

**Department of Pediatrics
Departmental Acknowledgements
September 2013 – June 2014**

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September 6, 2013

“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”

Sir William Osler

Hi Everyone

Sad to say that the passage of the Labour Day weekend means that the Summer Hiatus is over. I hope everyone was able to enjoy their summer-working less, perhaps a nice vacation with family or friends, or even simply chilling outside with a good book or fine company. As promised the weekly Departmental Acknowledgements have returned. Once again I want to encourage everyone to submit nominations and even be bold enough to write a précis to go along with the suggested Acknowledgement. This year responsibility will come to some of those selected. Every month I am going to ask one of the month's previous selectees to "pay it forward" and pick and write about someone they want to acknowledge.

This year's first Acknowledgements go to our Chief Residents **Olivier Drouin and Nina Nouraeyan**. The Chief Residents are selected annually by a vote held amongst the residents. Their selection in and of itself is emblematic of the very high regard they are held in by their peers. The Chiefs operate as a crucial bridge between the "house staff" (am I dating myself using such terminology?) and the attending staff. With my office across the hall from theirs, I am very well aware of how hard they work and the hours they put in. I conceptualize their job description as doing everything not filled in by the Venn Diagram of other folks' job descriptions here at the MCH. They concern themselves with the nitty gritty of scheduling, finding last minute replacements (often themselves) when a resident is ill so critical staffing is maintained, providing mentoring and comfort to fellow residents, finding the middle path between contract and professional/clinical responsibilities, maintaining a social life for residents that is a vital element of work-life balance (think opening season BBQ, skit night) etc, etc, etc. This takes place at a time when they themselves are fully engaged time-challenged Senior Residents. For Olivier and Nina there have been particular challenges over the last few months due to administrative staffing shortfalls in the PGME office. They have handled all this with graciousness and good humour that speaks volumes about their character.

Both Nina and Olivier are McGill grads. Nina is heading to a subspecialty in neonatology, while Olivier is heading towards general paediatrics. Nina has a background in stem cell research and has been active as an Osler fellow for medical students. Olivier has been a research fellow at the Institute for Health and Social Policy and conducted research with resulting presentations and publications on factors influencing HIV infections in vulnerable African youth. I suspect a health policy pathway lies in his future. They are both prime examples of why our PGME program is so highly regarded.

Have a great weekend everyone! And once again welcome back!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

September 13, 2013

“Our lives begin to end the day we become silent about things that matter.”

Martin Luther King Jr

Hi Everyone

The astute reader will already note from the absence of a Sir William Osler quote that there is something different about this week's Acknowledgment. The individuals selected this week are symbols, simply chosen for who they are though they abundantly merit an Acknowledgement for their substantial contributions.

First I must make it clear that I am writing not in my position as Chair of the Department or Physician-in-Chief of our beloved hospital. I have not sought my employers' endorsement for this. I am writing as an individual and colleague who simply cannot remain silent this week about the outrage that is the proposed provincial Charter of Values. Leadership comes with responsibility. It also comes with opportunity and in this case a readily available email distribution list. If you object to my using this as a means of delivering a "political" message, simply read no further. If I get flack from the powers to be in the University or the MUHC, its flack I am more than willing to take for the sake of a clear conscience and being able to look my children in their eyes if they ever ask; "Dad, what did you do?"

The proposed Charter is so fundamentally flawed, it astounds me that in 2013 in the democratic civil society that we purport to be that it even merits consideration or debate. It shows a fundamental failure of logic, reason and historical precedent.

The state is indeed separate from religion. The state should be neutral in matters of religion and faith. The state should not use its resources to favour one religion over another.

How these fundamental truths of our society can be construed to mean that an individual's rights of religious expression must be constrained in some way is incomprehensible.

Personalizing an issue allows us to move from the abstract to the particular. When this Charter was introduced I immediately thought of two members of our community that I interact with on a regular basis. I thought of Bruce Mazer, a classmate, colleague and friend, who as an observant Jew regularly wears the now forbidden kippah. For over 20 years Bruce has provided care for Quebec's children with frequently challenging immunologic and allergic disorders. He is a world-leading researcher in his field. Bruce is a full Professor and Associate Chair (Research) for the Department. Any clinical Department is robust and successful with Faculty members such as Bruce. I thought of my pediatric neurology resident Ruba Benini. Ruba immigrated to Quebec as a teenager from her native Ghana. Fluent in French, in addition to English and Arabic, Ruba completed a MD-PhD at McGill and is now in her final year of her residency. She is everything you would want a resident to be; intelligent, hard working, conscientious, and a determined advocate for her patients. She has a long bright future ahead of her. Ruba wears a hijab. After 5 years of knowing her, I have no clue what her hair color is.

For both Bruce and Ruba, their faith and spirituality is as much a part of their individual identity as anyone's skin color, mother tongue, ethnic origin, gender identity or sexual orientation. It is an essential integral part of who they are. It makes them the individuals we value. It has absolutely no impact on others. It does not influence the care they provide. No child or family has complained. Yet these outward

expressions of their deeply held faith now somehow violates a Charter of Values (an example of naming irony if there ever was one) that somehow must be banned from the public service sphere in which they serve so valuable a role. That these expressions of faith are banned, but not others, affirms the inherently racist and discriminatory nature of a Charter that springs from the darkest reaches of ignorance.

Any student of history will tell you that the erosion of human rights for some is always predicated on the notion that the "other" is somehow less of a person, less of a human. The last 100 years is all too replete with such examples, unfortunately not restricted by geography, ideology or ethnic distinctions. Take a moment to personally think of a few. Don't forget to think of the victims who under different circumstances of time and location might have been you or someone you know and care about.

Our Department's Mission/Vision/Values statement eloquently describes our commitments to cultural sensitivity, tolerance and collegiality. Our staff and most importantly the children and families we care for reflect the diversity of humanity. You don't need to travel to tour the world. It is here amongst us. There is no going back as much as some would like.

We cannot remain silent on this. To hide behind an institutional "opt-out" cause is to accept for others what we would not accept for ourselves. It is quite frankly cowardly.

There is a wonderful story of Christian X, King of Denmark during the Nazi occupation, wearing a yellow Star of David identifying with his Jewish subjects when they were compelled to do so by the Nazi occupiers. Unfortunately historically it is not true, but it gives me an idea for an action we can take collectively.

What I am suggesting is that one pre-selected work day in the very near future that we all choose to wear one of the banned symbols, be it a kippah or turban for men, a hijab for women, or large crosses for both genders. In this way we can affirm our identification with those whose rights are directly infringed by this Charter. By the way while some are directly infringed, denying rights to some is ultimately a denial of rights to all.

Please contact myself if you are interested in helping to organize the above protest. I already have my kippah picked out and would love to have some company.

Regards

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

September 20, 2013

**“The first duties of the physician is to educate the masses not to take medicine.”
Sir William Osler**

Hi Everyone

How many amongst us can claim that they annually save the lives of 60 infants a year whom they never have met? And has done so for the last 20 years? And will do so ad infinitum into the future?

The person receiving this week's Departmental Acknowledgment can. **Aurore Cote** spent a good part of her career as a respirologist focusing on Sudden Infant Death syndrome (SIDS). With the awareness that the frequency of this disorder was related to cultural practices of infant positioning for sleep, Aurore sprang into action relentlessly engaging in knowledge dissemination efforts throughout the province promoting "Back to Sleep". The net result was a reduction in the frequency of SIDS from 80 cases a year provincially to 20. Just think about the heartbreak, emotional pain and suffering that these families no longer endure, let alone the years of life gained for these infants by this simple act of prevention. Aurore's ground-breaking and leading role in this prevention effort was recognized with the prestigious Barry Fisher Memorial Lectureship of the American Association of SIDS Prevention Physicians.

Aurore trained at Laval and Hopital Ste-Justine before coming to the MCH for her pediatric pulmonology fellowship. This was followed by a post-doctoral research fellowship at Columbia University. She came on staff here in 1987 and secured the full cycle of external salary support from the FRSQ. She is also recognized for her educational skills as she is an early member of the Faculty's Honour Roll for Educational Excellence.

Through her SIDS prevention effort, Aurore was bitten by the outreach bug where-in she established a provincial network of key contacts in health care and health service delivery. This has been translated into her steadfast work in our hospital's outreach efforts in our geographically vast RUIS. Aurore has played a key role in establishing ententes and corridors of service with various areas with varied institutions that shares the fundamental goal of streamlining and improving care for children and their families. This is essential for our survival into the future as a tertiary care institution which can only be done by being responsive to local needs and being plugged into a functioning referral network. Aurore is now turning her attention to establishing key linkages with family medicine groups. This is a departmental and hospital priority as primary and secondary care for children is shifted from the traditional office-based community pediatrician to family practitioners.

For her successful efforts in this area Aurore has received Leadership Awards both at the MCH and MUHC levels. She also has a key place within the Department's Executive Committee where she serves as Associate Chair-Outreach. I have no doubt that under Aurore's guidance our outreach efforts will prosper and will pay big dividends into the future.

Have a great weekend everyone

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

September 20, 2013 – Post-script

Hi Everyone

Just a post-script to last week's Departmental Acknowledgement that focused on the recently introduced Quebec Charter of Values.

I clearly touched a nerve. There was an unprecedented tsunami of responses from all sectors. Indeed the communication went viral and was widely disseminated beyond our Department. All responses were strongly supportive of the sentiments I expressed. There is obvious solidarity amongst us on this issue and indeed there was much willingness to engage in the symbolic protest that I suggested.

I received no flak from any sector for the email. Obviously there is support at the highest levels of leadership who must operate with a level of discretion far beyond what I have to work within. Furthermore, as many of you are aware, McGill's Principal Fortier, the Faculty of Medicine (Dean Eidelman) and the DGs of the McGill teaching hospitals (MUHC, JGH, SMH, Douglas) all publicly communicated their strong disagreement with the minority government's proposals. They should be congratulated for so doing. Hopefully our sister institutions throughout the province will also come forward.

We live in a functioning democracy and, if we are permitted, we can thank whatever higher power we wish for being so fortunate. Through the exercise of democratic values and the ballot box, I have confidence in the citizens of this province that they will see the proposal for what it is (narrow-minded, racist, reactionary and regressive) and force its ultimate withdrawal, repudiation and defeat before it has the effect of law.

Regards

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA
Chairman, Department of Pediatrics
Professor (with Tenure)
Departments of Pediatrics and Neurology/Neurosurgery
McGill University

Guyda Chair in Pediatrics

Pediatrician-in-Chief
Montreal Children's Hospital/
McGill University Health Centre (MUHC)

September 27, 2013

“Medicine is learned by the bedside and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control. But see first.”

Sir William Osler

Hi Everyone,

If truth be told, as a father of two young women who not only fit into the expected demographic but also inherited markedly lean physiques from their mother, I have always feared anorexia nervosa.

Now estimated to affect about 1% of adolescent females, this disorder, which is characterized by an obsessive and damaging pursuit of thin-ness, is among the most challenging of chronic illnesses to treat that occurs in the pediatric population. It bridges the physical and psychological and effective treatment clearly must target both of these elements. At times weight loss may lead to a BMI of 13 or less, leading to physiological abnormalities that could be fatal. In these severely affected individuals (boys are sometimes affected), hospital admission is necessary to provide proper medical monitoring and implement the weight gain that is a necessary precursor for addressing the psychological aspects.

This week's acknowledgement goes to **Giosi Di Meglio, Julius Erdstein and Holly Agostino** together with their colleagues in adolescent medicine **Suzanne MacDonald and Franziska Baltzer**, who provide medical care to those with anorexia nervosa on both an out-patient and in-patient basis. Giosi, Julius and Holly are authors of a paper published just this month in the Journal of Adolescent Medicine that has challenged conventional wisdom on in-patient treatment. Based on post-WWII experience with former American POWs starved in Japanese POW camps, it was felt that a slow approach to in-hospital feeding and weight gain was preferable. While this was the consensus, it was not actually based on any data. In their study, together with three others with varying methodology published in the same issue, it was demonstrated that continuous high caloric enteral feeding by nasogastric tube resulted in a more rapid weight gain and shortened hospital stay without any increase in complications. Thus the conventional wisdom was refuted.

The real mark of clinical research lies not in the impact factor of the journal or the number of citations, but rather its impact on practice. Already it's my understanding that this paper, amongst the others published, has changed the standard of care. It's also important to note that this ground-breaking work comes from individuals who are primarily clinicians.

While Giosi, Julius and Holly are the authors of the study, they will want me to acknowledge the vital work of Suzanne and Franziska with these youth. It also is no doubt a team effort (there is no "i" in win) involving substantial input from colleagues in psychiatry, psychology, nursing, dietetics, and social work amongst others.

Have a great weekend everyone.

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

October 4, 2013

“The best preparation for tomorrow is to do today’s work superbly well.”

Sir William Osler

Hi Everyone

There is no doubt that the future of hospital-based pediatric services will be the care provided to complex conditions that are chronic and involve expertise from a variety of disciplines interacting together to provide the best quality care for children and their families. Within the Department of Pediatrics and the MCH we have many such examples of inter-disciplinary expertise.

Thus this week I would like to single out **Ana Sant’Anna** of GI. The Intestinal Failure and Advanced Nutrition Team (INFANT) was the brainchild of Dr. Ana Sant’Anna. She created this team along with Dr. Najma Ahmed and Dr. Sylviane Forget in 2009, in order to provide a much needed multidisciplinary approach to babies and children with intestinal failure. They have pulled together a dedicated team of both inpatient and outpatient specialists including 2 pediatric surgeons (Dr. R. Baird and Dr. JM Laberge), 3 paediatricians (Dr. C Bardin, Dr. H Patel, Dr. A Brocchi), 1 neonatologist (Dr. G Sant’anna), 2 nurse practitioners (Linda Morneault and Rose Boyle), 2 nurses (Mireille Bechard, Geraldine Schaack), 2 nutritionists (Caroline Porraccio and Marie Josee Trempe), an occupational therapist (Meagan Smith-Morin), a social worker (Nancy Saul) and a pharmacist (Gabrielle Girard). As I have said repeatedly, in medicine there can be no "I" in "team".

