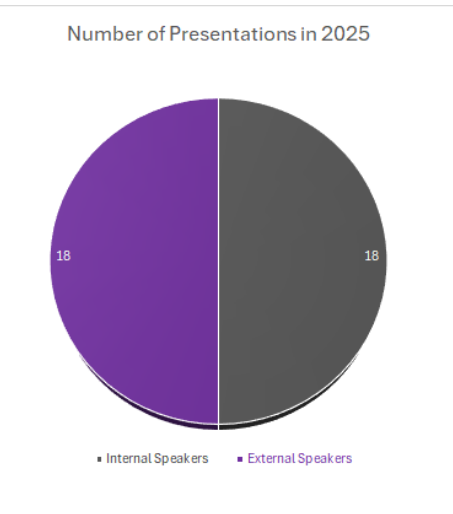
# Other Educational Activities

## Spotlight

### Grand Rounds

It has been another excellent year of learning and teaching through our Paediatric Grand Rounds. These rounds are held weekly on Wednesdays from 12:00 pm to 1:00 pm and have become a cornerstone of our department. They provide an important opportunity for faculty to connect regularly, strengthen collegial relationships, and engage in shared learning.

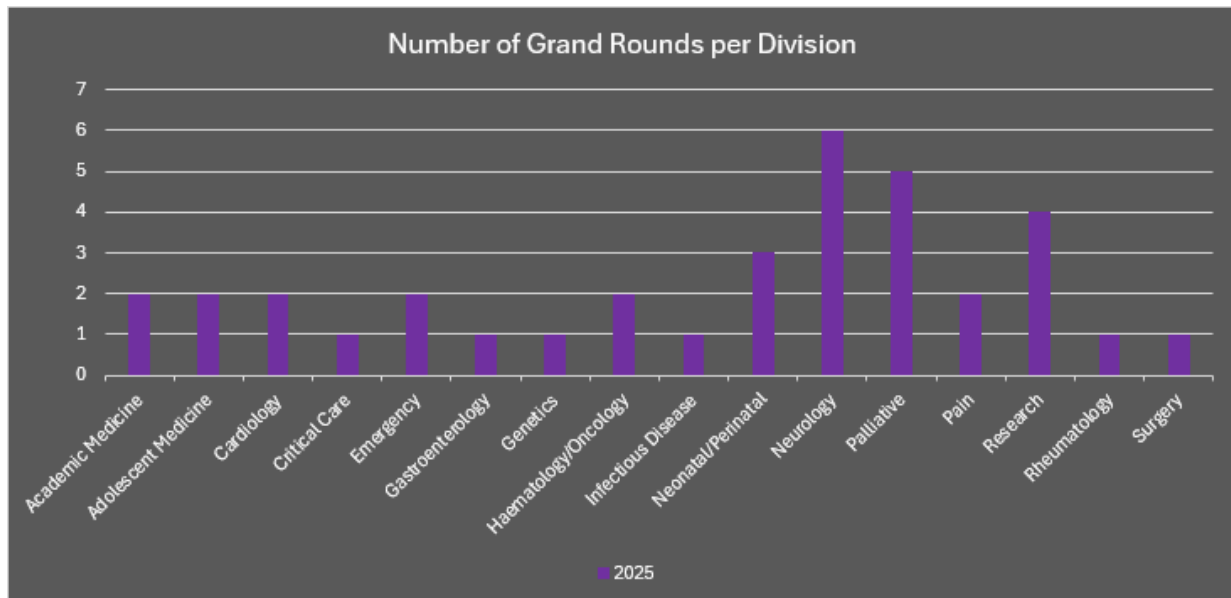
Evaluations:  
4.6/5



Beyond fostering connection, Grand Rounds offer exposure to a wide range of educational topics across paediatric medicine. The program has continued to grow through its hybrid format, allowing faculty who are on call or unable to attend in person to participate virtually. This approach has also expanded attendance to include healthcare providers from other hospitals across our region.

Many surrounding hospitals do not have access to the same teams, expertise, space, or resources for paediatric care. By offering them the opportunity to learn from our paediatric specialists, as well as invited external speakers from around the world, Grand Rounds supports knowledge sharing and enhances paediatric care across the region.

Grand Rounds also serve as an important platform to showcase divisional work, clinical updates, and emerging topics in medicine. In 2025, the program featured a balanced mix of speakers, with 18 external and 18 internal presenters.



# Paediatric Outreach Program

## PROP Lecture Series

The Paediatric Outreach Program (PROP) Lecture Series is a monthly, virtual educational initiative designed to connect paediatric expertise with healthcare providers beyond traditional academic settings. Delivered via Zoom on the third Wednesday of each month from 3:00–4:00 PM, the series brings together academic and community paediatricians, emergency and family physicians, residents, students, and allied health professionals for concise, case-based learning.

The lecture series covers a broad range of clinically relevant paediatric topics, including the assessment of febrile young infants, myocarditis, preparation for the transfer of critically ill children, sepsis and fever management, constipation, and bronchiolitis. By emphasizing practical scenarios encountered in everyday clinical practice, PROP Lectures support informed decision-making and enhance clinician confidence in paediatric care.

At its core, the program is committed to accessibility and knowledge sharing. It aims to bridge gaps in training and resources by responding directly to the educational needs of its audience. Participants are encouraged to suggest topics or clinical challenges for future sessions, which helps guide ongoing program development. Recordings of previous lectures are available upon request, allowing learners to continue building their knowledge beyond the live sessions.

