

**Department of Pediatrics  
Departmental Acknowledgements  
September 2014 – June 2015**

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September 4, 2014

**“When you get to the fork in the road, take it”**

**Yogi Berra**

The passage of Labour Day represents the end of the summer academic hiatus. I hope that everyone got a chance to enjoy what matters most to them over the past two and half months. From the above quote, you can surmise that Yogi Berra will be one of two quote masters for our weekly Departmental Acknowledgements for 2014-2015.

Our first Departmental Acknowledgement is a bittersweet one for I. It is so well deserved, but is timed to mark the retirement of a Departmental institution and rock on September 12th. It goes to **Sylvie Sahyoun**, my current administrative assistant.

I have decided to reprint in toto below my reference letter for Sylvie. I hope that I have accurately captured our collective feelings from my own individual perspective.

“I have directly worked with Sylvie since my term as Chair of the Department of Pediatrics at McGill and Pediatrician-in Chief of the Montreal Children’s Hospital commenced on November 1st 2011. Sylvie came with the job as she has been the administrative assistant for these roles since 2002. Before that, from 1987-1995 she had worked for the Executive Director of the MCH (Dr Nicolas Steinmetz) and from 1995 with the planning office of the McGill University Health Centre, where along with Nick she was the very first employee of what would grow into a 1.3 Billion dollar construction project featuring massive health care re-organization only just now nearing completion.

Having worked closely on a daily basis with Sylvie for close to three years her numerous qualities have become readily apparent to me. She is at all times kind, efficient, thorough, organized and independent with a softness and ease at inter-personal interactions. She always holds herself accountable and always gets the job done. She is able to see the ‘big picture’ and grasp the complex interactions that exist in a large university hospital and academic setting. She is also always a huge and intelligent repository of advice and institutional history, which she offers at all times in her understated and deferential manner. She frequently provides sage and wise counsel. She quite well tolerated my own learning curve for two jobs that didn’t come with a playbook or a manual of user instructions. She is fluent in at least 4 languages (French, English, Arabic, Spanish) and her professional training as a translator has been an enormous resource in facilitating our external communications.

Sylvie has had three ‘bosses’ during her almost 30 years at our institution (Nick Steinmetz, Harvey Guyda and myself). While each of us have vastly different personalities, we all share a hard driving “get it done today’ work ethic. Sylvie has consistently met this high bar with tolerance, class and the utmost of discretion in a setting filled with the need for respect and collegiality.

A unique, not in the job description, aspect of her work has been the open chair that sits by her desk. I, together with Nick and Harvey, have witnessed many staff and Departmental members sit in that chair and have a heartfelt personal discussion with Sylvie. They come often with slumped shoulders and leave a little bit lighter. More than one of us has observed she is our unofficial psychotherapist.

I am writing this reference letter with regret and sadness. It would be my hope to have done my entire term with Sylvie. I and my entire Department and staff will miss her deeply. Anyone fortunate to hire her will reap a bountiful crop. She really is a polished diamond that is all too rare in our workplaces."

Please do take the time to drop by and say goodbye to Sylvie in person. If you feel the need, draw up the chair for one last therapy session. No charge as always.

Have a great weekend everyone!

Michael

September 12, 2014

**"He not busy being born is busy dying"**  
**Bob Dylan**

Hi Everyone,

Our second quote master for the 2014-2015 year will be Bob Dylan, the poet laureate of the Boomer generation. The above quote prompts in an indirect way this week's Departmental Acknowledgement to Patti Li and Gillian Morantz, both of the Division of General Pediatrics.

I did my regular turn on the Peds Neuro service last week and could not help but be impressed by both Patti and Gillian as our paths regularly cross on a number of complex in-patients. They both demonstrated an almost Zen-like presence in the midst of their demanding ward attending duties. They seemed to always be at the nursing station and on the wards, as the hub of a wheel with multiple spokes that included students, residents, nursing staff, allied health professionals and consultant sub-specialists. They masterfully juggled all the balls before them in the air, never dropping a one, putting the needs and the seemingly effortless (but actually requiring much effort and patience) co-ordinated care of hospitalized children and their families first. They did so while 'with child' themselves (hence the indirect quote prompt), each with also a young infant at home. In so doing, they provide a most important living role model to our trainees (female and male alike) that family and work are both doable even in the most difficult of work circumstances. A work-life balance is indeed attainable and so very vital for personal happiness and success.

Patti has already been feted in a prior (May 2013) Departmental Acknowledgement for her research prowess. A Chercheur-Boursier Clinicien awardee she has also received a New Investigator Salary Award from the CIHR. With a background in clinical epidemiology, Patti has focused on child health services delivery with a particular emphasis on community-based primary care. She is at the cutting edge of using objective methodology to critically evaluate how such services are delivered and their impact on child health outcomes. Through this, it can be hoped that policy will be better informed making the maximal utilization of our limited health care resources. As if her research and clinical efforts were not enough, for the past year Patti has done a masterful job of organizing and hosting the Department's Grand Rounds which are our major ongoing CME activity.

Gillian is a McGill MDCM grad and product of our training program who is focused on global health and social pediatrics. She has a distinguished academic track record with multiple awards and distinctions. She has also carried out clinical and research efforts in such exotic locales as Burkina Faso and Botswana. Together with similarly spirited colleagues (Jen Turnbull, Martin Bitzan amongst others) she has developed and vitalized a hospital-wide global health program that includes curriculum and emerging opportunities, including our recently concluded partnership that features both clinical and teaching components with the Centre Hospitalier Universitaire de Kigali in Rwanda. I have no doubt that these natal efforts in global health will gain traction and prominence that will be a source of collective participation and pride.

