

# BC PEDIATRIC SOCIETY NEWSLETTER THE PRESCRIPTION PAD



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## An Interview with Dr. Wilma Arruda, Advocacy Chair and the Director of Van Island, BC Pediatric Society

**You are the advocacy chair at the BCPS - how did you get interested in advocacy as a particular topic?**

I didn't really think of myself as being interested in advocacy, although I recognized as a pediatrician that advocacy was an important component of my work. When the BC Pediatric Society (BCPS) was developing in the mid-nineties, I was aware of their mandate in respect to economic issues. After after some discussion with Mary Lou Matthews (one of the past Executive Directors of the BCPS) about joining the BCPS Board, it became clear that the Board wanted to expand their advocacy work, so I joined.

Around that time we began advocating around childhood obesity. This was a good experience, and led to the *BCMA Eat Well, Play Well, Stay Well Program* and the development of *SipSmart! BC™*, a program aimed at students in Grades 4-6 with the goal of reducing the intake of sugar sweetened beverages.

We've become much more organized at trying to address various issues such as Child and Youth Mental Health (with a particular emphasis on access and waitlists), immunization, and Learning Disabilities. We've worked with Ministers and bureaucrats in Victoria, and we've become involved in the Interior Health Child and Youth Mental Health and Substance Use Collaborative. Considering the size of the BCPS, and not a whole lot of budget, I think we've really progressed and been recognized by other organizations as a potential partner and a group to engage with.

**Why do you think that some people become involved in advocating around particular issues, and others don't?**

A lot of us have very busy day-to-day lives and taking on an issue can be time consuming, although very rewarding.

I believe the future of pediatrics is to work in an interdisciplinary care environment so that we can be comprehensive in our approach to improving the health and well being of our children.



I think it takes a particular skill to see the big picture as well; of course, this can lead to some frustration when things change slowly, but I'm pretty good at moving on and recognizing what I can't do. It's really important that we don't set ourselves up as adversaries, but as partners – working together to find a solution.

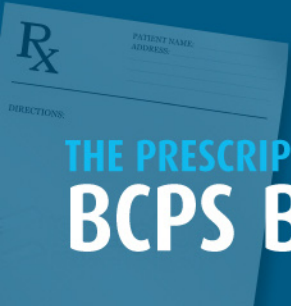
**Can you tell me about your earlier career, I know you started out as a teacher?**

I actually decided in Grade 8 I wanted to be a doctor, but I had no idea what that career was really about. Coming from a small high school, I went to the University of Western Ontario, to pre-med classes of 250 students each. At Western, I felt intimidated –so I looked for an alternative career, which turned out to be teaching. After finishing my Bachelor of Science and then a B.Ed , I came out west with Tony—my boyfriend at the time, now my husband—and eventually we both got jobs in Williams Lake, and lived there for 8 years. During a sabbatical year I decided I wanted to go to medical school.

At the time I was accepted to UBC, I had a baby and a child going into kindergarten. Tony worked for the first 2 years and then he decided he would go to back to school as well, and completed his Masters and his PhD.

**So what was your life like in medical school at UBC?**

I was a mature student, and there were a few others in the class, so we got to know each other fairly well. We would laugh about the life of our fellow younger students:



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for example, many lived at home and on the weekends their moms would make their meals and do the laundry, they would go to the library and study all weekend. They would go out in the evenings. Our lives weren't quite the same! We'd get up with our kids on the weekend, make them breakfast, do the laundry, try and get a couple of hours of study time alone in the afternoon, make dinner, play with the kids and fall asleep.

My original plan was to become a family doctor, but I decided that, as the university requirements were changing, I would consider Pediatrics. I had done a pediatric medicine student rotation at Children's and I applied for early acceptance and got in.

## **What brought you to Nanaimo - were you particularly interested in community pediatrics?**

I realized I didn't want to work in large city. Through my rural elective I got to know Nanaimo and Duncan and Campbell River. I applied for a position in Nanaimo (with the support of Dr. Bill Carr) and was successful.



## **What is your current "job description"?**

I now work with the Vancouver Island Suspected Child Abuse and Neglect Program – as the pediatrician. I do medical assessments of children and youth suspected of being abused and/or neglected. I work as part of a team with social worker and nurse, so I have the opportunity to assess and make plans with the team. Having team input is valuable and it makes my job easier. We're also building relationships with the RCMP, lawyers and other community service agencies; it's an excellent opportunity to interact and partner.

I'm also the Medical Director/Pediatric Department Head for Child, Youth, and Family Health for Island Health, working with the Health Authority to improve the quality of care for kids and their families on Vancouver Island.

I also do CDBC assessments through outreach to Port Hardy. And I am providing general pediatric clinics for marginalized kids in Nanaimo and Parksville, at the request of the school, MCFD or aboriginal community. These kids and their families often do not have a family doctor and access to health care is challenging in general.

## **What advice do you have for young pediatricians, particularly in light of your juggling competing demands at medical school and throughout your residency?**

Get involved, go beyond your office—it's really rewarding to get out and do work in the community. You learn a lot that way; I've learned that I am only a pediatrician, I don't know everything. Working collaboratively in an interdisciplinary environment makes my job a lot less scary and it lets me do what I am good at. I believe the future of pediatrics is to work in an interdisciplinary care environment so that we can be comprehensive in our approach to improving the health and well being of our children.