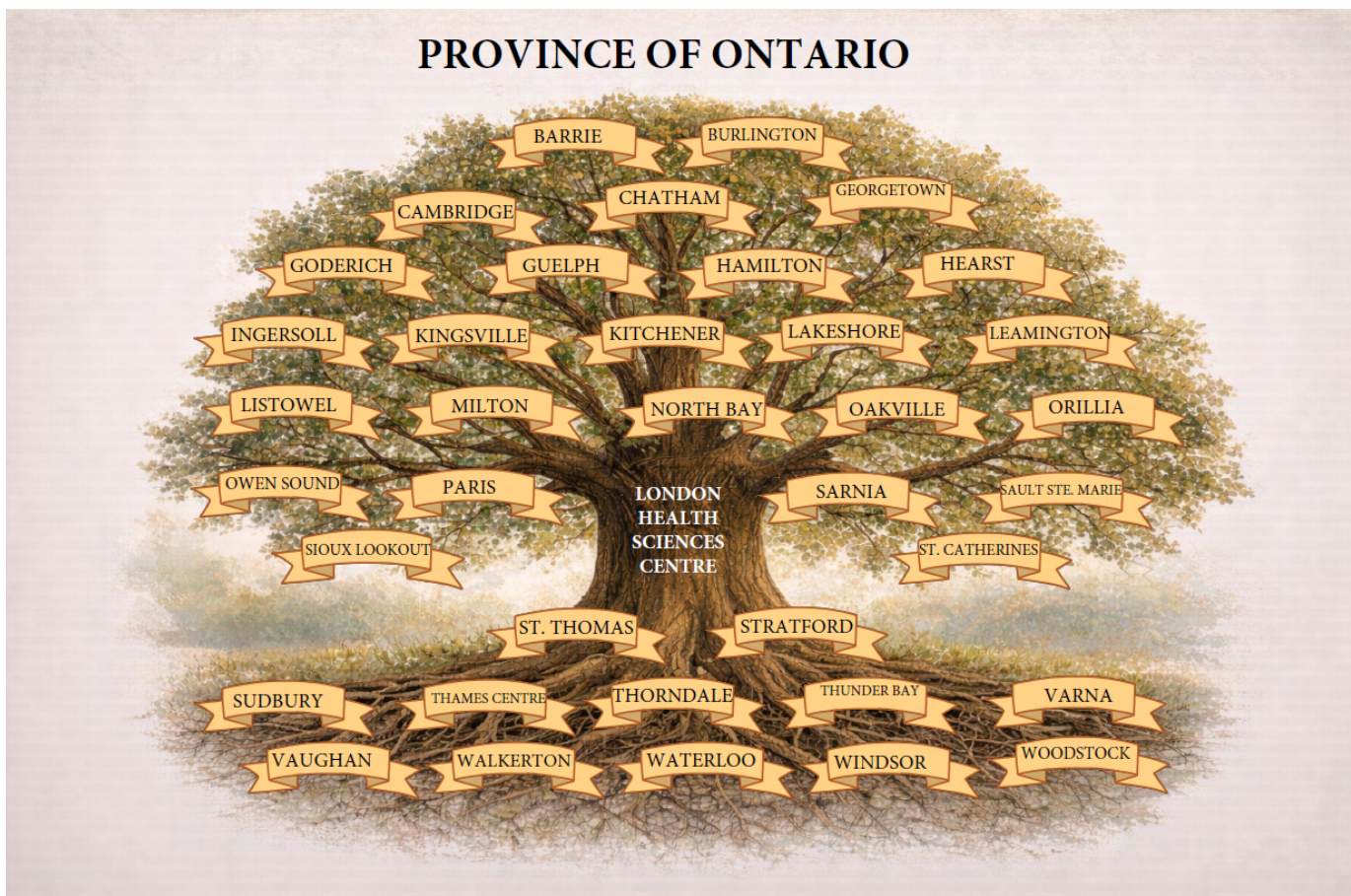
So far: 70 Sessions, 60 different topics, 34 experts, 550+ attendees

**41** Regional & Provincial Locations

**2** International Locations:

- Melbourne, Australia
- Madinah, Saudi Arabia

Evaluations:  
4.5/5



# Paediatric Outreach Program

## PROP Simulation Workshops

**Format:** on-site simulation workshops

**Audience:** Physicians, nurses, allied health professionals

**Structure:** Three high-fidelity simulation scenarios per workshop

**Key Focus Areas:**

- Acute paediatric assessment and management
- Clinical decision-making and hands-on skills
- Teamwork, communication, and role clarity

**Delivery Model:** PROP Simulation team travels to participating hospitals with all required equipment and training materials

**Reach:** 33 community hospitals over five years

**Frequency:** 5–6 workshops annually

**Cost to Participants:** None (supported through external grant funding)



The Paediatric Outreach Program (PROP) Simulation Workshops provide healthcare professionals with immersive, high-fidelity training through realistic paediatric medical scenarios delivered in a safe, controlled environment.

To ensure accessibility and relevance, the PROP Simulation team travels directly to participating sites, bringing all required simulation equipment and training materials, including medications used for educational purposes. This mobile, on-site model creates realistic learning environments and emphasizes not only technical skills, but also teamwork, effective communication, and clear role delineation during high-pressure clinical events. Each scenario is followed by facilitated debriefing sessions that support reflection, clinical reasoning, and reinforcement of key learning objectives, helping translate simulation experiences into real-world practice.



In 2025, the program received a significant grant from RBC, enabling PROP Simulation Workshops to deliver education at no cost to participants while expanding the reach to 33 community hospitals over the next five years. The program plans to offer five to six workshops annually. Implementation is already underway, with the first two-day session completed in Leamington and upcoming visits scheduled in Stratford, Woodstock, Strathroy, and Goderich. Additional communities—including Walkerton, Kincardine, Durham, Chesley, Sarnia, Cambridge, St. Thomas, and Windsor—are currently in the planning phase.