Have a great weekend everyone!

Michael

September 19, 2014

**"You can observe a lot by just watching"**  
**Yogi Berra**

This week's Departmental Acknowledgment goes to **Constantin Polychronakos** on the stupendous occasion of his election to the Royal Society of Canada.

Established in 1882 by an Act of the Canadian Parliament, the Society combines the Academies of Arts, Humanities and Sciences of Canada and is the senior national pre-eminent collegium of distinguished scientists, scholars and artists. Its efforts are directed at promoting learning and research, scholarly accomplishment, mentoring future scholars and artists, recognizing excellence and advising governments, non-governmental organizations and the Canadian public on matters of general interest to our collective society.

Constantin is currently a Professor (with tenure) in the Department of Pediatrics at McGill University. He served for fifteen years as Director of our Division of Pediatric Endocrinology. As a Division Director, he ably led his Division to prominence in all domains of our academic mission; clinical service, outreach, education and research (basic and clinical). As Chair, I can attest to Constantin's selfless and steady attention to the continued professional development of his Division members and peers while he was Division Director. He has recently replaced his leadership role as Division Director by taking an even more substantial position in our hospital-based research efforts as the leader for the Child Health and Human Development Program of the MUHC-RI.

As a clinician, Constantin has been a long-standing devoted care provider to children with endocrinologic disorders, and in particular those with insulin dependent diabetes. It is Constantin's clinical practice that has informed his remarkable scientific accomplishments and leadership. Constantin's investigative efforts have been focused at the bench on the elucidation of the genetic basis and mechanisms for diabetes mellitus. This has occurred within the context of a revolution in molecular biology that has seen the rapid introduction of new technologies and the quick dispatch to the dustbin of that which has been replaced. Throughout this revolution with its rapidly shifting floor, Constantin has stood firm in his quest.

He has demonstrated an ability to adapt and integrate new technologies into his efforts, continually pushing the envelope of what we know, setting up the next step in his ongoing efforts towards further understanding. To a fellow investigator, this methodologic flexibility and adaptability over time is astonishing.

Constantin's journey of discovery has been supported by prior and current external funding support from a multitude of funding sources. All appear eager to back a proven 'winner'. External funding sources have included; CIHR, NIH, Genome Canada, Genome Quebec, Juvenile Diabetes Foundation, Canadian Diabetes Association. His success is evident in over 125 peer-reviewed publications. A significant proportion of these are in high impact factor journals, including multiple Senior Author contributions to *Nature* and *Nature Genetics*. Constantin's leadership amongst his peers is evident by his Editor-in-Chief post since 2009 at the Journal of Medical Genetics (IF 6.4), a rare honor for a clinician-investigator.

Not surprisingly Constantin's track record of success has garnered both local and national awards. These include Awards for Research Excellence (2005) from our hospital foundation and salary support (2008-2013) as well as career recognition Awards from the *Fondation de la recherche sur les maladies infantiles* (2008) and the Canadian Pediatric Society (2009). He was also honoured last year by induction as a Fellow into the Canadian Academy of Health Sciences.

Also not surprisingly, Constantin's success and his easy-going manner and approachability have attracted a steady stream of students and fellows. Close to 30 graduate students and fellows over the years have benefited from Dr. Polychronakos' guidance, expertise and mentorship, as an initial or subsequent step in their own individual pathway to success as child-health researchers. A review of

Constantin's CV reveals that with his involvement, his students and fellows were able to achieve their goals as witnessed by their successful publication of their own bench research while under his tutelage. For many, the years with Constantin were an essential catalyst for their own careers as independent investigators.

Constantin's election to the Royal Society brings him into the august company of two other current Departmental members (**Michael Kramer** and **Rima Rozen**) and three Emeritus members (**Frederick Andermann, F Clarke Fraser and Charles Scriver**).

Please join me in congratulating Constantin on this remarkable and well-deserved personal accomplishment.

Have a great weekend everyone!

Michael

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September 26, 2014

**"Some people feel the rain. Others just get wet."  
Bob Dylan**

Hi Everyone,

One of the things you get to do daily as Chair is process a lot of paper that crosses your desk. Frequently this paper deals with various stages in an academic physician's career path; recruitment, promotion, retirement and all the stops in between. This week's Departmental Acknowledgement is prompted by one such piece of paper that made me pause and think because of a very long-standing personal connection and goes to **Patricia Riley** on the occasion of her upcoming retirement from our active staff.

A McGill MDCM graduate, Pat did her pediatric residency at McMaster and Hopital Ste-Justine followed by a fellowship in neonatology here. She also spent a formative year at Albert Einstein Medical College in the Bronx. She is part of the generation of neonatologists that transformed the field from one where for many instances survival was unexpected to one where survival is now the norm. Her entire career post training has been spent at McGill except for a brief stint for several years at the University of Pittsburgh.