This team meets as a group every month where they discuss the active cases and develop guidelines based on reviews of the current literature. However, between these meetings, Ana, Najma and Sylviane spend countless hours, speaking with these families and the medical teams involved, during their long hospitalizations both in the NICU and on the medical wards, in order to ensure quality and continuity of their care. They support the parents who have spent a good part of the first year of their babies’ lives in the hospital and continue to support them on their long road ahead once they are discharged. The Department of Pediatrics should be proud of this innovative multidisciplinary team which represents true family and patient centered care.

Born in Lisbon, Ana came to us after medical school, residency, and fellowship training in Rio de Janeiro, Brazil. She furthered this with a fellowship in pediatric gastroenterology at Hopital Ste-Justine and a four year sojourn at McMaster University in Hamilton. She was recruited to the MCH together with her husband Guilherme who is a valued member of our neonatology group. Ana has quickly established herself locally as excellent clinician and teacher. Her key role in the formulation and establishment of the INFANT team highlights her initiative, commitment and passion for clinical excellence and innovation.

I would like to note Ernest Seidman's suggestion of Ana for this week's acknowledgment and for his willingness to provide a description of the INFANT group.

Have a great weekend everyone

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

October 11, 2013

“The very first step towards success in any occupation is to become interested in it.”

-Sir William Osler

Hi Everyone

Every year I hold a series of breakfast with each of the Divisions within the Department of Pediatrics. I am now in my third round of such breakfasts. I really look forward to these informal get-togethers. I find them highly informative and a marvelous way to stay-in touch and keep grounded with our Departmental reality. It's also way more fun than most of my admin duties.

It was through one such breakfast earlier this week that I learned about an activity that forms the basis for this week's Acknowledgment which goes to **Sarah Campillo**.

When I learned about the activity from Sarah I asked her to send me a précis about it and I have reprinted this précis below.

During my youth, I had the unique opportunity of attending a camp for children with arthritis which was located in the USA; there was no camp in Canada. This turned out to be a great experience for me.

During my pediatric rheumatology residency at the Montreal Children's Hospital, I had this dream of developing a similar summer camp for children with rheumatologic diseases in the province of Quebec. Dr. Ciaran Duffy, who was at the time my training program director, gave me full support. Dr. Harvey Guyda, as the Executive Director, approved of this project as well. Gillian Taylor, our rheumatology nurse, has been my partner in this amazing adventure. We approached The Arthritis Society (Quebec Division) and Camp Papillon, and both organizations have been involved from the very beginning.

Through a partnership between the Division of Rheumatology of the MCH and the Quebec Division of TAS, the first edition of camp happened in 2004 and was a success. This year, in 2013, we celebrated the 10th year anniversary! The first year, we received 17 campers, primarily from the MCH. We now receive 40-45 campers every year from various regions within the province of Quebec. We have medical staffs from other centers coming to help out as well. On site, we have a medical team during the whole week (myself and 3 nurses) in addition to other health professionals who come for 1-2 days (Rosie, Gaëlle, Claire, physios and OTs, SW, rheumatology trainees, adult rheumatologists, etc.). Our campers are children aged 8 to 16 years with juvenile idiopathic arthritis, juvenile dermatomyositis, SLE, scleroderma or vasculitis. For the majority of these children, it would be very challenging to attend a regular summer camp, as many have disabilities, chronic pain and/or receive complex medical regimes (with aggressive immunosuppressive medications i.e., steroids, methotrexate, biologic agents, etc.). Camp also provides these children the unique opportunity to meet other kids who face similar challenges.

The large proportion of campers who return to camp year after year is a proof that this project has been a success. Many, after graduating from camp at age 16, decide to

return as counselors-in-training or counselors. One of our former MCH patients attended camp every year as of age 10, became counselor, assistant-coordinator and finally camp coordinator for the last 2 years!

Camp has also helped strengthen a long-lasting relationship between our Division of Rheumatology and the Quebec Division of TAS. TAS is the only fundraising organization for people living with arthritis in Canada. I am now the President of the Advisory Board of Quebec TAS. Our Division has been involved in various educational events and childhood arthritis awareness campaigns.

Sarah's efforts has enabled a new level of participation for children with arthritis and created a community of peers. These are tremendous accomplishments that fit into our Departmental Mission/Vision/Values of compassionate caring and advocacy with community partners that goes beyond merely dealing with disease, but addresses holistically health and well-being.

Please join me in congratulating Sarah on her accomplishment.

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

October 18, 2013

“It has been said that ‘in patience ye shall win your souls,’ and what is this patience but an equanimity which enables you to rise superior to the trials of life?”

Sir William Osler

Hi Everyone

You may recall that I am introducing a new twist into our Departmental Acknowledgements this year. Every month I will ask one of the previous month's recipients to take responsibility for an Acknowledgement. A way of "paying it forward". I am setting no limits on who they pick and am giving carte blanche to what they write. This week's Acknowledgement is by our Chief residents, Nina and Olivier.

*We wish to give this week's Acknowledgement to **Josee Warda**.*

We, unfortunately, do not know a lot about Josee's background, where she came from, what her educational background is or to be honest what her official title is here at the MCH.

We do, however, know that we would not survive without her. [Editorial Note; Josee has worked at the MUHC for 23 years. Before becoming in 2010, the Admin person for the Residents, she worked in molecular genetics. She is the proud mother of 3 children]

As we have often learnt to advocate for our patients, we as Residents seldom have people advocating for us. Josee, however, is one of the major expectations to this. Countless times she goes beyond her call of duty to ensure we take our vacation, get paid appropriately, and has even on multiple occasion made sure the Resident Room doesn't fall into complete disarray.

Personally, as new Chiefs, we found ourselves lost beyond words back in April. Having lost an Administrative jewel we often found ourselves overwhelmed with the work and unaware of all the background administration that needs to occur to keep the Resident group afloat. Josee not only responded to our emails and phone calls in a timely fashion, she frequently came to us to help us out personally as we waded our way through the unknown.

Most importantly, she never once thought anything we asked was beyond her description to help with, and always has such a humbling nature.

We, as Chiefs, but also as Residents here at the MCH, want to say thank you to Josee. We hope that she feels our appreciation and deep gratitude for everything she does for us. We sometimes forget that in order for us to do what we do well, there are hundreds of others standing by our sides helping us out, and every once in a while someone comes around that not only supports us but also makes this journey through Residency just that much easier - Josee is one of those.

Nina & Olivier

Have a great weekend

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

October 18, 2013 - Addendum

Hi Everyone

Last week's acknowledgement brought to my Inbox the following from Rima Rozen that I would like to share with the entire Department. To me it affirms the power of this simple gesture and the sense of community it helps to build.

Dear Michael,

I just read your acknowledgement to Josee Warda and hope that it is not too late to recognize her important contributions to the Molecular Genetics Service at the MCH. You mentioned this activity in the acknowledgement but it is unfortunate that I was not asked to contribute.

I first started the service in 1985 and continued to direct it until 2002. In the initial years, it was an R & D operation, with limited resources and minimal staffing. Josee was the first and only administrative assistant during my tenure as director. She managed a wide variety of tasks, most of which were not routine, and for which she was not formally trained. She generated intake sheets for families, results sheets, received samples (most of which were out-of-town) and coordinated with the technician, set up files, managed correspondence with physicians, generated the results letters, and even entered the molecular results into a database. Average volume grew to several hundred to approximately 1000 samples per year, and Josee continued to manage this high volume from the administrative side. This service was the first formal molecular genetics service in Quebec and there were few established rules in the early years, since molecular genetics was just emerging as a discipline. Josee just used her basic instincts and intelligence to support this important activity. This type of service is now routine but our venture into molecular diagnostics would not have been successful without Josee's dedication, resourcefulness, and concern for the patients.

Rima

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

October 25, 2013

“Work is the open sesame of every portal, the great equalizer in the world, the true philosopher’s stone which transmutes all the base metal of humanity into gold.”

Sir William Osler

Hi Everyone

Last week I attended the bi-annual meeting of the Pediatric Chairs of Canada (PCC). Twice a year the Academic heads get together to share discussion about common challenges and opportunities. It is very much a community of peers and within this group I find a tremendous repository of wisdom, experience and practical knowledge to draw upon in my role here.

The PCC has established (2007) annual leadership awards in research, education and clinical practice for academic pediatricians. We nominate members of our respective Departments with the Awardee selected by an independent review panel made up of former Chairs. This year I am delighted to say that our very own **Emmett Francoeur** received the award for clinical practice.

I thought for this week's acknowledgement I would reprint what I wrote on Emmett's behalf.

With pleasure and enthusiasm I would like to put forward Dr. T. Emmett Francoeur for the Pediatric Chairs of Canada Clinician Practitioner Leadership Award.

Emmett is the Vice-Chair and an Associate Professor in the Department of Pediatrics at McGill University. As a clinician he has pursued for many years a unique hybrid model of practice that combines a community-based practice and a continued physical presence in the academic setting of the university hospital. Emmett can be considered the “pediatricians’ pediatrician”, as many members of the Faculty have trusted him to look after our own children. Long before the ‘talk’ of physicianship, professionalism, and CanMEDS roles, Emmett was doing the ‘walk’. Watching Emmett take a history, interact with a child and impart information to a concerned family has served locally for many years as the “way to do it” right. He literally oozes compassion and empathy and seems unflappable with an economy of actions. Patient and family centered care has always been Emmett’s mantra and modus vivendi (not operandi). The choice of words is deliberate and a bow by myself to his Jesuit informed education; he lives it, he does not merely do it. His community-based practice and in-hospital clinics are eagerly sought out by our trainees as elective opportunities.

Emmett has assumed a leadership role in multiple domains of pediatric care and practice. Of particular note is his contribution to the practice of developmental and behavioural pediatrics. He has Founder Status in this sub-specialty from the Royal College. Locally, he has played a leadership role in multiple hospital-based clinics and programs often being responsible for their genesis, formulation and implementation. These include the; Learning Progress Clinic, Psychopharmacology Program, and the Child Development Program. Emmett has also undertaken a leadership role in innovative inter-disciplinary and inter-professional collaborations over the years.

This is an explicit actualization of his implicit assumption that the best care for a child and family is a “team sport” that brings together disparate expertise at the point of care. These collaborations have included a Bio-Behavioural Sciences Unit, a Developmental Behavioural Pediatric Service, and most recently a Brain-Behaviour-Development Integrated Care Network. The first two of these entities featured an integrated approach with rehabilitation services providers, the latter additionally shared care with pediatric neurology and child psychiatry.

Emmett has also been a leader in knowledge translation and exchange. A sought after speaker and community liaison, he has an impressive history of external to the Faculty involvement. These include membership on Board of Directors (Montreal Oral School for the Deaf, Canadian Health Network, Quebec Camp for Diabetic Children [Camp Carowanis], Centre for Excellence for Early Child Development, Just for Kids Foundation, Canadian Council of Learning) and editorial boards (Exceptional Parent, Healthwise, Pediatrics and Child Health).

Nationally, Emmett’s clinician-practitioner leadership has been acknowledged on multiple occasions by the Canadian Pediatric Society. Emmett has served as its President (1998-99), Chair of its Nominating Committee (2002-2008) and member of its Public Education Committee (2002-). Most recently, his particular expertise has been recognized by his active involvement in the Society’s Early Child Development Task Force. Not surprisingly, he has received the Society’s Certificate of Merit (2010). He has also received a CPS Life Membership Award in 2011.

Emmett joins previous PCC Departmental Awardees in research (Charles Scriver, Michael Kramer) and education (Wendy MacDonald).

Please join me in congratulating Emmett on this terrific recognition of a career path well done.

Have a great weekend everyone

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

November 1, 2013

“The Scots are the backbone of Canada. They are all right in their three vital parts — head, heart and haggis.”

Sir William Osler

Hi Everyone

One of the signature longstanding ongoing efforts of our hospital and Department that we can all take pride in is the Northern Program. In early October, **Johanne Morel**, organized a highly successful two day event for health professionals focusing on the health-related challenges faced by children from Northern Quebec. For this particular effort, and for her sustained ongoing involvement in the Northern Program, this week's Departmental Acknowledgment goes to Johanne.

There is no doubt that for a variety of reasons, children in the remote regions of Northern Quebec, predominantly of either Cree or Inuit heritage, are a vulnerable pediatric population at high risk for a number of significant disorders. Together with her colleagues Margaret Berry, Kent Saylor, Chi-Minh Phi and Josée Chouinard under the leadership of Gary Pেকেles, our Northern Program has provided direct and supportive medical care to these children. For over 20 years, through a lot of inclement weather, Johanne has been regularly spending a week a month conducting on-site clinics in remote villages in the Hudson Bay area (Kuujuarapik), Ungava Bay (Kangirsuk, Aupaluk, Kuujuaq, Kangiqsualujjuaq) and James Bay (Whapmagoostui) regions. Challenge yourself geographically and get a handle on the distance to these places and their remoteness by looking for them on a map. Not only does Johanne, and the other members of the Northern Health team travel to these sites, they provide continuous telephone support to front line clinicians in these villages and are a vital medical link in arranging and providing care when these children and their families travel to Montreal. They do so in a resolutely culturally sensitive way that epitomizes the values (compassionate caring, continuous dedication to improvement are but two examples) of our Department. They also do so in an exemplary and quiet way that overcomes much in the way of considerable logistical challenges that are probably the greatest encountered by any of our Programs or Divisions.

The Conference ably organized by Johanne focused on pragmatic issues such as transport stabilization, the ongoing challenges of a premature infant, infantile fever, and respiratory infections that will provide an immediate clinical benefit to improve health outcomes in this sector of our population.

It is indeed unfortunate that for some Canadians, the conditions of a less developed society with all its attendant social and medical issues exists within the borders of our most-blessed G-8 nation. That health metrics for our First Nations population lags consistently and measurably behind that for Canadians as a whole is a challenge to us all. The members of our Northern program for many years rather doing merely the talk, have been doing the walk to make things better. They most truly are an example and inspiration to us all.