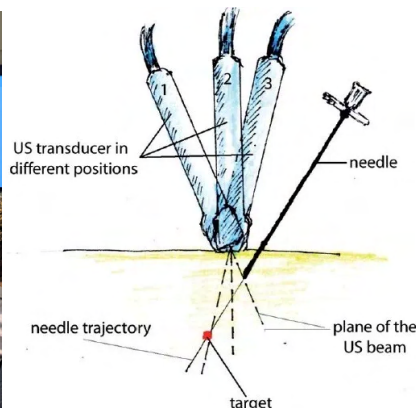
Evaluations:  
4.7/5



# Paediatric Outreach Program

## PROP Point of Care Ultrasound (POCUS)

The Paediatric Regional Outreach Program (PROP) Point of Care Ultrasound (POCUS) initiative is a four-hour, in-person, hands-on workshop designed to build confidence and proficiency in ultrasound guided peripheral IV insertion. The program brings together physicians, nurses, and allied health professionals, offering practical training that translates directly into improved bedside care.



Now in its fourth year, PROP POCUS was launched in 2022 with three initial workshops. Since then, the program has grown steadily through increased visibility and strong community engagement. This momentum led to the delivery of five workshops annually in both 2023 and 2024, followed by three workshops in 2025, reflecting continued demand and sustained interest in hands-on procedural education.

### 2025 Workshops

London:	10	Participants
Stratford:	25	Participants
CHEO:	10	Participants



Evaluations:  
4.8/5

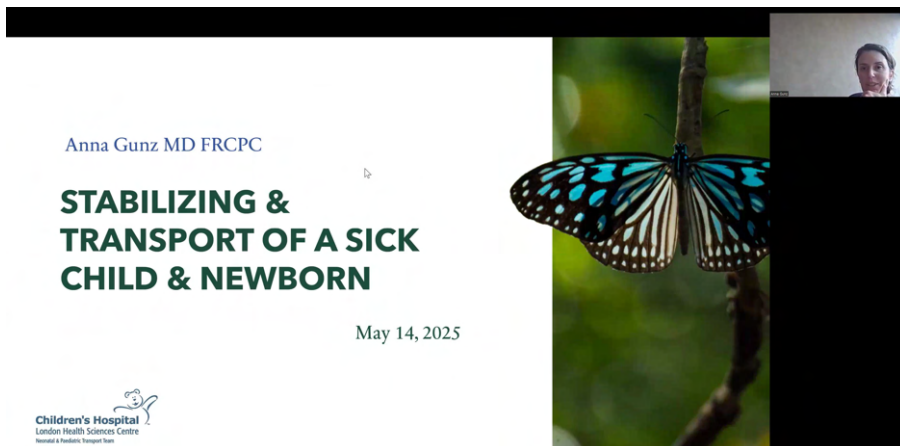
Each workshop is carefully structured to maximize learning in a small group setting, with a maximum of 12 participants per session. The four-hour format includes a one-hour interactive lecture covering the principles of vascular ultrasound, followed by three hours of supervised hands-on practice. Participants apply the needle creep technique while performing ultrasound guided peripheral IV insertions, allowing for skill development in a supportive, experiential learning environment.

# Annual PROP Lecture Award

The Paediatric Continued Medical Education is proud to announce the winner of the 2025 Paediatric Regional Outreach Lecture: **Dr. Anna Gunz!**



This award is given to a presenter in recognition of an outstanding presentation for our regional partners.



## Paediatric Advanced Life Support Course (PALS)

We offer comprehensive Paediatric Advanced Life Support (PALS) provider and renewal courses to support the ongoing education of our staff, as well as to meet the needs of external participants seeking this certification. When there is adequate interest, we also facilitate a PALS instructor course to help build instructional capacity within the community.

PALS Courses In 2025

- 5 Renewal Courses
- 5 Provider Courses



### Interested in Registering?

**Internal staff:**

Please register via iLearn

**External Staff:**

Please email [chpals@lhsc.on.ca](mailto:chpals@lhsc.on.ca)

**Category 1:** All Nurses (RN, RPN and NP) and RRT's within **Children's Hospital**

**Category 2:** Anesthesia Assistants and Children's Hospital MD's, Residents/Fellows or other Trainees \*Unless you are a Resident of the Paediatric Program and attending a program specified provider or renewal date

**Category 3:** All other LHSC staff outside of Children's Hospital

Category	PALS Provider (2 Day) Cost	PALS Renewal (1 Day) Cost
1	30	30
2	300	150
3	500	250

**External Staff:** External staff fall under category 3 with LHSC staff outside of Children's Hospital

# Paediatric Division in Focus

## Paediatric Hospital Medicine (PHM)

*Leading Care Today, Advancing Child Health Tomorrow*

### Overview

The Division of Paediatric Hospital Medicine (PHM) is a dynamic and rapidly growing team at the heart of the Children's Hospital, LHSC, and the Department of Paediatrics at Western University's Schulich School of Medicine & Dentistry. United by a shared commitment to caring for hospitalized children and youth, our team brings energy, vision, and expertise to every aspect of inpatient paediatric care.

Our PHM faculty—supported by an exceptional interdisciplinary team—provide high-quality, family centred care to children and youth with a wide range of medical needs. The division is deeply committed to clinical excellence while also advancing academic leadership, research, education, and quality improvement. Through this integrated approach, we continue to elevate paediatric care at local, regional, and national levels.

Paediatric Hospital Medicine in Canada is evolving rapidly in response to the growing complexity and acuity of the inpatient paediatric population. Our faculty members are proud to be active contributors to the advancement of this specialty across the country, helping shape the future of paediatric hospital care.