Pat has spent her career at McGill and in our Department in two principle roles; as an attending staff neonatologist and long-time Director of the Neonatal Follow-Up Program. Indeed Pat was one of my attendings when I trained in pediatrics and rotated in our NICU. As an attending, what most impressed me was that Pat always looked at the 'big picture'. Despite the pressures of acute care and meeting the immediate needs of survival for an ill newborn that addressed such fundamental life issues as cardiac output, oxygen delivery and nutrition, Pat always put these acute challenges into the broader context of what would happen to an infant once the child left the unit and returned to their family for what one would hope to be a lifetime of growth, development and health. Pat realized early that these neonatal challenges could place substantial additional health, social, behavioural and educational burdens on the child that necessitated a comprehensive inter-disciplinary approach that would best be co-ordinated by a single source.

Hence the Neonatal Follow-Up Clinic. For two decades Pat led this Program. It was one I got to know quite well as I have had a Neonatal Neurology Clinic since 1991. The level of physician involvement in Neonatal Follow-Up always impressed me in terms of its intensity, comprehensiveness and dedicated focus on case management. There was also always a remarkable level of collaboration with other professions including nursing and rehabilitation and community-based partners that was a model of interdisciplinary family centred care for chronic disorders long before there were such 'buzz words'. There is no doubt that Pat's efforts, together with her colleagues, in and of itself improved outcomes, health and well-being however measured or evaluated. Pat's efforts over the years have also been innovative with respect to clinical practice and include her early leadership of the Broncho-Pulmonary Dysplasia Clinic, the introduction of NICU discharge planning rounds and the formulation of a ward bridge team for patients transferred down from the NICU. These efforts demonstrate that the dedicated clinician can make a difference by leveraging their passion and skills to improve care to similarly affected children and families across the board.

Pat is not retiring immediately (mid-2015 is the target). Its a process that will see her clinical, administrative and research involvement dial down over the next while. Thus patients and ourselves can continue to benefit and learn from the enormous experience she has garnered over a career that she can be most proud of.

Please join me in wishing Pat all the best now and into her future.

Let me also take this opportunity to wish a hearty Shana Tova to all those celebrating Rosh Hashanah.

Have a great weekend everyone!

Michael

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October 3, 2014

**"The future aint what it used to be"**  
**Yogi Berra**

Hi Everyone,

Its gives me particular pleasure to give this week's Departmental Acknowledgement to a fellow pediatric intern (yes that is what we were called back in the day) from the 'fabulous' 1984-1985 cohort and goes to **Jae-Marie Ferdinand**. Jae-Marie gets the nod this week not for some spectacular recent accomplishment, but for what she does so well and so diligently 24/7.

Jae-Marie received her medical degree from the University of Toronto before coming to Montreal for her residency in Pediatrics at McGill and the MCH. This was followed by sub-specialty training in neonatology at both Harvard (Boston Children's) and the University of Toronto (Hospital for Sick Children). This was followed by over a decade in a hybrid practice that included such activities as NICU attending, neonatal follow-up and community-based pediatrics all in the greater Toronto area. Fortunately for us, Jae-Marie decided to return to Montreal in 2003. She became part of the neonatal group at the JGH and St Mary's Hospital and in 2008 she transferred her clinical activities to the RVH and back to the MCH. She is based in the Division of General Pediatrics.

Jae-Marie naturally has an easy going, self-effacing way about her that may lead some to overlook her and indeed under-estimate her. She is however a superb clinician, universally respected educator, valued team player and someone with a knack for clinical innovation. What really impresses me is both the breadth of her clinical activities and the challenging populations she has chosen to focus her efforts on. Currently Jae-Marie attends in the RVH NICU and as a neonatal back-up in the MCH NICU. She is an attending in the Emergency Room, the Short Stay Unit and the Medical Day Hospital. She participates in our child abuse/protection service and does pediatric outreach in the Portage Mother-Child Program and at the Batshaw. Portage is a residential facility for young mothers undergoing rehabilitation for substance abuse issues and the Batshaw's efforts are directed at both children for whom their physical, psychological and social security is at risk and juveniles involved in the criminal justice system. She also has an ongoing involvement in our neonatal follow-up program. As an educator, perhaps her most seminal Departmental involvement is directing our Social Pediatrics training program. This program rather creatively exposes our PGME trainees to a diverse spectrum of community engagements that illustrate the profound influence that social determinants can have on child and family health and well-being. At McGill she leads the Widening Participation Committee that undertakes multiple efforts, both community and university based, to foster entry into the health professions of under-represented segments of the population.

Jae-Marie has conceptualized, fostered, implemented and nurtured a number of innovative programmatic efforts. These have included a neonatal developmental care program at the JGH, literacy promotion efforts at the Batshaw, our social pediatrics training program and curricula, and the pediatric presence at Portage. All of her clinical and innovative efforts highlight her passion for making a difference in vulnerable populations. It aint easy and it takes loads of patience and time, but I for one am pleased that there are dedicated physicians like Jae-Marie in our Department to make this much needed effort for at-risk children in our community.

Have a great weekend everyone!

Michael

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October 10, 2014

**"Behind every beautiful thing, there's some kind of pain"**  
**Bob Dylan**

Hi Everyone,

I am often asked how I select who or what to feature in the weekly Departmental Acknowledgement. Sometimes the choice is obvious; promotion, external grant or salary support award, or prize. Sometimes its prompted by something I observe during the course of my clinical duties. Sometimes its triggered by a piece of paper that crosses my desk. And often its prompted by a 'chance' encounter.

This week's Acknowledgement is prompted by such a chance encounter I had as I was entering our weekly Grand Rounds. Most importantly it was prompted by the joy I felt in seeing a familiar face after an extended absence. This week's Departmental Acknowledgement goes to **Catherine Millar**.