Have a great weekend everyone.

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

November 8, 2013

“The young physician starts life with 20 drugs for each disease, and the old physician ends life with one drug for 20 diseases.”

Sir William Osler

Hi Everyone

I will let you in on a secret. Every neurologist began with an interest in psychiatry since behaviour is the most fascinating manifestation of the wonder that is the brain. I was no exception. Wilder Penfield captured it best when he wrote; "The problem of neurology is to understand man himself".

As a result of this original interest I carry a substantial respect for the disorders of the mind and the physicians who must deal with them daily. This week's Departmental Acknowledgement goes to **Brian Greenfield**, a psychiatrist who is an Associate Member of the Department of Pediatrics. It was actually suggested by one of our senior ER physicians, who wishes to remain anonymous, who singled out Brian and the ambulatory psychiatry crisis team for their dedication and care.

This senior physician wrote the following words which bear repeating; "I am astounded at the professional composure of Brian in dealing day in day out with these very unfortunate children. I see one/two per shift and I am affected for the rest of the day. The plight of many of these children is very sombre and yet the psychiatric team deals with each case in an optimistic way offering counselling and hope for the patient and the family. I am very thankful that we are blessed with these individuals."

One can just imagine the stress and distress that these families and children undergo as mental illness remains attached to considerable stigma and substantial challenges in care, understanding and rehabilitation back to health. We are fortunate to be living in a time when such illness is understood within a biological framework and medications exist to ameliorate symptoms. However medications and a biological understanding are only partially effective and much work always needs to be done from a social, family and individual perspective. This work requires patience and much heavy lifting for which but a few of us are well-suited to undertake.

Brian is originally from the United States but came north to do his psychiatry training, including a fellowship in child psychiatry, at McGill. He has remained here for his entire professional career and is presently an Associate Professor in both the Departments of Psychiatry and Pediatrics. He has dedicated himself ably to all aspects of the academic mission: clinical care, teaching and research. He has done so steadily and without fail in a manner that does not call for personal attention. He has developed over time a particular expertise in that most difficult of areas; pediatric suicidal ideation.

Please join me in being grateful for individuals like Brian who remain available to deal with these most difficult disorders.

Have a great weekend everyone.

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

November 15, 2013

“There is no more difficult art to acquire than the art of observation, and for some men it is quite as difficult to record an observation in brief and plain language.”

Sir William Osler

Hi Everyone

This month's pay-it-forward honor goes to Emmett Francoeur. Wonderful choice and well-written acknowledgment.

Have a great weekend everyone

Michael

*In Developmental Pediatrics, we pride ourselves on the constancy of our inter-professional practice. We know however that we succeed in this only with the help of our collaborators in the Allied Health Services. That is why I am nominating **Dr. Caroline Erdos** from Speech and Language Therapy for this week's Departmental Acknowledgment.*

Caroline epitomizes the gentle, kind, compassionate therapist we all come to expect from our rehab colleagues. She however takes this partnership to another level by simultaneously bringing her tough analytic skills to every patient evaluation. She is as hard on herself as she is on her fellow professionals as her “bear-trap” mind lets no one away with loose thinking or flippant generalizations. Almost always this leads to new insights for the trainees and her fellow staff but most importantly fleshes out recommendations for the child's school or daycare, leading to a more substantive and high-quality report for our little patients.

These abilities did not arrive haphazardly. Caroline received her Ph.D. in Experimental Psychology from McGill in 2011 with a thesis entitled “Predicting language and literacy outcomes of typically-developing and at-risk English-speaking elementary students in French Immersion programs”. This culturally rich field of study speaks directly to so many problems presented by our clientele in the Child Development Program and therefore enhances our consultations in children with learning disabilities, Attention Deficit Hyperactivity Disorder, and Early Developmental Impairment. Her research background will hopefully bring a whole new dimension to the clinical development of all in the Allied Health Services. Her commitment to sharing her knowledge in School Commissions around Montreal brings prestige to the Montreal Children's Hospital.

The “cherry on top” is that Caroline is a delight to work with and is well-loved by her patients and colleagues.

November 22, 2013

“It has been said that ‘in patience ye shall win your souls,’ and what is this patience but an equanimity which enables you to rise superior to the trials of life?”

Sir William Osler

Hi Everyone

This week's Departmental Acknowledgement goes to a colleague in pediatric neurology **Lisa Anne Rasmussen** and is tinged with some regret as the timing is prompted by her incipient departure from our attending staff.

Sometimes you just get lucky and in October 2007 there was an open seat beside me at a dinner in my honour in Vancouver after I gave the local Henry Dunn lecture at BC Children's Hospital. It seems like no one wanted to sit next to the "guest of honour" until Lisa Anne plucked herself down. She was then a second year resident clearly not intimidated by the visiting Professor, dressed in jeans with hands caked in climbing talc as she had just come from an indoor rock climbing session. That was the initial introduction and we would see each other at neurology meetings in the years after.

The second bit of luck came when Lisa Anne got in touch with me during her final year of residency asking if we had any upcoming locums in our Division of Pediatric Neurology. She was unsure of what subspecialty path to follow after completing her Royal College exams and wanted to keep her options open while she came to a decision. After being raised on the Prairies (Lumsden, Saskatchewan) and schooled in Regina and Saskatoon for university and medical school, she was eager to come East after Lotus-Land and experience the big city joys of Montreal. We did indeed have a whole series of parental leaves coming up and in October 2011 Lisa Anne joined as a locum the attending staff at the MCH.

Though an outsider joining a Division populated by individuals who have all trained at McGill, Lisa Anne quickly integrated both into the Division and hospital environment. Her remarkable clinical acumen, tremendous inter-personal skills and a mystical Zen-like quality that lets her rise above stress and chaos rapidly became apparent. What also became evident are her natural teaching skills. The house staff just adored her and indeed in her second year she received the Teaching Award in the Department of Neurology/Neurosurgery.

There is one example of Lisa Anne that I would like to share that says it all to me. I had sent to her a very special patient with a post-concussion syndrome and headaches. When I asked this patient how the encounter with Lisa Anne went, she said the following and I quote. "All doctors should be like Lisa Anne. They should really listen to their patients". Her listening went a long way to putting this patient on the road to recovery and is an example of Lisa Anne's physicianship and professionalism.

While here amongst us, Lisa Anne's future career path crystallized for her. She has undertaken a Masters in Bioethics which she will complete in the next semester. Beginning in July she will commence a palliative care fellowship here at McGill. Honestly I can't think of a more perfect fit for her nor a more pressing need in child health. Indeed I have heard from multiple sources within the Department how I must figure out a way to keep her here when she finishes the fellowship training. I guess that is why they pay me the big bucks. In this case I hope to indeed keep her here.

Please join me in wishing Lisa Anne all the best on the next stage in her career path and let's hope that path leads back to our Department and hospital.

Have a great weekend everyone

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

November 29, 2013

"There is a form of laughter that springs from the heart, heard every day in the merry voice of childhood, the expression of a laughter — loving spirit that defies analysis by the philosopher, which has nothing rigid or mechanical in it, and totally without social significance. Bubbling spontaneously from the heart of child or man."

Sir William Osler

Hi Everyone

This week's acknowledgment goes to **Nathalie Major** and is provided by one of our ER physicians Adam Bretholz who took the time to write me regarding the invaluable support his entire group receives from our hospital's Child Life specialists and Ms. Major in particular. These individuals are dispersed throughout multiple clinical locations and for the most part their work flies under the proverbial radar. However if we pause to think about the entire medical experience from the child's point of view, we would see them as an indispensable part of what is a comprehensive care package. For a child, receiving medical or surgical care often is a frightening and disruptive experience that can only be made tolerable by recognizing the special needs of that child. Indeed when a child recalls their time in our hospital, I suspect that their memories are suffused with the actions of a child life worker. Please read Adam's precis below and take the time to thank a child life worker in your clinical sector. They most certainly deserve it.

I am writing this letter in recognition of Nathalie Major, who is a child life specialist in the Montreal Children's Hospital's Pediatric Emergency Department (MCH PED). As a full-time attending physician at the MCH PED, I work frequently and closely with Ms. Major. She is professional, personable and dedicated. Her mere presence in the department is a reminder to the staff that we as a whole need to be more mindful of our young patients and their particular needs. Ms. Major saves the department valuable time and helps to avoid unnecessary investigations, the side effects of medications and patient return visits. She is thoughtful, caring and dedicated and often stays beyond the end of her shift to help the young patients in need of her assistance.

When I need to do a laceration repair on a young toddler and Ms. Major is available to assist, I know that I can make that medical experience infinitely more tolerable, and that I can do it without exposing that child to the risks of sedation. When there is an adolescent who is refusing medications for their debilitating migraines because he/she is petrified of needles, I know that Ms. Major will take the time to walk him/her through the process and gain that patient's confidence and trust in order to treat that adolescent properly. As such, Ms. Major's care avoids the teen's predictable and unnecessary return visit due to lack of initial treatment. When a child arrives to our department strapped to a spine board screaming uncontrollably after a car crash, I know that I can trust Ms. Major to help me calm the child turning him/her from "irritable" to "consolable", thus avoiding the need for an unnecessary head CT and the associated radiation exposure. When I have a young scared child presenting with stridor, I know that Natalie can help me calm that child for a proper assessment of the severity of his/her obstruction. The anxiety would otherwise escalate if the child is not calmed, leading to potential unneeded treatment and investigations.

I know that on a global scale, the efforts and contributions of our child life team can be minimized or even overlooked. However, I know from my front line experience that these members of our health care team are integral in providing our patients with the most appropriate health care experience possible.

Adam has highlighted yet another example how medicine is a team sport and there is no "i" in team.

Also please let me know if there is someone in your sector that you would like to put forward for an Acknowledgement.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

December 6, 2013

“Half of us are blind, few of us feel, and we are all deaf.”

Sir William Osler

Hi Everyone

This week's Departmental Acknowledgment goes to one of our senior house officers **Conall Francoeur**. It comes as a result of an experience I had while on call last weekend.

To preface, despite over 20 years of being an attending in pediatric neurology at a university tertiary care centre I have yet to get use to the capriciousness of catastrophe due to the sudden and severe illness of a child. Perhaps if I ever do it will be a signal to put away the reflex hammer and retire.

Last Friday a family in the Eastern Townships woke up intact and whole. Mother, father, 2 year old and a 2 month old. The roads were slick with the first ice of winter. Mom, a paramedic by profession, was driving, the two month old was appropriately restrained in a car seat in back. A car on the road stops suddenly, mom's car is trailing behind and hits into the back. While stationary, mom's car in turn gets slammed into from the rear by a truck. The first responders on the scene includes a SQ officer who turns out to be the father. Mom has several fractures and a concussion and the now deeply comatosed two month old is transported to our institution and PICU. Unfortunately the cerebral injuries are too massive and the two month was essentially brain dead upon arrival. I examined the child late that afternoon and returned at 11 PM that night to do a neurological determination of death that would enable proceeding to possible organ donation. One knows that no amount of therapy, SSRIs or time will ever make that family truly whole again as they were when dawn broke that morning.

Whenever I am in the hospital late at night it always feels so quiet and serene and almost cathedral in its qualities. I am also hugely reminded that manning our front lines are our house officers. Young people typically in their twenties still in training, they are in the ER, on the wards, in the NICU and PICU providing on the spot medical care to ill newborns, infants and children. They work long hours with an oft changing schedule under very stressful conditions in return for the on-the-job apprenticeship that is a residency. Conall was in the PICU that evening as he is currently a PICU fellow.

Conall was mature beyond his years by my observation. Dealing with the shattered family, conveying sensitive and devastating information, managing the supportive cardio-respiratory and fluid care necessary to support vital organs, as well as co-ordinating a host of specialty services whose evaluation would be needed. He did so calmly, professionally and with an even-keel. He never showed any outward strain. I was proud of him and our residency program that could so adeptly, and consistently, produce such excellence. Clearly we are doing something right here within our Department if this is our product. All the members of our community should take pride in our resident staff.

Of course Conall has good genes. His father is a somewhat eminent community-based pediatrician and his mother heads up nursing at the MUHC. He also has a nice work-life balance with an active interest in sports (tennis, rugby), politics and social media. Not unexpectedly given his Irish heritage he has the gift for the gab and volunteers for the St Patrick Society as an auctioneer.

But it wasn't what he said but how he said it that made the impression on me. It was mostly in the silences, not the words. An important life lesson for this veteran.

Have a great weekend everyone

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

December 13, 2013

“The good physician treats the disease; the great physician treats the patient who has the disease.”

Sir William Osler

Hi Everyone

This week's Departmental Acknowledgement is a "pay-it-forward" special and the honour of doing so goes to one of last month's acknowledgees (is that a word?) Lisa Anne Rasmussen. Lisa Anne selected **June Ortenberg** and wrote the following about June:

“Arriving at MCH two years ago as a neurologist, one of the clinics I was asked to join was the Neurofibromatosis Clinic. I must say I was nervous, such a complex disease with so much information and medicine to know. I still remember my very first clinic and how all my nervous butterflies disappeared. All it took was the open, gracious, caring and welcoming nature of June.

Since that first introduction, it was my absolute pleasure to work alongside June in the NF Clinic. It cannot be overemphasized that the work June does for the NF population is truly life changing for the patients and their families. Many of them told me directly “we do not know what we would do without Dr. Ortenberg.”

June's dedication to this patient population over the years is truly remarkable. In my short time with the NF clinic we changed secretaries, clinic days and clinic spaces multiple times, there were endless challenges with support staff and physical space to see patients. Yet June's commitment never wavered and she always met families with graciousness and what can only be called love. It has been a sincerely notable experience for me to work alongside June. I have learned so much from her not only about NF, but also (and more importantly) about being a dedicated and caring physician. June has taught me about the physician I want to be and for this I am eternally thankful.

For me June highlights that which is most beautiful in our community. To me MCH is about commitment, kindness, compassionate caring and all alongside superb clinical acumen.