### PHM Faculty

The division is composed of a diverse and highly trained team of paediatric hospitalists with complementary clinical, academic, and leadership expertise:



Drs. Breanna Chen, Rahul Ojha, Sepideh Taheri, Michelle McNeill, Jagraj Brar, Robin Mackin, Elise Lu, Spencer van Mil, Justin Lam, Brianna Broussard, and Sara Glazer.

### Clinical Excellence & Leadership

In addition to providing care for the hospitalized child, several of our PHM faculty hold key leadership roles at institutional, regional, and national levels. These roles influence clinical strategy, policy development, quality, and system innovation.

### Key leadership roles include:

- President, Canadian Paediatric Society Hospital Paediatric Section Executive
- Director, Paediatric Hospital Medicine (PHM) and Clinical Teaching Unit (CTU)
- Medical Director, Complex Care Service
- Medical Director, Difficult Access Program
- Co-Director, Maternal, Newborn, Child & Youth Network
- Membership of the hospital advisory committees, paediatric leadership councils, quality and safety committees, organ donation initiatives, and system-flow working groups.

### Clinical Services

#### Inpatient Care

- Three PHM teams providing inpatient care
- One dedicated team caring for children with medical complexity

#### Outpatient & Subspecialty Clinics

- Paediatric Rapid Access Clinic
- Complex Care Clinic
- Asthma Clinic
- Growth Faltering (GAIN) Clinic
- Headache Clinic
- Sialorrhea Clinic
- High Risk Infant Clinic
- Mental Health Clinic
- Neurofibromatosis Clinic

These services provide timely access, multidisciplinary collaboration, and continuity of care for children and families.



## Academic Excellence & Scholarly Impact

### Research Leadership

PHM faculty hold prominent research leadership roles locally, nationally, contributing to clinical, medical education, and health services research.

### Key leadership roles include:

- Site Leads, Research Activities, Paediatric Inpatient Research Network (PIRN)



- Deputy Editor, Journal of Hospital Medicine (Things We Do for No Reason)
- Site Lead, GEMINI Paediatrics



- Collaborator, POPCORN
- Membership on Research Ethics Boards, Data Safety Monitoring Boards, and Resident Research Committees

### Research Productivity & Funding

In 2025, PHM faculty demonstrated strong and sustained scholarly output:

- **13 abstracts presented** (7 national, 6 international)
- Presentations at CPS, PIRN, SHM, ICRE, ICAM, AMEE, and other international forums
- **At least 9 peer-reviewed publications**, with additional manuscripts currently under revision
- Publications in *European Journal of Paediatrics*, *Paediatrics & Child Health*, *Medical Education*, *Journal of Hospital Medicine*, and *PLOS One*



### Grant Funding

- 9 grants awarded in 2025
- **\$437,227 in total funding**
- Supported by CHF, AMOSO, CHRI, and DOP

### Quality Improvement & System Leadership

Quality Improvement (QI) is embedded across PHM clinical and academic activities.

### Leadership Roles

- Choosing Wisely National Steering Comm
- Children's Hospital Quality and Patient Safety Council
- LHSC Choosing Wisely Committee

### Active QI Projects (2025)

- Diabetic Ketoacidosis (DKA) care optimization
- Chest tube insertion protocol development
- Novel applications of point-of-care ultrasound
- Improving nirsevimab immunization rates within inpatient and outpatient care settings at Children's Hospital
- Developing a care pathway and swallowing clinic for children with dysphagia

### Education & Training Leadership

PHM faculty provide leadership across undergraduate, postgraduate, and continuing medical education, supporting innovation, learner experience, and faculty development.

### Key roles include:

- Assistant Dean, Learner Experience (UME)
- Director, CME, Department of Paediatrics
- Chair, PGME Competence Committee
- Chair, Grand Rounds Committee
- Lead, UGME and PGME Coaching Programs
- Fellowship Director and Associate Director, PHM/Complex Care Fellowship
- Deputy Director, Clerkship
- Co-Founder, SPARCC
- Co-Chair, Medical Education Research Community of Practice

The recently established Complex Care/Paediatric Hospital Medicine (PHM) Fellowship Program has generated strong national and international interest, particularly from the Middle East. In response to the growing demand and program success, there are plans to expand fellowship capacity from one to two positions beginning in 2027.



### Looking Ahead

The PHM Division is excited for the continued growth of its team and the expanding scope of its impact. In the years ahead, we look forward to deepening our contributions to the advancement of Paediatric Hospital Medicine—both within London and on the national stage.

# Child Health Research Day

The Child Health Research Day is a cornerstone event in the Department of Paediatrics annual calendar, held each May to celebrate and showcase the breadth of child-focused research across our community. The event brings together researchers, clinicians, trainees, and partners to highlight innovation, collaboration, and impact in child and youth health.

Organized in close partnership with the Department of Paediatrics, Child and Adolescent Mental Health, the Children's Health Research Institute, Children's Hospital at London Health Sciences Centre, the Developmental Disabilities Program, Paediatric Surgery, TVCC, Western's Collaborative Graduate Specialization in Developmental Biology, and the Western Faculty of Health Sciences, the event reflects the strength of interdisciplinary collaboration across the region.

This year, Child Health Research Day and the Child Health Symposium were hosted at King's University College over two full days. The centralized venue, combined with strong attendance, created a conference-style experience. Hosting both days and the joint poster session in a single location fostered a cohesive and engaging environment for presenters and attendees alike.



Several new features were introduced to enhance participation and knowledge exchange. A rapid poster presentation format allowed presenters to deliver concise one- to two-minute overviews of their work across two sessions, featuring a total of 19 rapid presentations. Breakout rooms were also added, along with two select abstract presentations and 17 oral presentations. The program was further enriched by a keynote address from Kim Schonert-Reichl, which was very well received by attendees.