Discretion does not permit me to reveal details, but Catherine was forced to take an extended medical leave that lasted over a year beginning in the Summer of 2013. Her medical challenge was such that I was concerned that she may not be able to rejoin us. Thus my spontaneous joy in seeing her hale and hearty and her usual 'oh so pleasant' self (she has a great smile).

Catherine is a "homer" like many of us. McGill MDCM, pediatric residency (including a stint as Chief Resident) and ICU fellowship at the MCH. She left for her initial academic post in Sherbrooke, however much to our benefit she returned to the Department and the MCH. Since returning she has done yeoman (or is it yeowoman?) clinical service. I am hard pressed not to find in her dossier a sector she has not been involved in over the years; PICU, MER, wards, short stay unit, Resident Continuity Clinic, complex care and palliative care.

I have had multiple opportunities as a consultant to interact with Catherine over the years. Her compassion, selfless dedication, quiet intelligence, integrity and consummate professionalism and physicianship has always impressed me irregardless of the location or the situation. In all regards she is a wonderful role model for learners at all levels, as well as to fellow attendings. Catherine embodies the very foundation of what a successful academic clinical Department simply must do; superb clinical service combined with a willingness to teach and seize teaching moments..

We often take our health for granted. Catherine's story reminds us that it can be tenuous indeed. Please join me in being grateful to welcome her back to what we all hope will be many many years of full participation in our varied activities.

Have a great long weekend everyone!

Michael

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October 17, 2014

**"It's like deja-vu all over again"**  
**Yogi Berra**

Hi Everyone,

This week's Departmental Acknowledgement is an easy pick and goes to **Saleem Razack**. Tonight in Calgary Saleem will be receiving this year's Paediatric Chairs of Canada Clinician-Educator Leadership Award. He joins Wendy MacDonald as a prior Departmental member who has received this Award as a Clinician-Educator (Emmett Francoeur has received the Clinician-Practitioner Leadership Award and Charles Scriver and Michael Kramer the Clinician Researcher Leadership Award).

I have pasted below my letter of nomination for Saleem for all to read.

*"It is with pleasure and enthusiasm that I put forward Dr. Saleem Razack for consideration for the Pediatric Chairs of Canada Clinician Educator Leadership Award. Clinically, Dr. Razack has close to 20 years of service as an attending in our Pediatric Intensive Care Unit. During these years he also provided service for a time on our Palliative Care team. All would agree that at all times in his clinical activities Dr. Razack has exemplified the very best of professionalism and physicianship in what are challenging clinical milieus, always providing a tangible and direct role model for trainees and colleagues.*

*Academically, Dr. Razack is presently an Associate Professor and Associate Chair (Education) in the Department of Pediatrics. Since 2009, he has also served as Assistant Dean (Admissions, Diversity & Equity) in the Faculty of Medicine with direct overall responsibility for the management of the Faculty's selection process for each incoming medical school class. Prior to this he served as Program Director for our Pediatrics Residency Training Program for 7 years.*

*Dr. Razack's nomination for this Award derives from his leadership in multiple recent innovative initiatives in medical education at several levels. While Residency Program Director, Dr. Razack translated our emerging awareness and sensitivity to the particular health care needs of vulnerable populations to develop Canada's first mandatory core rotation and fellowship in social pediatrics that has served as a model for other training programs. This innovation has served as an effective catalyst to awaken awareness not only in learners, but also in staff throughout the Department.*

*Dr. Razack's dynamism as an educator is also evident in his work as Assistant Dean. Originally given the mandate to manage the admissions process, Dr. Razack, as per his modus operandi, was not satisfied with a merely static approach. Building on the results of his comprehensive survey of diversity of his first incoming class, he radically reconfigured the whole selection process implementing the then ground breaking M3I format of interviewing the refined cohort prior to actual selection. This format in an objective way utilizing situations seeks to evaluate the personality attributes relevant to physicianship of candidates beyond that discernible in the dry facts of a CV. He also added the portfolios of Diversity and Equity to his Assistant Deanship mandate. In response to this mandate he has worked with community partners (among them the Montreal Alouettes) to develop "pipeline" programs to target at a high school level under-represented populations in the medical school classroom that include First Nations, visible minorities and those students from a low SES background. He has also developed a non-traditional pathway for medical school entry for individuals who have interrupted their studies for financial or personal reasons and an advanced standing pathway for international medical graduates. He has also fostered the Faculty's First Nations and Inuit Program for medical school enrollment that includes a contractual relationship with the Government of Nunavut. All of these initiatives are undertaken without breaching or compromising a firm commitment to academic excellence and objectivity. These local initiatives have led Dr. Razack to work with national colleagues to found the MEDARCC*

*collaboration that seeks to inform equity and diversity benchmarking by assembling a comprehensive database of the demographics of medical school applicants and actual registrants.*

*At the undergraduate level of medical education, Dr. Razack has been additionally active within the context of formulating joint interprofessionalism training that combines medical, rehabilitation and nursing students on the topic of cultural awareness. He has also assisted in the development of the curriculum for the 4th year Medicine in Society course and developed his own small group elective within this course entitled; "Race, Ethnicity, Culture & Health".*

*Dr. Razack's leadership in education is not restricted to the development of curricula and novel programs. He has also engaged in the scholarship of education. He is co-leading the Socio-Cultural Diversity theme group for the Future of Medical Education in Canada project. He has also been successful as a co-investigator in obtaining external operational funding support from both SSHRC and CIHR agencies to evaluate specific aspects of the selection and educational process as they relate to the broad themes of diversity and equity in medical training.*

*Dr. Razack's excellence as a teacher has been recognized by his receipt of our Department's Paige and Bernard Kaplan Teaching Award just three years after joining our staff (1999). He has also received our Faculty's inaugural Haile T. Debas Award for Excellence in Contributions to Equity and Diversity in Medical Education (2012). His excellence nationally has been recognized by the May Cohen Gender Equity Award of the Association of Faculties of Medicine of Canada (2012)."*

Please join me in congratulating Saleem on this significant personal accomplishment.