Coming to the MCH, working with June, working with all of you has truly been a blessing in my life. Many years ago, in my medical school interview, I said that I wanted to bring more heart and love into medicine... I see now that it is already here.>

I think Lisa Anne did a great job capturing the June we know.

Have a great weekend everyone

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

December 20, 2013

“It helps a man immensely to be a bit of a hero-worshipper, and the stories of the lives of the masters of medicine do much to stimulate our ambition and rouse our sympathies”

Sir William Osler

I usually like to do something special for the final Departmental Acknowledgement for a calendar year. In light of the recent announcement of a Lifetime Achievement Award from the MCH CPDP for contributions to our institution, this week's acknowledgement will go to **Blair Whittemore**. Those with a good amygdala and hippocampus will recall that Blair got an acknowledgement in October 2012. That acknowledgement was written by Harvey Guyda, Sharon Abish, David Mitchell and Micheline Ste-Marie and is reprinted below as it was really quite evocative of Blair and his manifold contributions. Blair is quite simply a legend amongst us and 'legend' can be defined as "an important person known for doing something extremely well". Please join me in congratulating Blair on this award.

We have combined our efforts to submit the name of Dr. Blair Whittemore for the Department of Pediatrics weekly acknowledgement. Perhaps many in the Department have not recognized the significant impact that Blair has had at the Montreal Children's since he accepted my initial offer to come supervise the MCH Hematology laboratory. His contributions toward the Division and hospital administration, organization of patient care, teaching, and research support have been manifold, and largely unsung. To rectify this, we wish to sing his praises.

Blair initially came down the hill from the MGH in a FT (reduced load) position as of January 1, 2002. We were in the midst of a significant upheaval in the Division of Hematology-Oncology, with loss of critical staff and eventual departure of the recently hired Director (See below). Being friends and neighbours outside the hospital, I decided to approach Blair and ask him to help us out by taking the role of Interim Director of Hematology-Oncology at the MCH. As I recall, I picked up a choice single malt and, unannounced, knocked on his door on a Saturday evening in the spring of 2003 at 6 pm to make my pitch. After an intense hour, and half a bottle of scotch, Blair said he would think about the request/offer and that he would let me know on Monday morning. His most welcome positive response lifted a huge dark cloud and started the road to recovery of this critical Division, which is now fully staffed and thriving in all three domains of patient care, teaching and research under his superior administrative leadership.

Harvey Guyda, Former AED MCH-MUHC

In order to understand the impact Blair Whittemore has had on the Division of Hematology-Oncology, one has to look at where the Division was when he arrived, where it is now, and how this transformation occurred. Back in 2000, the Division was on the cusp of collapse due to an extreme physician shortage. Crisis meetings were held on a regular basis with the administration and the morale of a once world class unit was at an all-time low. There were some hirings, which, to be politically correct, didn't work out and while those still in the Division were taking good care of patients, the Division itself had no direction and an uncertain future. While Harvey Guyda has been credited for doing a number of smart things in his life, in our opinion his true moment of epiphany occurred when he enticed Blair Whittemore from the Montreal General to guide our Division back on track as part of his "semi-retirement" (Harvey always knew the right way of putting

things). According to Harvey, part of his sales-pitch involved a good bottle of Scotch (See above). To put it bluntly, Dr. Whittemore saved our Division.

Through his experience, diplomacy, and tactful ways, the Division has had a strong resurgence. Nurses, doctors, allied health personnel, lab technicians, and administrative personnel feel good about the Division again and reassured that at the helm, Dr. Blair Whittemore has their back. No Division can claim a stronger advocate for the staff and their needs. He has allowed people to develop their strengths, and the Division has gone from one that was on the brink of collapse to one that has a brilliant future.

Some of the Division's accomplishments that Blair has overseen since his arrival include: re-establishment of the clinical fellowship resulting in two fellows returning in 2013 as staff (Drs. Catherine Vézina and Christine Sabapathy); the welcome addition of Adam Fleming; renovation of 8D; accreditation of the bone marrow transplant program according to international standards - the Division being recognized by the Quebec government (Lutte contre le cancer) by giving it the highest grade it can give to a centre for cancer care, 4A.

On the research front Blair has provided support to allow Dr. Nada Jabado to conduct ground-breaking research on Pediatric brain tumours and has helped in the recruitment of Dr. Kolja Eppert from Toronto who is interested in acute leukemia. Together with Dr. Janusz Rak (recipient of the Jack Cole Chair in Pediatric Oncology), the MCH is poised to become a major player in Pediatric cancer research.

Blair has provided leadership in the clinical labs, and, in his spare time, he becomes Micheline Ste-Marie when she is absent (see below). The Division and the hospital have not been the only beneficiaries of Dr. Whittemore's tenure here. Each person who has worked with him has benefitted personally. His accomplishments are the result of wisdom, common sense, respect for individuals, and a good dose of humour. He has set an enviable standard for what it means to be a leader.

Sharon Abish, Nada Jabao, David Mitchell

Dr. Blair Whittemore has played important roles in supporting the MCH administration. He has been Medical Examiner for complaints (2002-2006), Director of Hematology Laboratories (2002-present); and replaces me as ADPS during my absences (2002-present). These contributions reflect the following attributes:

- He acts as a sage who is always available to listen and provide excellent advice on almost any subject that concerns administrative issues or ADPS issues (he was DPS at the MGH 1989-1996);
- He is a fabulous role model and relates very well with administrative and support staff alike;
- He has a no nonsense approach to problem solving;
- He has replaced the ADPS on many occasions and has the respect of physicians and health professional across all sites;
- He can problem solve issues in the lab and has been an invaluable collaborator providing direction of hospital services in that capacity;
- He has provided counsel and wise judgment in matters involving his role as medical examiner and he has helped medical examiners that followed him gain expertise;

- *La sagesse et le soutien indéfectible de son équipe dans des moments très difficiles;*
- *Il est un gentilhomme and homme de renaissance!*

Dr. Micheline Ste-Marie, Associate Director of Professional Services, MCH-MUHC

I would like to add a few words to the above. One of the first things I learned as Chair beginning in November 2011 was the value of Blair. He rapidly became my "go to" guy for sage unfiltered advice. He was my repository of integrity. My simple leadership advice to any Division Director would be to learn from him how to be the most effective advocate you can be for your people and patients. He is a master.

There is a wonderful Yiddish word that so captures Blair, who ironically is has a most WASP'y exterior. It is mensch. It's the highest compliment in my culture one can pay to a man and quite frankly Blair deserves it.

The Departmental Acknowledgments will take a brief hiatus for the holidays and return the second week of January.

I do hope everyone is able to savour the upcoming holiday season. Use it as a time to catch up with family and friends and the people you care about. Use it to recharge your batteries. We have an exciting and eventful 2014 ahead of us where we need all hands on deck at full throttle (yes I know it's a mixed metaphor...).

Happy Holidays and all the best for the forthcoming New Year!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

January 10, 2014

“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish.”
Sir William Osler

Hi Everyone

The first Departmental Acknowledgement of 2014 goes to **Sam Shemie** and is the by-product of serendipity and two decades of a remarkable career trajectory.

The serendipity is the result of the US air traffic system's inability to handle profound cold which led to the cancellation on Tuesday of our scheduled Grand Rounds speaker from Iowa. This prompted Patti Li our brand new (first week on the job!) Grand Rounds co-ordinator to be thrown right away into the fire to come up with a replacement. In a remarkable testimony to Departmental depth and personal willingness ("pas ma job" is simply not part of his lexicon) within two hours Sam Shemie was lined up to give rounds on Wednesday AM.

Sam gave a superb talk entitled "Evolving Concepts in Physiology of Modern Death" that brought us up to date on current concepts and challenging issues as we grapple as a medical community to define "death" in a way that respects hallowed ethical principles, incorporates what is known scientifically, and enables the miracle that is organ transplantation.

Sam's career has indeed been a remarkable trajectory. A graduate of McGill where he received the Holmes Gold medal for being at the very top of his graduating class, Sam undertook a residency in pediatrics here before venturing to the Hospital for Sick Children (btw where exactly is the Hospital for Well Children??) for a fellowship in the then emerging sub-specialty of pediatric critical care medicine. Sam stayed on in Toronto for over a decade before a definite familial centripetal pull to Montreal (thanks to his wife Carol) brought him back to McGill and the Montreal Children's Hospital about a decade ago. Sam is now a Professor of the Department of Pediatrics and holds the Bertran Loeb Chair and Research Consortium in Organ and Tissue Donation at the University of Ottawa.

Sam has focused his academic efforts on a daunting topic that most of us spend a lifetime avoiding; death. He has literally attacked, in his typical "take no prisoners" modus operandi, along various tracks death both as an event and an issue to weave a tapestry that incorporates the evidence of science, the induction of ethics, the limits of law and the imperatives of good policy. Sam has led numerous national and international initiatives related to defining death and enabling transplantation. He has forged a remarkable level of national and international consensus that attests to a political skill that is quite simply staggering when considered objectively. He has emerged as the key international leader in this domain and the current "go-to" guy at the World Health Organization (WHO) on this topic. His work has had enormous translational and pragmatic implications.

It is often said that the Professor is under-appreciated in his own house and through this acknowledgement I hope to at least rectify this in Sam's case. We all should be cognizant of this giant in the field amongst us with whom we can frequently interact with.

Have a great weekend everyone

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

January 17, 2014

“To it, more than to anything else, I owe whatever success I have had — to this power of settling down to the day’s work and trying to do it to the best of one’s ability, and letting the future take care of itself.”

Sir William Osler

Hi Everyone

This week’s Departmental Acknowledgement goes to **Bradley Osterman**, a member of our resident staff, and is the result of my own personal journey with a patient. It is also representative of the work done each week by our house staff in their efforts to provide the best care possible for children and their families.

The patient is now a 3 year old little girl, previously entirely well, who presented to our hospital in late August experiencing for the first time a flurry of seizures. In addition to the seizures, over time while in hospital, new behavioural issues and unusual movements were noted. Much to the credit of diligent work by pediatrics and neurology she was diagnosed just 5 days after her initial presentation with a disorder that had not even been described until less than a decade ago. Basically, this disorder is the result of the body mistakenly producing antibodies against a neurotransmitter receptor in the brain and is treated by various immunologic manipulations.

Unfortunately, this little girl and her family have had an extremely difficult course (the most refractory I have seen in this disorder) and she remains in hospital currently. Various treatment interventions have failed to elicit a consistent and demonstrable improvement in her condition sufficient to enable her to return home. Furthermore, she has endured multiple complications, including the development of very problematic lung abscesses.

What Bradley did was to organize a case conference. He got together in the room physicians and health professionals from pediatrics, neurology, complex care, immunology, nephrology, and infectious disease. The child’s community-based pediatrician was also present. I counted 30 participants in this case conference.

Thirty people coming together to help one child. As per that African proverb, it really does take a village.

First, Bradley gave a succinct overview of the child’s course, the underlying condition (anti-NMDA receptor encephalitis), and what is known about the outcomes of various treatment protocols. He then facilitated a discussion amongst those present regarding what we should do now. On the cusp of taking his Royal College specialty examinations in neurology this Spring, he showed that he was ready and able. Having been but one of his teachers during his residency, I was proud of him.

As a participant in this case conference, I was reminded that we do take care of the most challenging complex cases in child health. We are also blessed by being an academic community in which various disciplines representing varied expertise can bring to focus collectively their knowledge and perspective to improve the care of children. We also have amongst us trainees who continually challenge us to keep on the cutting edge.

In the end, we walked out of that room with a plan for both treatment and what markers and outcomes we would follow. We also all walked out of that room, no matter what we knew before, knowing more about

this condition. Thus not only did we improve care for this child and family, but we will also bring our enhanced knowledge provided by Bradley's presentation and our discussion to help other children with this condition in the future.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

January 24, 2014

“Study until 25, investigate until 40, profession until 60, at which age I would have him retired on a double allowance.”

Sir William Osler

Note to reader: I guess he didn't get everything right.....

Hi Everyone!

Hang around me long enough and you will hear me mouth a well-worn but definitely true cliché that goes: "Medicine is a team sport and there is no "I" in team". I see evidence of this everyday throughout our Department in a multiplicity of settings and contexts. Thus this week I want to single out for Departmental Acknowledgement two "teams" for their efforts and dedication.

The first team is a bit overdue and it's our **ER physicians and fellows for holding the fort over the recent XMAS holidays**. Their Director Harley Eisman is fond of reminding me that it's the ER that is the front line and for the vast majority of our in-patients the portal of entry into our hospital. In addition, staff physicians from the ER are on-site 24/7, 365 days a year. Under Harley's direction there have been substantive changes in the past year in the mode of service delivery in the ER with the goals of improving professionalism, quality and as Harley keeps saying "the patient care experience". As they say the "proof is in the pudding" and this was in evidence over the recent holidays. At a time when physicians and health care facilities cut back on operations, our ER becomes THE place that worried and stressed parents bring their ill children for assessment and care. Patient volumes go way up and in past years waits of up to 12 hours for a non-urgent case would occur. This holiday season was no exception with patient numbers exceeding 300 visits per day. Yet despite this volume, Harley and his team under their new modus operandi was able to ensure that it never took longer than 3.5 hours from registration to assessment for a non-urgent case. Knowing Harley he will not be satisfied by this and will continue to look for ways to tweak the wheels of the system to improve care.

The second team that I would like to highlight is our **Pediatrics Residency Training Committee** under the direction of Richard Gosselin. Just yesterday this group took a collective pause in their respective busy schedules to spend an afternoon together to consider some very important issues. This group which combines representation from our Resident and attending staff has to now pro-actively deal with multiple challenges to how we train the future generation of pediatric specialists. These challenges come from several directions that leads to tensions in opposite directions and include; 1) a reduction in entry level residency positions, 2) a move to a competency based Royal College evaluation scheme for certification, 3) stricter protocols for residency work hours to minimize patient errors and improve work-life balance for the resident, and 4) the pending move to the Glen. What impressed me most at this meeting was how committed everyone was to the strategic goal of maximizing the quality of the resident educational experience. By keeping their collective eyes on the prize of excellence in training, operational challenges will be met through creative thinking and action in the coming months. Indeed my impression is that these challenges will create realizable opportunities for refinement and improvement. A robust training and educational environment is critical for our collective success as an academic centre.

