We're listening: Members help inspire reflection at the Canadian Paediatric Society

Denis Leduc MD FRCPC

Not another survey! That might be what some members of the Canadian Paediatric Society (CPS) thought when they received a questionnaire last fall asking them what they value about their membership. The CPS routinely surveys its more than 2000 members on a variety of topics to help design, deliver and evaluate programs and services. Surveys help ensure that we are responsive and accountable to the people who make up the organization. We polled members about continuing professional development and healthy active living.

In the most recent survey, we canvassed members to better understand their perspective on the CPS. What is most important to them? What's working? What needs improvement? Our hope is that the answers to these and other questions will help us build an even stronger CPS, one that is more accessible and attractive to an increasing number of people who care about children and youth. Because the more voices we have, the more effectively we can advocate for the health needs of Canada's children and youth.

Advocacy is one of the top three reasons why many have chosen to join and remain with the CPS. Over and over, members told us to continue to push for public policy changes that will benefit children and youth. And they told us to do even more.

We were encouraged by both the comments and the response rate. Twenty-four per cent (486 of 2005) answered the questionnaire and more than one-half of those took the time to provide additional feedback. What we heard both confirmed some of our hunches and gave us pause for thought. For instance, when we asked what members value most about their membership, the top responses were *Paediatrics & Child Health* and position statements (86% and 85%, respectively). Following those were advocacy on behalf of children and youth (54%), the annual conference (42%) and public education (38%). (Members could choose more than one response.) These are the areas on which the CPS focuses the bulk of its resources and it will continue to do so.

What was most telling about the survey were the members' comments. Several clear themes emerged which we

hope will enhance our work and inspire other members to take a more active role in the CPS.

One of our goals in understanding more about our members is to increase the value of CPS membership. Physicians and other health care providers have a number of options when it comes to joining a professional or medical association, and we recognize that many will have to make difficult choices. We also want to be more responsive to and reflective of the diversity of our membership, whether you define diversity by geographical location, practice specialization or other parameters. We believe that if we can meet our members' needs, they will help us accomplish our most important goal, which is to be a passionate, effective voice for children and youth.

Over the coming months, the Board of Directors and staff will be looking more closely at the survey data to determine how we can use the feedback to strengthen existing programs and services, and develop others for consideration. In the meantime, I'd like to highlight some of the comments and discuss how these ideas can help build an organization where everyone who cares about children and youth feels at home.

A HOME FOR THE SUBSPECIALIST

One of the challenges of an organization like the CPS is to offer programs and services that appeal both to generalists, such as community paediatricians and family physicians who care for children and youth, and subspecialists, from developmental paediatricians to emergency physicians. Indeed, a number of subspecialists have said that they wish the CPS was more relevant to their practices.

One answer has been the development of sections, or networks of people with an interest in a particular area of child and youth health. Sections provide educational and networking opportunities, and many take on their own special projects. Many of the society's 13 sections have been active for years, such as the neonatal-perinatal medicine and residents' sections, while others are just getting off the ground, such as the sports medicine and child maltreatment sections. The community paediatrics and neonatal sections sponsor awards to recognize outstanding colleagues, while

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Chair of the CPS Membership Subcommittee and President-Elect, Canadian Paediatric Society, Ottawa, Ontario

Correspondence: Dr Denis Leduc, Canadian Paediatric Society, 100-2204 Walkley Road, Ottawa, Ontario K1G 4G8. Telephone 514-932-9984, fax 514-932-3911, e-mail denis.leduc@mcgill.ca

How to get involved with *Paediatrics & Child Health*

Eighty-six per cent of Canadian Paediatric Society members who responded to a recent survey said that *Paediatrics & Child Health* is one of the most valuable aspects of their membership.

Paediatrics & Child Health hopes to engage both generalists and subspecialists by inviting readers to share their knowledge, questions and clinical observations with physicians and other health professionals who provide care for children and youth. There are many ways to contribute:

- **Share** clinical experiences through "Clinician's Corner".
- **Pose** clinical questions frequently encountered in the course of practice where you believe there is some controversy. The "Evidence for Clinicians" feature will publish the evidenced-based answers.
- **Submit** questions on drug therapy and drug interactions for the "Therapeutic Dilemmas" column.
- **Submit** practical questions about childhood immunization – questions without ready answers in standard reference books – to the journal's "Upshots: Questions and Answers" section.
- **Submit** your hypothesis generating uniquely Canadian clinical research articles and studies that would be of interest to readers. Suggest authors who might provide an accompanying commentary to put the work into context.
- **Write** an advocacy article pertinent to child and youth health.
- **Suggest** guest editors or theme topics you think would be helpful and useful for practitioners.
- **Earn** MAINCERT credits by:
  - **reviewing** articles and books for *Paediatrics & Child Health*;
  - **developing** a personal learning project based on an article you read in the *Journal*;
  - **reading** the *Journal*; and
  - **writing** an article.