Have a great weekend everyone!

Michael

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October 24, 2014

**"I accept chaos. I'm not sure it accepts me"**  
**Bob Dylan**

Hi Everyone,

With stark and at times ominous headlines, the West African smoldering Ebola outbreak coupled with cases among health care providers in North America drive home the point of the 'global village'. Barriers to travel, migration, and information sharing renders the current 'distance' between two points on Earth effectively less and less. It has also increased our awareness of global health disparities and motivated some among us to stop talking and take action. For her action in formenting a Global Child Health Program at the MCH within the Department of Pediatrics, this week's Departmental Acknowledgement goes to **Jen Turnbull**. No doubt Jen shares the spotlight with Gillian Morantz on this initiative. I will focus on Jen as Gillian herself received a Departmental Acknowledgement just a few weeks ago for her ward attending duties.

Jen is a native of Ottawa and a medical graduate of Queen's in Kingston, who did her residency in pediatrics at Western in London, Ontario. She came to Montreal in 2008 to undertake her fellowship in Pediatric Emergency Medicine. Jen is now a staff attending in our Emergency Room and an Assistant Professor in the Department of Pediatrics.

Jen's interest in global health was evident early on; volunteering in rural clinics in Honduras as a medical student and organizing clinics for children from South East Asia while a pediatrics resident. She gave of herself in Haiti at a field hospital in the aftermath of the devastating 2010 earthquake. She has also served on the ground with Medecins Sans Frontieres in the tumultuous eastern Congo which has the unfortunate distinction of being the conflict with the most fatalities post-WWII (yet most of those in the West can neither find this place on the map nor understand the reasons behind the conflict itself). Clearly Jen is someone who consistently, with some aspect of endangering her own safety and comfort, done the walk for global health.

Jen and Gillian have put together an innovative Global Child Health curriculum that is meant to educate and prepare our post-graduate trainees for meaningful overseas electives that will expose them to the particularities of child health challenges in low resource settings around the globe. One particular opportunity that Jen has created through considerable effort is at the Centre Hospitalier Universitaire Kigali (CHUK) in Rwanda. Jen has fostered through her extensive on the ground work there a Memorandum of Understanding (MOU) with local hospital and university leadership that will enable training and teaching opportunities for our Faculty and resident staff. In their Global Health work, Jen and Gillian have been ably assisted by such individuals as Jean-Martin Laberge, Louise Auger, Martin Bitzan and Charles Larson amongst others.

Our Department has a long and distinguished history of international involvement. Under the leadership of Alan Ross, many of our senior staff participated in establishing pediatrics at the University of Nairobi in Kenya as part of a McGill-wide initiative. Its nice to see that the torch has been passed to a younger generation.

Have a great weekend!

Michael

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October 31, 2014

"Play it f\*\*\*\*\*g loud !"  
Bob Dylan

Hi everyone,

The astute reader will note that Dylan has been quoted two weeks in a row (Berra will get an upcoming two in a row in return). I couldn't resist as I thought that the above quote serves as a friendly homage by myself to the guy I have always called, since we met as residents, "the smartest guy in the building": **Sam Shemie**.

Sam gets this week's Departmental Acknowledgement for his extended time as Medical Director of the hospital's ECMO Program from which he has just stepped down. For details of Sam's remarkable career trajectory I refer the reader to his previous Departmental Acknowledgement on January 10th of this year.

Sam undertook to create the MCH Extracorporeal Life Support (ECMO) program in late 2005. Sam was successful in forging a single dedicated group from two distinct previously "siloeed" programs in the NICU and PICU. Sam demonstrated considerable 'quarterbacking' skill in forging a team that relied on broad inter-disciplinary expertise. The group's expertise and skills had by necessity to be available at any time and continually strive to maintain a culture of commitment to excellence, quality and continual innovation. This group deals with the 'sickest' patients this institution will provide care to in the context of considerable family stress and high emotions. Thus there has to be not only technical excellence but also an unrelenting compassion and sensitivity by all participants. As a frequent consultant in both our NICU and PICU I was always amazed (and somewhat overwhelmed) by the technical marvel and complexity that is ECMO care.

Since 2005, 41 children have undergone ECMO at the MCH. These are children who quite simply would have died otherwise. It is a testament to Sam and **all** the ECMO team members that 29 of these children are now alive as a result of their efforts. These children who owe their lives to the efforts of our ECMO team. Imagine how grateful the families must be for this gift. It truly is a substantial accomplishment that is a testament to our Mission and Values.

Please join me in thanking Sam for his efforts and congratulating him on the success for which he can be justifiably proud. I have no doubt that Sam will give the credit to the team.