Have a great weekend!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

January 31, 2014

“Observe, record, tabulate, communicate. Use your five senses. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone you can become an expert”

Sir William Osler

This week's Departmental Acknowledgement goes to **Ann-Marie Suess**, Nurse Manager of the Division of Hematology/Oncology. Many of us have worked along side Ann-Marie for several years – a privilege and a pleasure.

Ann-Marie joined the MCH staff in 1983. In 1992 she became the Assistant Nurse Manager for the Day Treatment Centre and in 2001 assumed the role of Nurse Manager for the in-patient and out-patient services of Hematology/Oncology. She is a nursing leader who demonstrates a high standard of integrity and ethical behaviour. Managing our division is not an easy task. We are the only division with an in-patient unit (12 beds) and an out-patient unit with 10 clinics per week. The nursing staff has experienced significant turnover through the years and mentoring young nurses who face children and their families with malignant disease can be both challenging and rewarding. She is passionate in the pursuit of quality care, incorporating a patient and family centred approach. She is a strong advocate for them with a valued set of principles and exhibits professionalism of the highest order. As a colleague said: “She models leadership behaviours such as reflective practice, advocacy and integrity to influence herself and others towards their goals”. Her honest, forthright, gentle but firm, disciplined approach has allowed these young people to acquire a sound knowledge and mature into capable, confident nurses.

Not all the goals facing a manager are achievable. Identifying the complex issues that face the staff, what improvements are needed in the work environment, how to achieve them, how to manage the budget without a major compromise in the care of patients to mention a few has been a challenge. However when decisions are based on a careful, thorough analysis with communication at all levels, people acknowledge and accept the fair and equitable approach that has been taken to reach the decision. A credit to Ann-Marie's leadership and advocacy for her staff has resulted in a high degree of satisfaction and staff retention. We do lose staff, but for all the right reasons – to improve their knowledge and broaden their experience, having acquired a very solid foundation.

Ann-Marie has provided leadership for many of our external reviews as we experience more of these than any other sector within the hospital. The Children's Oncology Group (COG); Foundation for the Accreditation of Cellular Therapy (FACT), Health Canada who audited twice, oncology and bone marrow transplantation; Q-mentum – each of these returning with in a cyclical fashion. In addition the Programme Quebecois de lutte contre le cancer required 18 months to prepare the 3 inch tome which resulted in this agency granting its highest grade, 4A, recognizing our excellence in clinical care and research in pediatric oncology. Shortly after this we participated in the Clinical Activities Priority Setting (CAPS) exercise to establish the priorities for tertiary care and research in the future. Pediatric Hematology/Oncology is a high priority for the MUHC. A great deal of time is required by many people to prepare the material for these audits. However an inspiring, dedicated, respected leader is necessary to bring them to fruition and Ann-Marie has been that person. In addition we were planning the move to the Glen and many of our team participated in this endeavour. The division received an Award of Excellence in recognition of our preparedness, participation and contribution and Ann-Marie rightfully accepted this on behalf of the division as once again she was the major player at the table.

One would think this was more than a full time job with little time for other MCH responsibilities. Not so – she continued her own personal development leading to a Master's degree in 2010. She has worked and continues to do so in labour relations on behalf of the hospital and assumed responsibilities for the Radiology and Medical Imaging Nursing service for a couple of years when there was a need for a well-organized, disciplined, skilled manager who would listen and provide constructive guidance to a capable, dedicated team in a time of need.

It has been my privilege to work with some very capable nurse managers over the years, none more so than Ann-Marie. I have learned a great deal from watching and listening to her, being most impressed with her calm, reasoned, careful analytical approach whether she is dealing with a patient and family, an interdisciplinary team, negotiating for a supporting budget, teaching a young nurse, mentoring a more experienced staff member, always done with a little touch of humour in an ethical and professional manner – a nursing leader who is exemplary, dedicated and a model to be emulated.

- Dr. Blair Whittemore

February 7, 2014

“The search for static security – in the law and elsewhere – is misguided. The fact is security can only be achieved through constant change, adapting old ideas that have outlived their usefulness to current facts.”

Sir William Osler

Hi Everyone

For those of us in our academic community actively engaged in research, we are well aware of how competitive, and indeed brutal, the operational funding environment is currently.

This week's Departmental Acknowledgement goes to **Janusz Rak** who was successful in the most recent CIHR Operating Grant competition held last Fall.

Janusz currently holds the Jack Cole Chair in Pediatric Hematology/Oncology. Originally from Poland, Janusz holds both an MD and PhD degree. He was recruited to the MCH and McGill in 2006 and was appointed a Full Professor in our Department in 2011. A bench researcher, Janusz's work focuses on basic mechanisms of tumour spread. Indeed Janusz is responsible for the discovery of oncosomes, which are discrete vesicles of cancer inducing proteins that are released by a tumour cell and can spread to, and be taken up, by a normal cell. This discovery was noted by Quebec Science as one of the top ten discoveries of 2008 and holds the potential for offering additional therapeutic avenues for more effective treatment of these often devastating disorders.

Janusz's current successful grant application is for 5 years at a funding level in excess of \$700,000. It looks at coagulation factors as effectors of tumour dormancy and potential therapeutic targets in a mice animal model of brain tumours. This is based on the observation that production of tissue factor activates both inflammation and blood vessel growth (ie angiogenesis) around the tumour which can induce even further DNA mutations. It is these mutations that lie at the root of a cancer cell's aberrant processes.

In addition to his bench research, Janusz is an active member of our research community and is currently responsible for the largely thankless organization of the weekly Research Institute seminars held most every Monday at noon.

In addition to Janusz, other members of our MCH community successful in the recent CIHR competition include Annette Majnemer as PI (School of Physical and Occupational Therapy) and Aimee Ryan was successful as a Co-PI in a Program Grant

Please join me in congratulating all of these individuals on their recent personal success in a highly competitive environment.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

Hi Everyone

In last week's Departmental Acknowledgment I omitted an important local success.

Pia Wintermark was also successful in the recent CIHR operating grant competition as a co-PI together with Pierre Lachapelle.

My apologies for this oversight. Entirely "my bad" as the kids say.

Regards

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

February 14, 2014

“By far the most dangerous foe we have to fight is apathy – indifference from whatever cause, not from a lack of knowledge, but from carelessness, from absorption in other pursuits, from a contempt bred of self-satisfaction”

Sir William Osler

Hi Everyone

This will be a vastly different kind of weekly Departmental Acknowledgement. Be prepared to be challenged. Be prepared to reflect.

Those being acknowledged are two members of our pediatrics resident staff. They are being acknowledged for stepping up, listening to their moral compass and doing the right thing. Unfortunately circumstances do not enable me to identify them by name.

First permit me a digression into Anthropology 101. All groups, societies and organizations have unique cultures that arise organically and dynamically over time. Culture reflects a combination of norms of behaviour and the assumption of shared values. Our Department and hospital is no exception. We have a culture. A unique and very special one.

Typically culture is not codified. However sometimes it is written down. We have done so through our Mission/Vision/Values statement adopted in 2012. Now midway through my mandate I consider this the collective achievement I am most proud of that we have accomplished on my watch. I will also credit Harley Eisman and Mitch Shiller for nudging me incessantly to do this. It really is the first step of leadership.

Why am I so proud of this? I am proud because it crystallizes and clarifies our values and provides a concrete mechanism by which we can evaluate our actions so that all our actions and choices as individuals and as an organization align with our values. After all, values without actions can be reduced to mere empty wishes and empty words on paper.

If unfamiliar with this statement take the time to click on the link below and read it as posted on our Departmental website.

<https://www.mcgill.ca/peds/mission>

It's clear from a reading of our statement that we attach enormous value to providing the highest quality of comprehensive and complex clinical care to ill infants, children and youth. We also attach enormous value to educating the next generation of child health professionals in a way that puts their needs as learners first. We do these noble objectives in a context of a sustained and unwavering commitment to excellence, collegiality and accountability where patient safety is an utmost priority.

Now permit a second digression into medical education. Once one moves out of the classroom and into the clinical setting it is essentially an apprenticeship. One in which in return for labour, the trainee receives an on the job education. This takes place within the setting of a graded increase in responsibility but always with proper back-up and supervision by attending staff. The potential "dark side" of this deal is that an unavoidable power imbalance exists. The learner and teacher are both locked into a defined

hierarchy of uneven power. This uneven power distribution can at times be palpably felt and can also be intimidating for the learner.

Our two anonymous residents found themselves separately in two different incidents recently where objectively concerns exist regarding both patient safety and inadequate supervision by an attending physician. Rather than being silent and "sucking it up" they chose to make use of available channels that have been established within the Department and come forward to disclose these events. A preliminary review does indeed reveal possible concerns sufficient to merit my flagging these events both at a hospital and Faculty level. It is now a matter of due process for the individuals involved, hence the need for anonymity for our acknowledged residents.

It does not give me any pleasure to have to act on what I came to know. However I must align what we do with what we value. I can't simply do the talk, but I must do the walk.

However doing the walk is not my task alone. These residents by coming forward also did the walk. Clearly they get it. What perturbs me about this is that they both voiced considerable concerns about coming forward. Despite being 'right' they felt fear.

Through this Acknowledgement I want to communicate to them and to our entire Departmental community that there is no Departmental compromise on our core and essential values. Not while I am Chair. We are here for our patients and their families. We are here for our learners. If not, we might as well fold up the tent and go home.

There is no right to work here. It truly is a privilege to be part of this community. But to do so, you need to accept its culture. It's bigger than any of us. If you do, you will feel every day that you are part of something far greater and nobler than yourself. If you don't, you will struggle everyday like a fish out of water.

It's a choice we all need to reflect on.

Happy Valentine's Day! Be sure to spend it with someone you love.

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

February 21, 2014

“Live neither in the past nor in the future, but let each day’s work absorb your entire energies, and satisfy your widest ambition.”

Sir William Osler

Hi Everyone

This week’s Departmental Acknowledgement goes to **Mary Decell** and was prompted by an email I received recently from Stephen Liben pasted below.

Mary is originally from the great state of Texas (Hook Them Horns!!) where she did her undergraduate, medical and pediatric residency training. She came way North in 1989 to the MCH and McGill to undertake a fellowship in the then emerging field of Pediatric Critical Care Medicine. She completed her fellowship training down the 401 at Sick Kids before taking an attending staff position in our Department in the early 90's where she has remained till the present day.

Mary has participated over the years in multiple clinical settings and programs. These have included a long stint in our PICU, the Technology Dependent Unit and current responsibilities in both the cardiology OPD sector and the Palliative Care team. I have had the good fortune to interact as an attending with Mary on multiple occasions over the years and I have always been impressed with her calmness, clinical acumen, comprehensive understanding of the current literature, and laser like focus on the child and family. Her skill set and personality makes her a natural for what are consistently demanding, challenging and complex situations that have the potential for high stress. She has also given of herself generously to the hospital community through extensive administrative responsibilities including a long stint on the Clinical Ethics Committee and as Chair of our CPDP.

Stephen wrote the following about Mary and honestly it bears reprinting because I don’t think it can be said any better:

"I have known Mary Decell for many years as we both worked in the PICU years ago. For years after the PICU Mary has been quietly caring for the patients with chronic complex illness in the TDR. These very sick children and their families require a high level of sensitivity from their caregivers and Mary has led the TDR team with kindness compassion and wisdom. Mary embodies the careful and meticulous physician we all aspire to be, and the quality of her handwriting is so unique that it deserves to have a special font name to match! (Perhaps it could be simply called "Decell"?). Over the past while Mary has taken on the additional responsibility of working in palliative care. I now have the opportunity to work shoulder to shoulder with Mary with these children and their families and I am grateful for the opportunity. When "Mary is on the case" then one can be certain that what needs to get done will get done with a high level of competence and sensitivity. We are all so fortunate that this former Texan has come to call the MCH her home."

Stephen's words are heartfelt and can be echoed by many members of the MCH family. It is upon a bedrock and foundation of superb clinical care that the success of our Department and hospital is built and its people like Mary who continually build and reinforce this foundation.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

February 28, 2014

“Variability is the law of life and as no two faces are the same, so no two bodies are alike, and no two individuals react alike and behave alike under the abnormal conditions which we know as disease.”

Sir William Osler

Hi Everyone

This week's Departmental Acknowledgement was suggested by Patti Li of the Division of General pediatrics and goes to a long-time member of our hospital community **Dr. Sandra Rafman**.

Please see what Patti wrote and Sandra articulated.

I would like to suggest Dr. Sandra Rafman for the weekly departmental acknowledgment. I had the privilege of attending Sandra's retirement party back in January. She gave a speech that was touching, funny, and insightful – summing up her 40 years (!!!) at the Children's. I am sure that many of you who have known her longer will have great things to say and stories to share about this wonderful woman and psychologist. Personally, I have known Sandra since I was a resident and have fond memories of rowing with her on the MCH dragon boat team. I vividly remember one time at a competition, approaching the finish line, rowing with my last ounce of energy, and looking back to see Sandra sitting in the boat, waving and smiling, not rowing (!!), but certainly enjoying the moment. I wish you many more great moments in your retirement!

Sandra has given me the permission to share her retirement speech – so here it is:

“At 7 years of age, I wanted to be a poet, at 9 a rabbi, during my Ph.D. studies in philosophy, I wanted to be a stand-up comic. Then I found my true calling, psychology, which combined all three. I could not have been more fortuitous to have had the opportunity to practice a calling I truly loved for its challenges, for its comradeship, in a setting that furnished the people with the qualities, strength, and knowledge that allowed me to practice to the best of my ability. In case nobody noticed, I absolutely love my profession, I loved my job and I cannot think of any place that I would have preferred to use my skill set, a phrase I hate.