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the international health section provides grants to residents doing electives in developing countries. What makes sections even more exciting is that they are formed by members, for members.

Sections are just one way for subspecialists to get involved in the CPS. *Paediatrics & Child Health* encourages submissions from subspecialists, and has cultivated relationships with CPS sections and allied organizations to ensure that the journal carries a range of content. Also, many of our national programs depend on subspecialty involvement. Our healthy active living program, for instance, is led by a multidisciplinary group with experts in sport medicine, adolescent health and gastroenterology, among others.

SUPPORT FOR ALL MEMBERS

Subspecialists were not the only ones who commented on the need for a relevant organization. Overall, members said they want a professional association that understands their needs as busy practitioners and works to support them.

With members separated by geography, and with many feeling isolated in remote or rural areas, it can be difficult to create a sense of community. While we know we can do

more, the CPS is using technology to help bring members together. Our Web site, which includes a member centre, has tools and services to help members connect with one another, including a searchable directory. Our newly launched electronic newsletter aims to keep members up to date on the latest news from both the CPS and the world of Canadian paediatrics.

We are strengthening our public education program so that members feel better equipped to counsel patients and families. Our Web site for parents, www.caringforkids.cps.ca/ www.soinsdenosenfants.cps.ca/, offers hundreds of documents (with new ones each month) that can be downloaded and shared with patients and families. The site (English and French) receives more than 75,000 visits each month. We're also working to develop more print materials, such as brochures, for those without Internet access.

A STRONG VOICE FOR CHILDREN AND YOUTH

Since it was founded in 1922, the CPS has distinguished itself from other organizations with its focus on advocacy for children and youth. The CPS was instrumental in such public health measures as the addition of vitamin D to milk, childproof safety caps for medications and seatbelt use for children. Over the past five years, the CPS has rejuvenated its advocacy efforts, taking on issues such as immunization, paediatric human resources, childhood obesity and injury prevention.

Members clearly want us to continue in that direction. They want us to be relentless in getting child and youth health issues on the public policy agenda. Our Action Committee on Children and Teens continues to work at setting advocacy priorities and determining effective ways to get the government's ear. The involvement of our members across the country is critical to successful advocacy programs. With the richness of their experience and expertise, members can support national advocacy efforts and work for change at the local and regional levels. The CPS has developed a series of tools (available online in our member centre) to help members advocate on behalf of children and youth in their own communities.

PROFESSIONAL DEVELOPMENT AND EDUCATION

Health professionals are constantly learning, and while much of it happens in the practice setting, formal courses and conferences are a critical part of our continuing professional development. Members told us that they look to the CPS for quality education and want more of it. They want annual conferences that are stimulating and relevant to their practices, and they want short continuing medical education programs delivered close to home.

The CPS is working to deliver on both fronts. Our 2004 annual conference, in conjunction with the Association des pédiatres du Québec, attracted nearly 800 delegates to Montreal – our biggest ever. In response to feedback from members, we developed a Lifelong Learning in Paediatrics

program that delivers two regional continuing medical education programs annually. In 2005, courses will be offered in Banff, Alberta, and La Malbaie, Quebec.

Members are encouraged to contribute to the annual conference by submitting research, or proposing a workshop or session. Calls for abstracts and sessions are announced each year on our Web site.

The CPS also helps educate practitioners through its position statements. Developed through expert committees, these position statements are the standards adhered to by clinicians and policy makers who want to make the best decisions about child and youth health. Each CPS committee is made up of a group of volunteers who collectively

dedicate thousands of hours each year and who represent the best in Canadian paediatrics today.

The opportunities to contribute to the CPS are almost limitless. Many of our more innovative programs and services are the result of the imagination and passion of our members. For those of you who already belong, we invite you to get involved. If you are not already a member but want to know more about how you can work with a dynamic group of people who want to give Canada's children and youth their best opportunity for optimum health, contact us.

For more information on our programs and services, or to learn how to join or get involved with the CPS, visit our Web site at www.cps.ca or call 613-526-9397.