Happy Halloween,

Michael

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November 7, 2014

**"It aint over till it's over"**  
**Yogi Berra**

Hi Everyone,

Usually I try to avoid clustering the attribution of the weekly Departmental Acknowledgement to a particular service area within the Department. However I can't avoid given a second consecutive one to Pediatric Critical Care Medicine. It rests on the fortuitous meeting first thing Monday morning upon entering the hospital when I bumped into **Pramod Puligandla**.

Monday was Pramod's first day back from what is every middle aged guy's (and I still qualify...just barely) nightmare. Just a few short weeks ago while playing tennis, his favorite game, Pramod had a heart attack that required on-court defibrillation. What followed is the all too familiar arc of CCU admission, angiogram and open heart surgery. Like Catherine Millar a couple of weeks prior, I was so happy to welcome back from significant illness a valuable member of our team. Thankfully for Pramod, his wife and family and for all the rest of us, he had had a smooth recovery that enabled him to return to work quickly.

Pramod occupies a rather unique niche within our Department. A general surgeon by training and avocation, he joined our Division of Critical Care Medicine over 10 years ago, in addition to his assignment to Pediatric General Surgery. This is rather fitting as our PICU services both the medical and surgical components of our mission. Lines of responsibility and attribution of 'turf' occupies not a black and white space in the PICU, but a smear of gray in between. Intensivists bring to the table a remarkable knowledge of physiology, plus interventional skills that daily involve the laying on hands (think lines, intubation etc). This is done in the context of grievously and acutely ill patients across the pediatric age spectrum who all share the common feature of a failing and/or severely stressed organ system. Each of these children, in order to survive the next few hours, need the highest level of care and technology available in medicine. They and their family also need compassion and the ability by caregivers to do the most difficult thing for interventionist to do; realize when enough is enough.

I have had the opportunity to directly observe Pramod do this on many occasions. He always does so with a fluidity and grace that to my observation leaves no perceptible wake or turbulence around him. In essence he glides. He does not outwardly seem to be stressed. This grace also extends into his other role within our hospital network. This is the one of doing the thankless but necessary task of having been our hospital's Chair of the Council of Physicians, Dentists and Pharmacists that deals with many aspects of the quality of care delivered. He did such a great job in this role that remarkably, for an adult dominated hospital, he was elected to lead the MUHC's Executive Council.

Please join me in welcoming Pramod back and wishing him a full recovery that sees him return as soon as possible, and as fully as he wants, to the operating theatre and the PICU where he can resume doing what he does so well.

Have a great weekend everyone!

Michael

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November 14, 2014

**"In theory there is no difference between theory and practice. In practice there is."  
Yogi Berra**

Hi Everyone

This week's Departmental Acknowledgement goes to **Julius Erdstein**.

This is a special assignation not because of any awards or any career milestones, but rather given in recognition for the value of doing something well, diligently and without fail, with little in the way of tangible personal rewards for over two decades.

Julius is a dedicated community based pediatrician with a large and active practice in Pierrefonds at the Children's Care Clinic. For over 20 years I would regularly go to this facility one to two days a month to do neurology consults. It was a great set-up for an ivory tower sub-specialty consultant such as myself. The consults were all germane and pertinent, with a specific question posed. I would do my consult and after perhaps one follow-up visit if there were any investigations ordered, the child would be handed smoothly back to the pediatrician for ongoing care and management. All the pediatricians in this clinic embraced this model of care including Julius.

In addition to his practice, Julius has been an active member of our Adolescent Medicine program that forms a part of our Division of General Pediatrics. This is a special subset of child health, dealing with a variety of challenging issues that often lie out of our personal comfort zones (e.g. eating disorders, sexuality, substance abuse) in the context of an individual striving for autonomy, but still often immature in the choices they make and a family perplexed by what has happened to their 'innocent' child. Julius has regularly and steadily made time for Adolescent Medicine clinics, though it would have been far easier and indeed lucrative to remain in his community practice. He did so because he enjoyed the challenge, the teaching opportunities it provided and most importantly the impact it made, though the patients were often unable to articulate their gratitude.

In particular, Julius has done some truly heavy lifting as part of the regular call rotation for sexual abuse carrying the pager one in four. One can only imagine the horrors he has heard and seen. Similarly it takes a special physician to be there for these children and youth at a time of maximal vulnerability and psychological pain. It has to be done right with sensitivity, tact and compassion so that even more hurt is not inflicted on an already grievously injured body and soul. For Julius, there has been many nights and weekends interrupted unfortunately by such a challenge.

Please join me in acknowledging the contributions of Julius and other community-based providers over the years. They indeed do fill a special role in our Departmental and hospital community.

Have a great weekend everyone!

Michael

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November 21, 2014

**"Sometimes it's not enough to know what things mean, sometimes you have to know  
what things don't mean"**

**Bob Dylan**

Hi Everyone,

In his usual cryptic way, Dylan was describing the wide-ranging attributes of the Professor in the above quote. Perhaps no one more embodies the internationally renowned Professor in our presently active Departmental Faculty than **Ernest (Ernie) Seidman**.