From the beginning I felt that the essential human characteristics to practice were 1. compassion for the child and family and the professionals working with them, 2. humility, that we do not know all the answers and we are searching with our patients, 3. profound respect for where the other is at, the pace or rate he or she, his or her illness, his or her family is at, 4. the ability to really, really listen and to accept what has been said, and 5. the ability to reflect truthfully on what the patient was feeling and experiencing or his illness was expressing but in terms that could be received and 6. patience. But I could not have achieved even an iota of any of these qualities if I did not see them exemplified daily and in every action by my health professional colleagues.

With the rest of the members of the teams I worked with (Cardiology, PICU, oncology, eating disorder, community psychiatry), I learned about the difficult challenges that

families face, the difficulty of balancing needs of siblings, the conflicting anguished feelings of siblings, the impossible choices a family has to make, the difficulty of watching a child get sicker and sicker every day, how hard it is to accept a diagnosis, that things can things end badly and the strength and resilience of families and children. With cardiology I really learned how feelings the night before the operation could last a long time and spring up years later in unexpected ways.

More and more I began to see the specific contribution to a team or to a family that the psychologist could make, one of which was sensitizing the team to the extent to which a child knew and could express what was happening. Children are clearly ready to express the possibility and fear of dying if we are ready to hear and acknowledge it.

I remember watching Spiderman with a five year old boy who was undergoing a bone marrow transplant. He had began to resist treatment but in watching the film he himself made the connection that the bite of the chemotherapy was like the bite of the spider.

I remember together with the ward coordinator teaching the oncology unit Russian so we could finally give an injection to a very strong five year old boy who took six people to hold him down, and they learned to say you are a brave boy, that will only hurt for a short time.

Specific psychological skills such as being able to distinguish between anxiety and trauma reactions allowed me together with the cardiology team to overturn a negative refugee determination for one of our cardiac patients awaiting surgery.

We really have to listen to what children are telling us. The child comprehends far more than we realize, that he or she protects us by not telling us when she recognizes we do not want to hear it. We have to be ready to hear whatever it is that is frightening or troubling our patients and it is often different from what we imagine.

I really loved working at the Montreal Children's Hospital. I will now be focusing on finishing some book contracts, writing and on continuing my clinical practice with patients and families facing emotional and medical challenges. "

Sandra Rafman, Ph.D.

**Senior Psychologist, McGill University Health Centre-Montreal Children's Hospital
Professeure honoraire, Université du Québec à Montréal**

March 7, 2014

“Soap and water and common sense are the best disinfectants.”

Sir William Osler

Hi Everyone,

This week's Oslerism (see above) was an easy find given that the week's Departmental Acknowledgement goes to **Dorothy Moore** for her longstanding contributions to hospital infection control.

An infectious disease specialist, Dorothy joined the Department of Pediatrics in 1984. Dorothy had completed post-graduate degrees in Microbiology and Immunology at McGill and undertaken research and university work in West Africa before completing her medical studies at Memorial University in Newfoundland. This was followed by pediatric residency and sub-specialty training here at the MCH. Dorothy is presently an Associate Professor in the Department of Pediatrics.

For longer than I am sure Dorothy would like me to mention she has carried the bulwark of efforts at nosocomial infection control efforts here. She has worked diligently and in a sustained way over many years to identify hospital-acquired infections and implement protocols to prevent either their acquisition or spread. This is certainly not glamorous work and Dorothy's character is such that she is not one to call attention to neither to herself nor her efforts. However her tenacity and perseverance has enabled us to maintain an enviable record in this regard. She has educated a constantly changing nursing and medical staff in what can be done to prevent disease spread and lessen the potential for harm that a stay in a germ-filled hospital can be for a vulnerable population of children. Her efforts in this regard should remind us of Osler's great 19th century colleague Joseph Lister who encountered much initial resistance to his efforts which was overcome also through much personal perseverance. While for much of her time on staff here, Dorothy's efforts in this domain has been a solitary one, Caroline Quach has clearly taken up the torch with an equal measure of professionalism and passion.

If Dorothy's work locally was not enough to merit our acknowledgement, review of her personnel file reveals almost yearly letters from the Canadian Pediatric Society acknowledging her valuable contributions to national efforts for immunization, infection control, and infectious disease management. Dorothy has clearly contributed much to the health of children that she will never encounter which is but one mark of the successful academic pediatric staff.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

March 14, 2014

“Throw away all ambition beyond that of doing the day’s work well. The travelers on the road to success live in the present, heedless of taking thought for the morrow. Live neither in the past nor in the future, but let each day’s work absorb your entire energies, and satisfy your wildest ambition.”

Sir William Osler

Hi Everyone

I would be seriously remiss if I did not utilize this week's Departmental Acknowledgement to highlight the work of someone who has been for so long a prominent member of the MCH and has now transitioned to retirement. Thus this week's acknowledgement goes to **Micheline Ste-Marie**.

Micheline valued honesty and forthrightness in her communication and I will reciprocate in this Acknowledgment.

She was indeed at times a polarizing figure with which many amongst us had a disagreement or two.

However, no one amongst us can ever question the hard work and dedication of Micheline Ste-Marie to this institution. She frequently was the first medical professional to enter the building and often the last to depart at the end of a day. Given the timing of some of her emails, she also put in much effort "after" hours though I doubt that term really meant anything to Micheline.

Ever since her arrival here, she has done the hard work of ensuring the highest quality of professional medical services so that we can truly "do the walk" of providing the best care possible to children and their families. She has done so diligently and consistently, often engaging in much negotiating with the Agence and other governmental agencies behind the scenes. She has been most effective in putting forward our case and enhancing our care network. As DPS, she often had the extra-ordinarily difficult task of managing problematic behaviours by some staff members, as well as instances of less than optimal care delivery. She always handled such cases with the utmost discretion with scrupulous attention to due process. These are aspects of Micheline that I only truly became aware of (and appreciated) when I took on my current position. Her job by its nature was not a popularity contest. It was a matter of seeking to do the right thing knowing that there would be inevitable disappointment for some as a result.

In addition, her tenure here has coincided with a remarkable transformation in our mission and orientation. This has involved literally thousands of hours of planning and operationalizing the New Children's at the Glen. We have been served by her forthrightness and advocacy at these planning tables. The new MCH at the Glen will most definitely bear her lasting imprint.

Outside the MCH, Micheline somehow found the time to serve on the Board of Directors of the Y and Le Phare which is a respite centre for gravely ill children. At a provincial level she has played a leadership role in multiple patient care, patient safety, and quality improvement initiatives in health care.

Micheline can take pride in knowing that she has most certainly made a difference in health care for children and their families.

Please join me in wishing all the best to Micheline in her retirement. It's now the time for her to finally put herself first.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

March 21, 2014

“The higher education so much needed today is not given in the school, is not to be bought in the market place, but it has to be wrought out in each one of us for himself; it is the silent influence of character on character.”

Sir William Osler

Hi Everyone

This week's Departmental Acknowledgement is a collective 'shout-out' to three Divisions; two in Pediatrics, the other in Pediatric Surgery. The reasons will become apparent shortly.

"When I was a resident" is a time worn phrase in academic medicine that sooner or later is uttered by every staff attending. It usually is a short-hand way to indicate that in the "golden old days" of that particular staff member, residents worked harder. For an old-timer like me, it means one in three call on the wards, PICU and NICU without any post call days. However, it can also communicate envy for a current system that does indeed recognize the needs of learners. One such example are "academic half days" that enable residents in a particular program to withdraw weekly from the realities of the daily clinical service that they are such an essential component of and engage in regular teaching sessions that are built around a defined curriculum and specific learning objectives rather than the 'on the fly' teaching that takes place during clinical service. I would have loved to have such a feature in my residency training.

Of course the pediatrics postgraduate training program has weekly academic half days. These take place every Tuesday afternoon. Largely organized by the Chief Residents, it attempts every 18 months to go through a cycle of key topics that covers the breadth of the specialty that is pediatrics. It is built around formal lectures and case presentations and requires the input of the diversity that is the academic staff of our Department. I asked the Chiefs from last year to highlight Divisions that "knocked it out of the park" with respect to their enthusiastic participation in these half days and they mentioned; **Hematology-Oncology, Neonatology and General Surgery**.

Apparently these Divisions collectively took their responsibility to teach in these half days seriously. Meticulous attention was given to scheduling, topic content and pedagogic rigor of their assigned sessions. Members of these Divisions' teaching did so enthusiastically and creatively. The residents recognized and valued these efforts enormously. The end result was a pedagogic experience that flowed bidirectionally, enriching both learners and teachers.

Clearly these Divisions did the walk of one of our key Departmental visions; 'the dynamic education of professionals involved in pediatric health that puts the needs of learners first'. While there was of course excellent and valued teaching generated from throughout the Divisional structure that is the Department and hospital, the key element noted by the residents for these three Divisions was its consistency internally within a particular Division. Clearly this is something that all of us can aspire to and are capable of.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

March 28, 2014

“Courage and cheerfulness will not only carry you over the rough places in life, but will enable you to bring comfort and help to the weak-hearted and will console you in the sad hours”

Sir William Osler

Hi Everyone

We are all aware of recent tremendous pressures on the operating budgets of health care institutions in Quebec. The MUHC is no exception to this pressure and indeed has been exceptionally hard hit. Budgetary reductions always have a human face and indeed valued members of our hospital community will lose their jobs or be placed in a position to take an earlier than expected retirement in an effort to cut costs. Our colleagues and partners in the nursing profession, as salaried hospital employees, have been particularly hard hit and this week's Departmental Acknowledgement goes to one such affected nurse, **Gillian Taylor**. An Acknowledgement for Gillian was suggested by Claire Leblanc, our Division Director for Rheumatology. While I have never worked directly with Gillian, our paths have crossed over a few shared patients over the years and I could not help but notice her quiet dedication to both providing the highest quality of care and to her profession and to her efforts on behalf of our model of inter-disciplinary collaborative shared care for children with chronic and complex disorders.

I have reprinted below what Claire wrote about Gillian as it is obviously heartfelt.

"The Division of Rheumatology is undergoing an enormous change this spring. Our clinical nurse specialist Gillian Taylor is retiring after 26 years of dedicated service. Through her values of honesty, integrity and respect for others, she has had a significant impact on the lives of hundreds of children and families. Gillian has likewise influenced the care delivered by many health care professionals over the years.

Gillian is an advocate for families who have a child living with juvenile idiopathic arthritis (JIA). Ten years ago, she worked with Dr. Sarah Campillo to develop a summer camp for children with JIA so they could meet other affected children and not feel so alone with their disease. This has been a highlight for our patients and their families.

The general public does not always understand childhood arthritis. Gillian has advocated for our patients in the school system so that they can continue to excel academically. She provides letters for schoolteachers and principals to educate them about rheumatic diseases and specific limitations some patients may have. She is currently working on a video by children with JIA, explaining what it is like to have arthritis in school.

We will never forget what Gillian has brought to the Division of Rheumatology. We wish her a fun filled worry-free retirement, but hope she continues to partake in activities to promote wellness among children with rheumatic diseases."

We will all miss Gillian and other nurses and members of our team that we have been forced to let go. We wish them only the best in their paths forward.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

April 4, 2014

“To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.”

Sir William Osler

Hi Everyone

Those amongst us who are clinician-investigators face particular challenges during our careers. Perhaps the most challenging one is striking the right balance between our clinical responsibilities and our scientific pursuits. My personal observation over the years is that the more successful clinician-investigator, despite the imperative of limited time and the inevitable multi-tasking, puts the clinical first when it needs to be done. This week's Departmental Acknowledgement goes to one such successful clinician-investigator, **Beth Foster** of our Division of Pediatric Nephrology. The Acknowledgment is prompted by a note I received two weeks ago from a community-based pediatrician, Guiseppe Ficara, which is reprinted below.

"Working in the community and referral network of the MCH, I greatly value and appreciate the support that the entire MCH staff, and in particular the subspecialists, offer us.

Today I am on-call at St. Mary's. I had a newborn patient with hypertension on Dinemapp readings, and did not have a Doppler at my disposal to confirm or deny the findings. Because the patient had another finding that could be compatible with hypertension (the reason the BP was checked to begin with), I called the nephrologist on-call, who happened to be Beth Foster today. I reviewed the case with her, asking for her input on how to proceed, and whether the patient should be referred to MCH to have a BP reading via Doppler. Beth agreed that given the clinical context and high BP readings when the baby was calm, this needed to be validated with a Doppler reading. However, she was concerned about mother and baby having to travel to the MCH. Therefore, rather than burdening the family to come to MCH, she offered to come to St Mary's with the equipment and do a consultation at St Mary's!

The clinical context is a simple one. The case was relatively straightforward, and the BP was thankfully normal in the end, with the Doppler readings. However, in my humble opinion, what merits attention is the tremendous empathy towards the family that Beth showed. Beth's actions were kind and selfless, and beyond the call of duty. It would have been fine to see the patient at MCH, but Beth insisted on going a step above for the patient. I remember Dr. Liben praising Kent Saylor for a similar thoughtful act, and I remember you once writing "pas ma job" was not in Dr. Shemie's vocabulary when he filled in last minute for Grand Rounds. Likewise, Dr. Foster took our dilemma at St Mary's and "made it her own", for the good of the patient & family.

Beth was my chief resident, and I learned many valuable lessons from her during my training. I remember her to be a very skilled clinician. On this day, though, it is her caring and compassion that stand out, and that I felt compelled to bring to your attention. This type of dedication should be the rule in our profession. Your departmental

acknowledgements have taught me many things by example, and so in that spirit I feel motivated to share this nice story with you."

I very much appreciate Guiseppe taking the time to write the above note. What Beth did and Guiseppe highlighted is but one example of the many acts that go beyond the mere details that are our responsibilities that members of our community do each and every day that make a difference.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

April 11, 2014

“No human being is constituted to know the truth, the whole truth and nothing but the truth; and even the best of men must be content with fragments, with partial glimpses, never the full fruition”

Sir William Osler

Hi Everyone

Let's play Jeopardy. Today's answer: Apo Papageorgiou, Wendy MacDonald and Preetha Krishnamoorthy. Correct Question?: Who are Department of Pediatrics' Osler Award recipients over the past 30 years.