The joint poster session with TVCC's Child Health Symposium was a highlight of the event, with an impressive 108 posters showcased, underscoring the depth and diversity of child health research across the community.

**Save the Date**  
**2026:**

**When:** May 27th and 28th  
**Where:** King's College



# Regional Case Reviews 2025

The Maternal, Newborn, Child and Youth Network (MNCYN), in partnership with the Department of Paediatrics Continuing Medical Education (CME), hosts annual virtual paediatric case rounds in collaboration with regional partner organizations that provide paediatric care. These rounds are designed to facilitate open, collegial discussion through the review of anonymized clinical cases, with a focus on patient history, clinical decision-making, management strategies, and opportunities for future care improvement.

Cases are identified through participant surveys, direct requests from partner hospitals, structured planning meetings, and consultation with clinical experts. While many cases involve transfers to the tertiary care centre at Children’s Hospital, London Health Sciences Centre, others originate from host organizations seeking guidance on complex or uncommon clinical presentations. Each session is tailored to the specific learning needs of the participating organization and is informed by prior evaluations, current evidence-based literature, relevant healthcare data (including BORN Ontario), and regional quality assurance findings.

These collaborative case rounds aim to strengthen clinical practice, promote shared learning, and support continuous quality improvement in paediatric care across the region. Participants typically include paediatricians, emergency medicine physicians, registered nurses, registered respiratory therapists, educators, and hospital leadership.

**Program Staff:**

Kristine Fraser, Paediatric Professional Practice Consultant, MNCYN  
 Dr. Rahul Ojha, Paediatric Hospital Medicine, Children's Hospital-LHSC  
 Dr. Rod Lim, Paediatric Emergency Medicine, Children's Hospital-LHSC  
 Dr. Paige Burgess, Paediatric Critical Care Medicine, Children's Hospital-LHSC



**Current Participating Hospitals:**

- St. Thomas Elgin General Hospital (STEGH)
- Huron Perth Healthcare Alliance – Stratford General Hospital (HPHA)
- Brightshores Healthcare - Owen Sound Hospital (BSH)
- Chatham Kent Health Alliance (CKHA)
- Bluewater Health (BWH)
- Thunder Bay Regional Health Service Centre (TBRHSC)



**Number of Cases Reviewed:** 15

**Number of Attendees:** 31

**Participants:** Paediatricians, Emergency Medicine Physicians, Registered Nurses, Registered Respiratory Therapist, Clinical Educators, Managers & Directors



Better Outcomes Registry & Network  
 Le Registre et Réseau des Bons Résultats dès la naissance

## Educational Article

# More Than Just Technology: How We Are Bridging the Digital Health Divide

By: Virtual Care Team



In the rapidly evolving world of modern medicine, "virtual care" has become a buzzword. We often talk about the efficiency of video visits and the convenience of digital health records. But for many in our community, the digital revolution hasn't been a door opening—it has been a barrier growing.

In 2025, the Virtual Care Program (a joint initiative supporting London Health Sciences Centre and St. Joseph's Health Care, London) set out to change that narrative. We asked ourselves a fundamental question: How do we ensure that the future of healthcare includes everyone?

The answer wasn't found inside our hospitals. It was found in our libraries, our family resource centres, and our community hubs.

### Introducing Virtual Health Care 101

We are proud to share the results of Virtual Health Care 101 (VHC 101), a co-designed initiative built to bridge the digital divide. Over the past year, we collaborated with patient partners, healthcare professionals, and community agencies to develop a free, 90-minute workshop.

The goal was simple but profound: to introduce the concept of virtual care and digital system navigation to those who need it most. We didn't want to just hand out pamphlets; we wanted to build confidence.

We hosted 29 workshops across the region, specifically targeting groups facing digital health inequities, including seniors, newcomers, low-income families, racialized communities, and Francophone participants. By stepping out of clinical settings and into familiar community spaces, we were able to reach people where they felt safe and supported.



### What We Learned: The Six Drivers of Digital Inclusion

The results of these workshops were powerful. They showcased significant, sustained knowledge gains and revealed six major themes that are now driving our approach to digital equity.

*" This session was extremely informative. I had no idea that many of these services and supports were available! Extremely helpful. Thank you."*

#### 1. The Digital Divide is About More Than Technology

Going into this, the assumption was often that people lacked the devices to access care. We found the opposite. Most participants had access to smartphones or tablets and possessed basic digital skills. The real barrier was awareness. They didn't know these services existed, or they didn't know how to navigate them effectively. We learned that gaps in knowledge are a far greater wall to climb than technical skill or comfort.

#### 2. Trusted Partnerships Make Inclusion Possible

Healthcare institutions can sometimes feel intimidating. That is why we didn't do this alone. We partnered with incredible local groups—including Books For Babies, the Aboriginal Babies and Beyond Coalition, and the Community Action Plan for Children. These organizations provided the trust and infrastructure we needed. They facilitated true inclusion by offering "warm handoffs" for ongoing support and removing barriers by providing refreshments, childcare, and interpretation services.

### 3. Workshops drive meaningful, lasting learning

There is a misconception that digital literacy requires long, intensive training. Our data proves otherwise. A single 90-minute workshop produced significant and sustained increases in participants' understanding of virtual care. This demonstrates that brief, targeted, and respectful education is highly effective.

### 4. Knowledge Empowers Action

When people understand the tools available to them, they use them. Following the workshops, we saw participants turn their new knowledge into tangible behavior. There was an increased uptake in virtual care (including telephone and video visits) and a greater willingness to use Virtual Urgent Care for both adult and paediatric needs.