A subspecialist in GI with a laser like focus on inflammatory bowel diseases (IBD), most of Ernie's investigatory activities and clinical activity are up at the Montreal General Hospital. His academic home is in the Department of Pediatrics where-in he holds a CRC Tier I Chair in Immune Mediated Gastrointestinal Disorders now in its second 7 year term. Ernie's CV weighs in at over 100 pages (too big to be sent by email) giving evidence for prodigious academic productivity that includes over 230 peer reviewed papers, 80 invited papers and book chapters, and a close to 500 (!) invited talks and lectures (it would not surprise me that Ernie is a lifetime member of Aeroplan's Super-Elite Club). Ernie is presently holding multiple PI grants from a variety of funding sources. He also now holds the Bruce Kaufman Endowed Chair in IBD at McGill.

Ernie's international renown in his field is well recognized with ongoing memberships on CIHR Grant panels, Editorial Boards and international professional organizations pertaining to gastroenterology. This all takes place in the context of a very active clinical practice and active ongoing collaboration efforts with the pharmaceutical industry. Ernie has been a true innovator, pioneering the use of capsule endoscopy and the fecal calprotectin assay to monitor in a non-invasive way bowel inflammation that enables both a marker of disease progression and therapeutic response. IBD is a chronic, frequently debilitating disorder and its a tribute to Ernie's character that he has chosen, in his usual high energy relentless fashion, to minimize its burden to those unfortunately afflicted.

I remember getting a chuckle reading Ernie's Annual Academic Activities report for 2013. He notes for 2013 11 papers, 2 chapters, 14 abstracts and 4 grants and states as his goal: "to increase productivity". All this at an age when most people think of slowing down or even retiring. Ernie's energy and drive can be an inspiration to us all.

Have a great weekend everyone!

Michael,

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November 28, 2014

**“The value of experience is not in seeing much, but in seeing wisely.”**

**Sir William Osler**

Hi Everyone,

I have re-called Sir William from 'retirement' for this one week as our Departmental Acknowledgement quotemaster for reasons that will become apparent shortly.

The week's honorees was prompted by the courtesy of receiving copies of letters sent by Barry Slapcoff, a community based family practitioner who heads up the Faculty's Physician Apprenticeship program, to members of our Department who served graciously as **Osler Fellows** for the recently graduated MDCM Class of 2014. These include; **Shuvo Ghosh, Richard Haber, Laurie Plotnick, Rosie Scuccimarri, Ed Shahin and and Karen Watanabe-Duffy.**

The Physician Apprenticeship program lasts four years and begins in the student's first week when they are collected into randomly chosen groups of six and assigned an Osler Fellow. Over the next four years the group meets periodically with the key aim to instill in the students the simple, yet substantial and profession altering notion, that a physician's behaviour and attitude are as of equal and paramount importance as one's skill set and knowledge base. The Osler Fellow, a McGill Faculty member, serves as physician leader acting as role model, mentor, confidant, emerging colleague and for many a friend. Medical school is a remarkable period of transition and self-discovery and it is hard to under-estimate the potential power and influence of the Osler Fellow upon the group's student members.

Involvement as an Osler Fellow is a tremendous commitment of time, energy and 'heart' over four years. It is not a commitment to be taken, nor regarded by others, lightly. Not surprisingly members of our staff have been enthusiastic participants over the 10 years of the program with close to 60 individuals being involved including the ones highlighted here. I find it interesting how the 2014 Pediatrics cohort represents a nice cross-section of our community. I would be remiss in not pointing out that Jose Montes, our wonderful colleague in Neurosurgery, also was an Osler Fellow for the Class of 2014. I would also be remiss in not giving a parental grateful 'shout out' to Jean Tchervenkov, an MUHC surgeon, who was my daughter Allison's (also a member of the Class of 2014) Osler Fellow.

I think the two quotes below capture poignantly the Physician Apprenticeship experience from both perspectives.

*“Central to almost every aspect of becoming a physician is the notion and experience of apprenticeship and physicianship. Moreover, exposure to brilliant, empathetic and wise physicians remains one of the most positive influences of our four year journey. Physician apprenticeship has been an exceptionally formative experience for which I am sincerely grateful.” I commend all those who champion this program and ensure its brilliance.*

Medical Student

*In the last 4 years I have had the privilege of seeing 6 exceptional people become remarkable, caring physicians who understand their roles as healers. I have danced at their wedding, clapped long and loudly for spine tingling musical performances, supervised first research projects, got finger cramps writing letters of recommendation*

*(and keeping fingers crossed) for residency spots, and toasted their successes. This relationship with our Osler students could not have been forged in a lecture hall or through a podcast, that is the unique opportunity that the Osler Fellowship program provides, one that I will look forward to taking again.*

Osler Fellow

Finally on behalf of the entire Faculty we should collectively give thanks to Barry Slapcoff for taking a long-term Faculty leadership role in this most worthwhile effort.

Have a great weekend everyone!

Michael,

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December 5, 2014

**"Nobody goes there anymore. It's too crowded"**

**Yogi Berra**

Being in hospital is never good. Being in hospital when you are a child is even worse. Being in hospital when you are a child at a time of festive holidays must be the worst.

That is why this week's Departmental Acknowledgement goes to **Ginette Manseau**. Probably unknown to most members of the Department and hospital community, Ginette, year in and year out, plays a key role in those seasonal decorations at the entrance and in common spaces that seem to magically pop-up by themselves at around Valentine's Day, Easter, Halloween and Christmas. Of course they do not just pop up, but Ginette and a team from housekeeping and other staff members ensure that they do and these seasonal decorations make their regular appearance that most of us take for granted. But the kids we care for do not take them for granted. They get excited and they smile, and for a few fleeting moments, forget that they are sick and in need of healthcare. Indeed, on my way in today I saw a couple of pre-schoolers giggling and eagerly pointing out to their parents the ten-foot inflatable Santa on the roof of our front entrance canopy. That one was Hasidic and the other Muslim made me giggle. We must be one of the few places in this incredibly fractured world where folks of different faiths simply mingle and perhaps for a few minutes forget their differences.