Actually the above response was correct until about a week ago. Added to the illustrious list above is the name of **Chris Karatzios** who gets this week's Departmental Acknowledgement for receiving the Osler Award from this year's Faculty of Medicine MDCM graduating class of 2014.

The Osler Award is the Faculty's most prestigious award in undergraduate medical education. It is given to the member of the Faculty; "who in the opinion of senior medical students has made the most outstanding contribution to their medical education". The recipient is selected through a vote by the members of the year's graduating class.

Given the number of individuals and committed teachers that are involved in UGME and the training of medical students, to be singled out is truly a stupendous honour for Chris. By extension it is yet another example of our Department's pervasive culture of educational excellence at all levels of learners which should be recognized and celebrated by all of us as we each contribute to this collective effort.

Chris is a member of our Division of Infectious Disease. He is a graduate of McGill and our training programs in paediatrics and infectious disease. His fellowship training in paediatric HIV was undertaken at the University of Miami. Beyond his significant contributions to educational efforts on the MCH site, he plays a substantial role in UGME through his involvement in the co-ordination and teaching of the unit in infectious disease and immunology that is required for every first year medical student. One can only imagine how impressive his preparation, enthusiasm, engagement and communication skills are in this setting to create an impression that 4 years later, after the long winding road that is medical school, motivates the members of a graduating class to bestow this Award on him. It's also my understanding that to the students he served as a positive role model who demonstrated a keen interest in their personal development. This gave them the requisite motivation to plow through the unavoidable Mt Everest of "book learning" of the first 18 months of medical school that is the necessary pre-requisite to a successful transition to the clinical world.

Please join me in congratulating Chris on this well-deserved and substantial personal achievement.

Have a great weekend everyone!

Also Chag Shameach and Happy Passover/Pesach

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

April 18, 2014

**“There are no straight backs, no symmetrical faces, many wry noses, and no even legs.
We are a crooked and perverse generation.”**

Sir William Osler

Hi Everyone

This week's Departmental Acknowledgement goes to Loydie Jerome-Majewska for her receiving this year's Haile T Debas Award of the Faculty of Medicine.

The Haile T. Debas prize was established in 2010. In order to promote equitable diversity at all levels in the Faculty of Medicine, this prize recognizes a Faculty member(s) of any gender or ethnicity who helps promote diversity; which could be by acting as role model(s), mentor(s), or by implementing new policies so as to increase underrepresented minorities in undergraduate or postgraduate training, faculty recruitment, retention and/or promotion.

The Award honours and recognizes the remarkable career of Haile T. Debas. Dr. Debas is a McGill MDCM Class of 1963 graduate. Originally from Eritrea, Dr. Debas went on to be a surgeon and prominent educator. He served as Chair of a Department of Surgery, Dean of a Faculty of Medicine and Chancellor of a University. All of these appointments were at UCSF. He received the Abraham Flexner Award of the American Association of Medical Colleges in 2004.

Loydie is a tenure-track Assistant Professor in the Department of Pediatrics. She is a basic scientist who addresses fundamental issues at the molecular level in embryology. Originally from Haiti, she joined her parents in New York. Early on she became passionate about both science and education. A graduate of Wesleyan University, she did her PhD at Columbia and a post-doctoral fellowship at Sloan-Kettering Memorial before venturing north to McGill in 2005.

I honestly find it unfortunate to have to write in 2014 that Loydie is one of our few persons of color who is a Faculty member. She is a passionate teacher who undertakes a substantial teaching load at both the undergraduate and graduate levels. Loydie adroitly realizes that this places her in an important position to act as a role model to students from a variety of backgrounds. She does this with enthusiasm and seeks out mentoring opportunities that no doubt have a positive impact in facilitating and enabling advancement. Loydie was a member of the Executive Committee for implementation of the Faculty's new medical curriculum. Through this she was able to work to weave into the curriculum the maintenance of sustainable efforts to foster diversity. It is vitally important that our profession reflects the society we must serve.

Given the divisive "identity politics" that our province was forced to endure over the past year, it's refreshing to recognize the enormous positive values that diversity brings to our society. Canada is a nation of immigrants. Ultimately all Canadians come from "somewhere else". There is no going back (either in time or place), and honestly I don't think any of us would ever want to.

Have a great weekend everyone. Happy Easter.

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

April 25, 2014

**“The best preparation for tomorrow is to do today's work superbly well”
Sir William Osler**

Hi everyone!

This week's Departmental Acknowledgement is written by Conall Francoeur, an ICU fellow, as part of our "pay it forward" efforts.

Please see what Conall wrote re: a dedicated **team of fellow radiologists, nurses and technicians**.

As the hospital “down the hill” in the current albeit soon-to-be-changing decentralized MUHC model, we have occasionally suffered from reduced access to certain services. Interventional radiology has been one such area.

Pediatric residents requesting a peripherally inserted central line (PICC) for a patient with difficult access and/or a need for prolonged IV therapy, became accustomed to the standard response of “there are no spots left on Wednesday, there might be a half-PICC day on Friday but we'll have to get back to you”. An interventional radiologist was available on site for routine procedures at best a couple days a week.

This scenario however, is becoming a thing of the past. Karl Muchantef and his dedicated team of fellow radiologists, nurses and technicians have dramatically improved our ability to offer our patients the interventions they need. These delicate and elegant procedures help not just in allowing the delivery of appropriate nutrition or medications, but also in avoiding the more invasive, potentially complicated procedures that might be required if this approach were not available.

As an ICU fellow, I am often on the requesting end of last-minute, “we really need it” requests and so have spent many hours in the interventional suite with Karl and his team. On each occasion I have been impressed by their efficient, effective and caring approach.

I am sure I speak for my entire division, and likely many others, when I say that the arrival of Karl and the evolution of the interventional radiology service have greatly improved our ability to best serve our patients. We have fortunately become one of the “haves” rather than the “have nots”.

A big thank you to Karl and the whole team,

Have a great weekend everyone!

Conall Francoeur
ICU Fellow

May 2, 2014

“Alone we can do so little; together we can do so much”

Helen Keller

When Michael asked me to write this week's Departmental Acknowledgement, it took me about 2 seconds to decide who I would pick... who other than my right-hand woman, my role model for efficiency and organization, and my friend. **Judy Browning** has been the assistant to the Pediatric Clerkship Director since 2007, after having worked with the Pediatric Residency Program Director for the 10 years prior.

In working closely with Judy, I have been consistently impressed by her initiative and her ability to seamlessly get everything done on time. When students come with requests, she bends over backwards to help them, with no expectations of gratitude - she does it because she wants to. In addition to being an impeccable assistant, Judy always has the ability to make me laugh and put things in perspective.

She has a heart of gold and I am lucky to work with her.

Dr. Preetha Krishnamoorthy

May 9, 2014

"The trained nurse has become one of the great blessings of humanity, taking a place beside the physician and the priest."

William Osler

Note: This week's Departmental Acknowledgement has graciously been provided by one of my Associate Chairs, Robert Brouillette - Michael

This week's departmental acknowledgment goes to our MUHC Neonatal Nurse Practitioners: **Rose Boyle**, Martine Claveau, Philippe Lamer, Marie-Eve Moreau, Linda Morneau, and Margarida Ribeiro-da Silva. We applaud their outstanding contributions to the clinical and academic life of the neonatal division at both the MCH NICU and the RVH NICU. Furthermore, by these contributions they support patients who will be managed for months to years after discharge in respiratory medicine, neurology and neurosurgery, cardiology and cardiac surgery, general pediatric surgery, and numerous other specialties. Thereby these contributions are essential to the well-being of our department as well as our hospital.

In 1994, we began a pilot project for neonatal nurse practitioners at a time when Québec had no nurse clinicians/practitioners and when there was no formal agreement for funding from the provincial government. Martine, Philippe and Linda trained locally and obtained certification in the United States. It took 18 years, but beginning in 2012 the ministry of health has now recognized the importance of having NNPs in tertiary care units, has agreed to fund salaries for new NNPs, and has designated McGill as the provincial training program for NNPs. The two-year training program within the McGill School of Nursing is seen as a model for nurse practitioner training, playing a leading role in advanced practice nursing. To date, there are 14 trained and certified NNPs practicing in several Québec NICUs with an estimated need of 65.

At the MUHC we will need 16 NNPs to cover the clinical and academic needs of our 52 NICU beds at the new Children's Hospital. At present, the physician to patient ratio is lower in the NICUs than on the pediatric wards or in the PICU. In fact, at present and over the past several years if we had not had NNPs, the RVH would have had to revert to a level II unit given the shortages of pediatric residents and neonatal staff.

Although the clinical contributions of the NNPs are obvious to all who work in the NICU environment at either the MCH or the RVH, the NNPs also contribute importantly to the academic life of the Department of Pediatrics and the academic health center more generally. They are the university teachers for the incoming NNP students who will practice in our new Children's Hospital and in other Québec NICUs. By the excellent care they provide they serve as role models for our residents, fellows and staff. As role models for nursing, they provide a shining example of advanced care nursing practice. For long-term patients of the NICU they play an important role in ensuring continuity of care. They have provided leading roles in program development and support in such areas as hypothermia for perinatal asphyxia, nutrition protocols, the INFANT team for intestinal insufficiency, developmental care, and percutaneous intravenous central catheters. Several of the NNPs have been involved in research and administrative programs such as the executive committee of the Canadian neonatal network and the MCH/MUHC Council for Services to Children and Adolescents.

This is also an appropriate time to thank the administration of the Montréal Children's Hospital for funding the weekday activities of the NNPs from the nursing budget over the last 20 years.

Likewise, we acknowledge the important contribution of the Pediatric Medical Group (a portion of the Department of Pediatrics) for funding night/weekend overtime over the last several years.

In closing, we acknowledge the important contributions of the NNPs, applaud their dedication and excellence, and look forward to continued collaborative practice as we transition to our new 52 bed NICU in the new Children's Hospital.

Bob Brouillette and Thérèse Perreault

May 16, 2014

“Take the sum of human achievement in action, in science, in art, in literature — subtract the work of the men above forty, and while we should miss great treasurers, even priceless treasures, we would practically be where we are today. . . . The effective, moving, vitalizing work of the world is done between the ages of twenty-five and forty.”

Sir William Osler

Ed Note: Please note that as someone well above 40 I do not endorse the above quote from Sir William but offer it as something for the reader to ponder.

Hi Everyone!

This week's Departmental Acknowledgement goes to the three members of our Department of Pediatrics Promotion Class of 2013-2014; **Richard Gosselin, Frank Rauch and Michael Zappitelli**. There is a fourth member promoted to Professor, however since this promotion is waiting the final approval of the University's Board of Governors, I am not permitted by regulations to disseminate the name at this point but will of course do so to our community when finalized.

Richard and Michael were promoted to Associate Professor, while Frank were promoted to Professor.

Richard has received a prior Departmental Acknowledgement (Richard-22/03/2013). I refer the reader to this Acknowledgement on the Departmental website for illumination and the details on his substantive contributions to our academic mission. His promotion is so well-deserved and a fitting recognition of his veritable "superstar" status in PGME education (Richard).

Frank's promotion to Professor allows me to highlight his career and contributions. Originally from Germany, Frank is based at the Shriners' Hospital where he conducts both clinical and basic research into bone diseases such as osteogenesis imperfecta and rickets as well as the interactions between muscle and bone. He utilizes a multiplicity of methodologies to further our understanding of these issues. Currently a Chercheur Boursier Senior at the FRQ-S, Frank holds multiple external operating grants as both a PI and Co-I from varied funding agencies. He is presently the Editor-in-Chief of the Journal of Musculoskeletal and Neuronal Interactions and has a prodigious publication record with over 150 peer reviewed publications and over 60 book chapters and invited reviews. His h-index stands at a remarkable 50. A key feature for promotion at McGill to the rank of Full Professor is international reputation. While this was most evident in Frank's CV, this was crystallized in the following written statement about Frank's work from one of his external evaluators; "I cannot imagine that any investigator in pediatric bone disease is currently having a greater impact on the field". I am hoping that with the adjacency at the Glen between the MCH and the Shriners that this would facilitate and enable enhanced synergies in all aspects of our academic mission. We all stand to benefit from greater proximity to individuals of Frank's caliber.

Michael is a graduate of McGill and our training program in pediatrics and pediatric nephrology. Subsequent to his training here he undertook a postdoctoral fellowship at the Baylor College of Medicine in Houston, Texas before returning to McGill and the MCH. Currently a Chercheur Boursier Clinicien Junior 2 of the FRQ-S, Michael has held salary support awards since 2007. He has also been extremely successful at securing multiple external operating grants as PI, co-PI and member of a network or team. Michael's research efforts focuses on acute kidney injury which occurs in a multiplicity of clinical contexts.

Michael strives to further our understanding of risk factors, disease patterns and outcomes. Its clinically driven research at its best; posing pragmatic questions, the answers to which can make a difference for affected children. At a relatively early stage in his career, Michael already has over 50 peer- reviewed publications and a significant number of invited presentations both nationally and internationally. In addition to his research efforts, Michael directs our Dialysis and Apheresis Program to which he has given innovative leadership. He is also recognized as an enthusiastic teacher to learners at all levels of medical training. He has also participated in the Division of Pediatric Nephrology ongoing CME partnership with St John's Medical College in Bangalore, India.

Please join me in congratulating each of these individuals for their significant personal accomplishment. Our Department is enriched by their membership at a multitude of levels.

I would also like to acknowledge the hard work of the Department's Promotions Committee that reviews at a Departmental level dossiers invited and put forward for consideration for academic promotion. A lot of time and effort goes into this and the members often will assist candidates in improving and refining the presentation of the dossier to ensure success at the Faculty and University levels. The members last year were; Lorraine Bell, Aurore Cote, Ron Gottesman, Stephen Liben, Christine McCusker, John Mitchell, Rob Platt and Earl Rubin. This is done with the Administrative support of Marlene Davis.