### 5. Co-Design Improves Quality, Relevance and Engagement

We didn't build this curriculum in a boardroom; we built it with the community. Patient and community collaboration ensured that every session was practical, credible, and reflective of real-world needs. By embedding these workshops into existing community programs, we saw consistently higher turnout and deeper engagement.



*"Session was very informative and so helpful as I have limited technical ability"*

### 6. A Low-Cost, Scalable Model for Equity

Perhaps most importantly, VHC 101 proved that equity is sustainable. This program required minimal resources by leveraging the subject matter expertise of the hospital and the existing infrastructure of our community partners. It is a low-cost, high-impact model that can be replicated anywhere.

### Moving Forward

VHC 101 has proven to be a practical, scalable approach for improving digital health literacy. The evidence is clear: when we pair education with trusted community access points, we see increased awareness, a higher intent to use digital services, and sustained knowledge gains.

However, the work is not done. While the workshops ignite the spark, ongoing support is needed to maintain technology comfort and ensure no one is left behind.

### Read the Full Impact Report

To learn more about our methodology, the specific data behind our findings, and our recommendations for other healthcare centres and provincial health authorities looking to adopt this model, we invite you to read the full report.

### Let's Connect

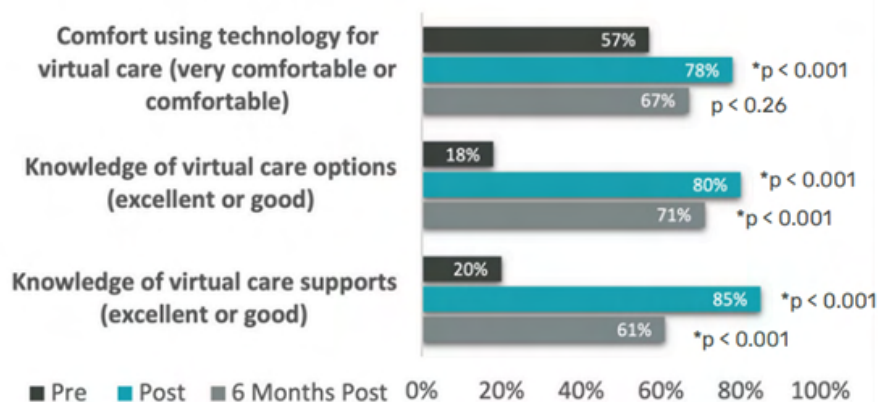
Are you interested in bringing VHC 101 to your community or organization? Whether you want to discuss our findings or if your organization is interested in hosting a free workshop session, we want to hear from you.

Email us at:  
virtualcare@lhsc.on.ca.

Together, we can ensure that virtual care is virtually everywhere, for everyone.

## VHC 101 KEY RESULTS

Virtual Health Care 101 Survey Responses Across Time



## Educational Article

# Navigating Autism Diagnostic Pathways in London and the Surrounding Region

By: Dr. Sarah Pilon MB BCh BAO, FCPC; Developmental Paediatrics

In the current media and political climate, few topics in medicine are as visible as autism spectrum disorder (ASD). Media narratives emerging from outside Canada have revived outdated and methodologically flawed research and elevated it within public discourse. While individuals with lived experience remain central voices in autism advocacy and understanding, online misinformation and broadened self-identification have contributed to rising demand for diagnostic clarification. This increased demand is occurring within a system where access to publicly funded services remains significantly constrained, particularly under the current structure of the Ontario Autism Program (OAP). For clinicians working in the community and tertiary care settings, this means navigating evolving pathways while continuing to support families through diagnostic uncertainty. Against this backdrop, what does ASD diagnosis and support currently look like in London and the surrounding region?



ASD diagnosis is based on adherence to DSM-5 criteria, informed by a careful developmental history and clinical observation. Standardized observational tools such as the Childhood Autism Rating Scale, Second Edition (CARS-2), or the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), may support diagnostic decision-making but are not required for diagnosis.

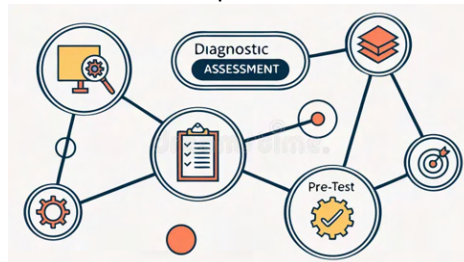
ASD can be diagnosed by physicians in the community who feel adequately trained. Those interested in further developing diagnostic skills and expanding their developmental assessment toolkit may access educational opportunities through the West Region ASD Diagnostic Hub or ECHO Autism. Both regularly host training workshops.

Regardless of diagnostic certainty, families should be supported during periods of developmental concern, and early intervention should be initiated when delays or functional challenges are identified. At TVCC, the SmartStart Hub is a single point of entry for developmental services, where families are directed to appropriate services, such as occupational therapy (OT) and speech and language pathology (SLP). Families can also access online presentations from Foundational Family Services, a branch of the OAP.

### Referral Pathways and Access Challenges

The Autism Diagnostic Hub is a provincial initiative intended to improve access to diagnostic assessment and early intervention. ASD Hub referrals from the region are placed on a centralized waitlist managed by the Southwest Region Hub, located in Hamilton. While current wait times in the region remain close to 2 years, there are coordinated efforts between TVCC and the Hub to improve flow and triaging. TVCC's ASD Hub site assesses children and youth aged 0–8 years. Over the past two years, TVCC's ASD Hub has exceeded its

assessment targets, enabling retention of directed funding. Capacity is anticipated to increase by approximately 30% over the coming year due to expansion of the Division of Developmental Paediatrics and training of additional physicians and allied health providers.