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

May 23, 2014

“Start at once a bedside library and spend the last half hour of the day in communion with the saints of humanity.”

Sir William Osler

Hi Everyone,

"Excellence" is defined as the "quality of being outstanding". Synonyms include 'pre-eminence' and 'distinction'. The Montreal Children's Hospital Foundation has an annual Awards of Excellence program that enables our community to explicitly recognize excellence in various sectors amongst us. This week's Departmental Acknowledgment goes to three members of our Department who received an MCHF Award of Excellence earlier this month; **Sharon Abish, Maria Ramsay and Caroline Quach.**

Sharon received the Jean Coutu Medical Award of Excellence. Sharon received an Acknowledgement previously in July 2012. It was a most heartfelt one written by one of her colleagues that I refer the reader to. For myself I want to reiterate that all of us attendings have observed over the years (yes for Sharon its more than 20), Sharon's steadfast dedication to her patients to which she brings both a consummate level of clinical skill, compassion and the highest level of professionalism that has been awesome and unwavering. She seems to be always present and on top of her patients' multiple medical, psychological, and social needs. As a hematologist-oncologist her patient profile is one of complexity and chronicity that is enormously challenging for child, family and involved health professionals. Sharon always keeps matters in focus and has a remarkable ability to anticipate what will happen and plan accordingly. She has consistently stepped up her participation when staffing shortfalls in her Division has occurred, never asking "Why?" but rather "Why not?". While this Award is for clinical excellence, it is well known that she excels in the teaching domain as well and has served as an Osler Fellow to medical students. She is consistently an excellent role model for our learners by providing a tangible demonstration of what a dedicated physician can be.

Maria received the Global Montreal Professional Staff Award of Excellence. A psychologist by professional training, Maria has made her mark through innovation and leadership in an often overlooked area; infant feeding. More than a quarter century ago she established an inter-disciplinary hospital-based failure to thrive and feeding disorders clinic. This clinic was among the first of its kind and combined rigorous diagnostic and therapeutic approaches. Combining mental health, rehabilitation and medical expertise, Maria sought to bring together complimentary expertise to address in an holistic way a complex problem that struck at the very fundamental root of the caregiver-child bond. Many children and families have been greatly assisted by Maria's persistence and innovation over the years. Much to her credit, with little in the way of formal support, Maria did attach a research and enquiry component to her clinical activities over the years.

Caroline received the Research Award of Excellence. Like Sharon, Caroline received a previous Acknowledgment in June 2013 to which the reader is referred to. Caroline is an external salary support Awardee from the FRQ-S with a research focus on the surveillance of vaccine preventable illness. In addition she has leveraged her key hospital role in infection control to also develop a research focus on nosocomial (ie hospital-acquired) infections. Her achievements in these areas has been recognized provincially and nationally. Not content to rest her laurels solely on her research productivity, Caroline has demonstrated true leadership in both undergraduate medical education at the basic science level in infectious disease and in the PHRESCA segment of the national Canadian Child Health Clinician

Scientist program. Caroline is the embodiment of the 'triple threat' (clinical, teaching, research) that is the bedrock of any solid and productive medical school clinical Department such as ours in Pediatrics.

Please join me in congratulating Sharon, Maria and Caroline on their well-deserved Awards of Excellence.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

May 30, 2014

“Perhaps no sin so easily besets us as a sense of self-satisfied superiority to others.”

Sir William Osler

Hi Everyone!

For this week's Departmental Acknowledgement I have decided to utilize the suggestion of Wissam Khalish and have reprinted what he sent me.

I find it quite heartfelt and an acknowledgement of a vital activity that is often undertaken informally, involves tremendous commitment and has such a vital payoff when done right. This activity is mentoring a junior colleague.

*"This reflection goes out to all of you who ever were or aspire to become junior staff in the near future. It is accompanied by a special acknowledgment of two individuals who have assisted me in my ongoing journey to junior "staffdom": **Dr. Therese Perreault and Dr. Guilherme M. Sant'Anna**. Over the past year, I have come to realize how steep the transition from fellow to staff really is. Why is it one of the most well kept secrets around the hospital? It's time that we reflect upon it and recognize it as a pivotal time point in our young careers.*

As senior fellows in 2nd or 3rd year of fellowship, we are at the peak of our knowledge. We just passed our Royal College examinations. We feel invincible. We have the answer to everything. We wish we were staff already. And it can really get to our heads. I have lived it and witnessed it around me on numerous occasions. I think it's a normal feeling. But then again, we are delusional! Knowledge isn't everything. We lack experience. Despite all the intelligence in the world, our case sample size is extremely small. We haven't communicated with enough families, or given enough bad news, or seen enough tragedies. Our skin is not thick enough!

And then, all of a sudden, a job offer comes along! This is truly the "make-it-or-break-it" part. How do we react to this news? Where do we go from there? Yes, we might be very nervous at first with our new role. It's human nature. However, we live in a system where becoming a "staff" is perceived as empowering. The title suddenly gives us the impression that we have reached the top of the food chain. And so we feel free! Free to make critical decisions, by ourselves, on clinical, professional and academic matters. But how can we be expected to go from a tightly supervised environment to complete independence, in just a snap of a finger? How can we ensure that we stay on top of our game? Without guidance and supervision, it's easy to fall into the trap and deviate from our intended full potential.

Luckily, I have been blessed to have two amazing role models and friends, Therese, and Guilherme, who have made sure I do not fall into that trap. To say the truth, the process of mentorship began well before fellowship. I was in my third year of residency, and already I was spending numerous hours in their respective offices, chatting about my career. I can never thank them enough for that! I remember to this date, just before moving to Toronto, Therese telling me: "if you want to make a difference, you need to

reflect on what "YOU" can bring to the table, what "YOU" can offer, isn't it?" Even during fellowship, she took the time to meet with me and give me precious advice on my upcoming career moves. I had always admired her clinical skills, her exemplary work etiquette and her contagious enthusiasm for neonatology. And so I took her words to heart, and found "MY" vocation. Guilherme was instrumental in helping me find and express my passion to research. And now that I am staff, he is both my PhD supervisor and my clinical mentor. Honestly, he has invested so much of his time coaching me and preparing me to the Big Leagues. And my research career is starting to flourish thanks to his guidance. I am extremely grateful for that. And I continue to learn every single day!"

All of us who have found success in our careers can almost certainly identify a mentor. Have you said "thank you" to your mentors?

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

June 6, 2014

“The desire to take medicine is perhaps the greatest feature which distinguishes man from animals.”

Sir William Osler

Hi Everyone

National Nursing Week took place a few weeks ago (May 12-18). However given the importance of nurses to the success of care for children and their families with complex and challenging conditions, every week of the year really should be National Nursing Week.

This week's Departmental Acknowledgement goes to **Barb Izzard** who has stepped down as the ADON (ie Head Nurse) of the Montreal Children's Hospital.

Barb has spent her entire professional career at this institution. She started as a ward nurse moving on to Head Nurse of 7C1 and 7C2 when these were joint medical/surgical units devoted predominantly to cardiovascular and neurological disorders. This is where as an attending neurologist I first got to know Barb .

Barb has always had an easygoing calm manner even as a storm envelopes her. She is approachable and pragmatic and was doing the 'walk' of family-centered interdisciplinary care long before it was recognized as the 'right' thing to do. I never saw her put the needs of a child and family second as she ran these wards. She got things done by simply standing firm on doing the right thing. She worked patiently through consensus building

These skills led her to the highest ranks of pediatric nursing as our ADON in 2008. Her time as ADON has coincided with fiscal and organizational challenges. The latter as we transform ourselves for the move to the Glen. She took on the unenviable task of working through and maximizing the value of a Glen space allotment that was quite frankly less than ideal. She did so with good humor and a patient ear realizing that there would be no perfect solutions but determined to find those that work best. She worked hard to find solutions to the daily hassle of bed management that addresses all the competing elements of the hospital clinical care pie.

As Pediatrician-in-Chief I had the opportunity to work closely with Barb. I wish her all the best. She will not be going into the 'good night' of retirement but continuing to work on the transition and moving planning dossier. No doubt her efforts on this most important dossier will yield dividends. While we say goodbye to Barb in the ADON role, on behalf of the entire Department of Pediatrics I want to extend a warm welcome and good wishes to her replacement Chantal Souigny. I look forward to forging a close and mutually productive working relationship with Chantal.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

June 13, 2014

“To have a group of cloistered clinicians away completely from the broad current of professional life would be bad for teacher and worse for student. The primary work of a professor of medicine in a medical school is in the wards, teaching his pupils how to deal with patients and their diseases.”

Sir William Osler

Hi Everyone!

Community-based pediatricians are the 'foot soldiers' of our Department.

They provide needed primary and secondary services external to the hospital home. They need to provide screening, surveillance, prevention, education, reassurance, and astute disease detection in one convenient and accessible package. They are the first link in a chain of care that is our referral network.

They also do some heavy lifting around the hospital providing services in a variety of roles; as service providers, teachers and role models in the ER, ambulatory clinics, wards and nurseries. They do so for very little in the way of academic compensation and reward often at personal financial cost.

This week's Departmental Acknowledgement goes to one of our community-based pediatricians, **Paul Rossy**, on the occasion of his recent receipt of the annual Paige and Bernard Kaplan Teaching Award.

This Award is selected and given annually by our pediatric residents to a valued teacher in our Department. Paul receives the Award for his teaching contributions over the years in our Pediatric Continuity and Resident Clinics. In this setting, which replicates on a University hospital site the practice content for a community-based pediatrician, children are seen and evaluated and the clinical encounter is the teaching moment for trainees. Through observation of a skilled clinician, combined with the refinement of their own history, physical examination, and case management skills, a medical specialist in child health emerges. This practical experience, which in a way is a true "apprenticeship", is further enhanced by case-based discussion with an experienced clinician who is a "living textbook" replete with the vast wisdom of experience.

Paul has for many years practiced as a clinician on both the South Shore in Châteauguay and in West End Montreal. We were residents together a generation ago and I recall from then that he already demonstrated a passion, skill, and patience for teaching more junior trainees. What also stands out in my memory from then was his ability at case presentations and rounds to formulate a lengthy and complete differential diagnosis, and then quickly through the particulars of the case hone into the probable diagnosis that could be confirmed by judicious testing. Over the years Paul has developed a particular interest and aptitude in childhood obesity and has fashioned a holistic approach to the effective management of this challenging problem.

Please join me in congratulating Paul on his well-deserved Award.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA

June 20, 2014

“He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all.”

Sir William Osler

Hi Everyone!

This academic year's final Departmental Acknowledgement goes to **Farhan Bhanji** on the occasion of his induction into the Faculty's Honour List for Educational Excellence.

I never cease to emphasize our Department's "Culture of Education" at multiple levels and the Roll Call of this Honour List (established in 1999) bears eloquent testimony to this. A remarkable 12 members (including now Farhan) of the Department (Wendy MacDonald, David McGillivray, Aurore Côté, Saleem Razack, Ron Gottesman, Celia Rodd, Hema Patel, Laurie Plotnick, Preetha Krishnamoorthy, Evelyn Constantin, Richard Gosselin) and 2 Associate Members (Robert Primavesi, Isabelle Gagnon) have been selected.

A graduate of Western Ontario at the undergraduate and medical levels, Farhan did his pediatric residency here followed by sub-specialty fellowship training in both emergency medicine and critical care. This included a year in Melbourne, Australia of refined fellowship training in cardiac critical care and extracorporeal life support.

Right from the start of his academic affiliation with McGill and the Department of Pediatrics, Farhan's natural knack and skill set in teaching was evident. He has received the Paige and Bernard Kaplan Teaching Award. He has also developed an interest in educational scholarship. This was further enabled by his pursuit at the University of Maastricht in The Netherlands of a Masters in Health Sciences Education.

Farhan has an impressive array of accomplishments thus far in medical education. These include; Program Director in Pediatric Emergency Medicine, Fellowship Program Director at the Centre for Medical Education, recipient of the CAME-New Educator Award, and a prestigious Fellowship in the American Heart Association. He has garnered local, national and international recognition as witnessed a Visiting Professorship addressing the topics of faculty development and training at Gifu University in Japan. Currently, Farhan is the Assistant Director of the Office of Assessment at the Royal College of Physicians and Surgeons of Canada in Ottawa where he has a mandate to transform assessment to a competency-based model. As if this roster was not enough, he was our Faculty's inaugural Richard and Sylvia Cruess Scholar in Medical Education. To support his research efforts in medical education, Farhan has secured external support from the CIHR.

Farhan's efforts are another example of how we punch well above our weight with a prominent national and international level of impact and recognition. Please join me in congratulating Farhan on his entry into the Faculty Honour List.

This will be the last Departmental Acknowledgement for the 2013-2014 Academic year. The weekly Acknowledgement will resume after Labour Day in September. Since I started these Acknowledgements when I began my mandate as Chair in November 2011, they have opened with a quote from Sir William

Osler. I have saved one of my personal favourites till last. I will be giving Sir William a well-deserved break next year and will turn to weekly words of wisdom to two touchstones of my youth. Stay tuned.

Finally, before the Acknowledgement resumes in September, our Departmental family will be joined by a new cohort of incoming pediatric residents. They will be the last cohort to begin their pediatric training on our current site. From what I know about them, they are a particularly gifted group that we are fortunate to have join us. Please give a warm welcome over the summer to our "work" family to the R-1s; Fatema Al-Amrani (neurology), Fajer Al Tammar, Abdulla Alawdhi (neurology), Natascia Anastasio (genetics), Marie-Helene Gagnon, Avigyle Grunbaum, Marie-Pier Guilbault, Rawan Hammad, Mohannad Ibn Homaid, Esli Osmanliu, Enass Raffa, Marcel Sévère, and Allison Shevell. We also have a transfer in at the R-3 level; Jessica Yeates, and a Gen Peds Fellow; Sara Long-Gagne.

Have a great summer everyone!

Michael

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