Children requiring diagnostic assessment may also be seen through several other OHIP-funded routes. OHIP-covered diagnostic services in the region include community pediatricians, Developmental Paediatricians at TVCC and LHSC (currently five physicians across both sites), child and adolescent psychiatrists (including those within Developmental Disabilities program), and clinicians at the Child and Parent Research Institute (CPRI). At present, there is no centralized intake process across these services, reflecting multiple funding streams. This fragmentation results in inefficiencies and inequities for families and clinicians (eg. requiring families to repeat their history across multiple services). Encouragingly, this process is being reviewed under leadership of TVCC's medical director, Dr. Jacqueline Ogilvie. Non-OHIP-funded diagnostic options, including private psychological assessments, are also available to families with appropriate insurance coverage or financial means.

Regardless of diagnostic pathway, ongoing involvement of the referring clinician is essential for continuity of care and to mitigate system fragmentation. Clinicians should also remain attentive to common co-occurring challenges in children with ASD, including cognitive differences, attention-deficit/hyperactivity disorder, sleep difficulties, feeding concerns, and nonspecific behavioural challenges.

Clear communication is especially important when ASD criteria are not met. Because ASD is defined by a constellation of features rather than any single behavior, clinicians should explain the rationale behind non-diagnosis. This is essential to support families in the context of heightened public discourse, and allows us to preserve access to already limited diagnostic services.

### Post-Diagnosis Supports and System Realities

Following diagnosis, children should be registered with the OAP. As this process can be complex, families can first be directed to book a ‘Talk With Me’ consult with TVCC’s Foundational Family Services. If between the ages of 1-4, children may then access Caregiver-Mediated Early Years, which offers evidence-based developmentally informed behavioural approaches, and is how children access ASD-specific early intervention. Where possible, clinicians should aim to diagnose clear cases of ASD prior to school entry, as this facilitates access to the Entry to School program. This six-month program provides more intensive supports within a preschool setting, delivered by clinicians with ASD expertise, and includes coordinated consultation with the child’s school upon transition to their local school. For children diagnosed after school entry, fewer direct supports are

### Talk With Me (TWM)

Parents and caregivers of children and youth with autism often have many questions. We offer free 45-minute sessions with a skilled Family & Community Consultant to talk about any issues, topics, or questions you may have about your child or youth with autism.

available. The wait time for Core Clinical Services, the publicly funded behavioural intervention stream, is many years.

### Research and Academic Developments

In parallel with clinical work, the Division of Developmental Paediatrics is building a growing research presence. Dr. Janys Lim, a clinician-scientist within the division, is co-leading the local site for both the POND Network and KIND Trials, the provincial and national research initiatives focused on improving health outcomes and quality of life for individuals with neurodevelopmental conditions. The division is also closely affiliated with research through the Mary J. Wright Centre for Child Development at Western University, a collaboration which is helping develop multidisciplinary research and educational opportunities.

### Future Goals and Take Way Points

While we work within a system with inherent financial and resource constraints, many options exist to support children with developmental needs. The medical home for autistic children remains with their primary

care provider, where early identification and connection with early intervention services such as OT and SLP should occur while diagnosis is being established. Regardless of diagnostic route, all autistic children should be registered with the OAP to ensure connections to evidence-based ASD-specific interventions. Though the wait for funding through the OAP’s Core Clinical Services remains lengthy, families can be readily connected with TVCC’s Foundational Family Services, which offers a broad range of services to help caregivers best support their children.

Through coordinated efforts, there is an opportunity to build a more equitable, family-centered approach to ASD care within our region. Looking ahead, the division of Developmental Paediatrics is exploring innovative strategies to manage waitlists and build diagnostic capacity in the community, with the shared goal of improving timely access to evidence-based care for autistic children and their families.



- Helpful Links:**
- [www.accessOAP.ca](http://www.accessOAP.ca)
  - [www.tvcc.on.ca](http://www.tvcc.on.ca)
  - [www.echoautism.org](http://www.echoautism.org)

### POND NETWORK



4,000+

#### RECRUITMENT

There are over 4000 research participants.



300+

#### PUBLICATIONS

There are over 300 publications.



50+

#### INVESTIGATORS

There are over 30 investigators in the POND network & over 40 clinicians



20+

#### ORGANIZATIONS

There are five research sites and over 20 industry and community partners.

## Educational Article

# Antibiotic Allergy - What's Real and How to Sort It Out

By: Blanca Del Pozzo-Magana MD and Michael Rieder MD Ph.D

Division of Paediatric Clinical Pharmacology



Antibiotics have been transformative agents in paediatric care; prior to the availability of antibiotics in the 1930's one in five children in Canada died before age 5, primarily from infection. The development of antibiotics and vaccines changed this dramatically, such that currently death from infection in childhood is rare.

While antibiotic therapy has been transformative for health care for children, this has not been without a cost. While antibiotic therapy is usually very safe, all drugs have a risk of adverse effects such as drug allergy. A major challenge for children is that many of the infections for which antibiotics are prescribed can have symptoms very similar to drug allergy. As an example the commonest manifestation of drug allergy in children is a rash. At the same time, infections in children often include rash as a symptom. Thus parents and health care workers are faced with a dilemma when a child develops a rash during antibiotic therapy for an infection – is this due to the infection or the drug?

It is increasingly necessary to develop approaches that will differentiate between children who have a drug allergy and those who do not. This is important for a number of reasons.

Having the label of being allergic reduces the antibiotic choices for future infections, which may require the use of antibiotics that are less effective or have other, potentially more toxic, side effects. This has been shown to increase the length of hospital stays, increase health care costs and is associated with an increased risk of treatment failure and death. This is very common; in most hospitals, including Children's, 10% of patients are labelled as being allergic to penicillin when the actual number who are allergic is closer to 1%.

Over the past twenty years the Division of Paediatric Clinical Pharmacology has worked closely with our colleagues in other Divisions and in community practice to develop these approaches. This begins with a referral from physicians in the community or our colleagues at Children's Hospital to evaluate a child with a potential adverse drug event. The child is then seen in our clinic, in person for children from the London area and often virtually for patients



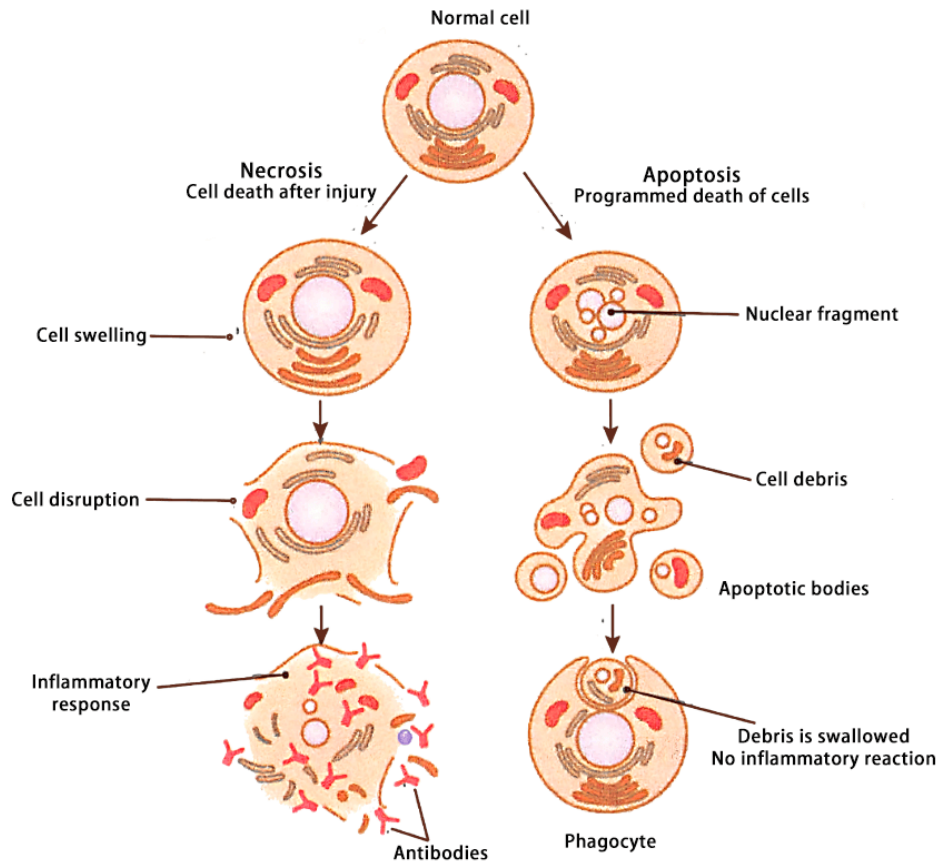
who live further away, as our referral area is from Windsor to Thunder Bay. At the visit a complete history is obtained in addition, for those seen in person, to a relevant physical examination. The team will then decide what is the best pathway to provide the family and their health care providers with the answers they need moving forward. In many cases, a detailed history will point to the adverse event as not being due to the drug, for example due to the disease or infection being treated. In this case, the next step is arranging testing in the Challenge Clinic, at which time an observed oral challenge will be undertaken to ensure that the drug would be safe for future therapy and to enable de-labeling of the allergy.



Unfortunately this is frequently not the case and then additional testing may be needed. When a classical allergy such as a Type I penicillin allergy is suspected, skin testing or testing for specific IgE can be undertaken. In the case when delayed hypersensitivity such as a Serum Sickness-Like Reaction or Stevens-Johnson Syndrome is suspected, then testing needs to take a different approach. While the classical approach as nihilistic – avoid the drug at all costs – we have taken advantage of the unique resources of the Drug Safety Laboratory at the Robarts Research Institute to undertake specialized blood testing.



At the Drug Safety Laboratory over the past three decades we have developed a series of blood tests to evaluate the risk of drug hypersensitivity, a capacity which is unique both nationally and across North America. For these patients, blood is drawn and the white cells are isolated and then incubated with the drug in question. After incubation the viability of these cells is determined and the results of the patient's cells are compared with the results of a control who can tolerate the drug. An increase in cell death indicates that the person in question is at risk for serious drug hypersensitivity.



An increase in cell death indicates that the person in question is at risk for serious drug hypersensitivity.

The results are shared with the child and family as well as the child's health care team, in terms of which drugs – in addition to the drug tested - to avoid and which drugs are likely to be tolerated.

The Drug Safety Laboratory has conducted thousands of tests for patients across southwestern Ontario and from as far away as Vancouver and California.

These approaches have enabled our team to successfully de-label children with an inaccurate label of drug allergy as well as identifying children who are at risk for serious adverse drug reactions and informing their families and health care providers as to which drugs to avoid.







**Schulich Children's Hospital**  
MEDICINE & DENTISTRY London Health Sciences Centre



**Western**



**Paediatrics**  
Schulich School of Medicine & Dentistry, Western University  
746 Baseline Road East, London, ON  
Rm. 210A  
t: 519.685.8500 ext. 77566  
[www.schulich.uwo.ca/paediatrics](http://www.schulich.uwo.ca/paediatrics)  
[www.paediatricscme.ca](http://www.paediatricscme.ca)