Ginette is the Administrative Assistant for the Associate Executive Director of the MCH. A long-time inhabitant of the F-wing, she has weathered a revolving door of AEDs until Harvey and Martine provided some continuity. She does absolutely yeoman work and is tireless in her dedication to this institution. She is an exemplar of efficiency and multi-tasking that makes the rest of us look like slackers. Together with several other AA's in key support positions, she provides the marrow for this institution as well as its long-term institutional memory. She also does her work with an ever present grace and discretion. That she takes the time to make sure the decorations are put up despite her significant workload and the lack of this detail in her 'job description' is to me the best mark of her character.

Please join me in thanking Ginette for making this place a little more kid-friendly. Think of her when you next see that jolly big Santa in front of our hospital moving this way and that in a cold Montreal wind.

Michael

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December 12, 2014

**"A man is a success if he gets up in the morning and gets to bed at night, and in between  
he does what he wants to do"**

**Bob Dylan**

Hi Everyone,

Undergoing a program review by the Royal College is like undergoing root canal. Undergoing it after your program has been placed on provisional status with the possibility of accreditation being revoked is like undergoing root canal without anaesthesia.

That's why this week's Departmental Acknowledgement goes to the Perinatal Medicine Fellowship Co-Directors, **Louis Beaumier and Lajos Kovacs**.

Shortly after my assuming the Chairmanship, our post-graduate educational programs underwent across-the-board accreditation review. It's hard to underestimate the importance of these reviews. Education is one of our core 'businesses' together with high quality clinical care targeting complex cases in pediatrics and innovative research (basic, clinical, translational and inter-disciplinary). It's also hard to underestimate the thoroughness of the Royal College in conducting their reviews. No dirt can be hidden. Faults inevitably find a spotlight shining on them.

Unfortunately, difficulties in the Perinatal Medicine Fellowship became apparent prompting the Royal College to grant only provisional accreditation subject to a tight timeline for re-review at which point accreditation could be removed. A long list of items to be addressed and remediated was presented. In such a situation, it's hard not to throw in the towel and admit defeat. Much to the credit of Louis and Lajos, they accepted the challenge I offered to them of achieving full accreditation. They did not shy away from the hard task ahead and diligently applied themselves to meeting the common objective.

An initial analysis revealed that the problem lay not in competence but in culture. Disparate cultures in neonatology had evolved, largely driven by distance between training sites, in which not everyone in the rowboat was rowing in the same direction. Overcoming such cultural divides requires commitment and hard work on the part of all. What impressed me most was how the McGill neonatal group underwent the not easy task of self-reflection, team building and redefinition emerging much stronger with a sense of purpose. This is a credit to many including: the MUHC Neonatology Director Therese Perreault, the JGH-SMH Neonatology Director Apo Papageorgiou, the RVH site Director Daniel Faucher and all the neonatologists at all the sites who weathered the course.

Assisting the recovery was Saleem Razack, the Associate Chair for Education, and a most insightful external review that we engaged in carried out by my fellow Chair (Queens) Bob Connolly. However, the hard steady work was done by the Louis and Lajos team. Planning, strategizing and then operationalizing positive changes were carried out by this duo and will serve as a case study for educational programme recovery.

Yesterday, the Perinatal Medicine Fellowship program underwent Royal College review. The verdict was full accreditation.

Please join me in congratulating Louis and Lajos for this most gratifying personal accomplishment on behalf of the collective. It's one, given how vital a NICU is to a Department of Pediatrics, that we can all be most grateful for.

Have a great weekend!

Michael

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December 19, 2014

**"It gets late early out there"**  
**Yogi Berra**

Hi Everyone,

This is a special Departmental Acknowledgement. The last one for 2014, coming just before the holidays. It's fitting that it goes to **Jose Montes** of Neurosurgery who is someone I have seen doing a mighty fine Santa Claus impersonation on multiple occasions over the years.

Jose started at the MCH in 1976 and has remained here ever since. Sadly, he will be leaving the MCH in the first part of next year to return to his native Mexico where his beloved wife and child awaits him after a needless bureaucratic separation. He can now have some semblance of the 'normal' family life that many of us take for granted. In Mexico, he will continue his professional life as a neurosurgeon and the children and families of Mexico will be blessed for this.

As a neurologist, I am privileged to work closely with neurosurgeons. I often say that I am too in awe of the brain to consider operating on it (actually it's because I am not at all a morning person and my brother Larry [a retired businessman] carves a roast beef better than me). However neurosurgeons bravely overcome this awe to enter the space created by the skull and spinal column to do amazing things that were the stuff of science fiction but a few years ago. They say "you are never the same once the air has hit your brain", yet neurosurgeons are masters of minimizing new disruptions and deficits in an organ whose complexity will never be completely captured by human understanding.

Jose is everything you would want in a neurosurgeon. He is a superb operative technician: patient, meticulous, diligent and never looking for a shortcut. He seeks input and counsel from other members of the team including neurologists, neurophysiologists, imagers, nurses and rehab specialists, treating everyone with respect and kindness. He always manages to synthesize the often disparate information into a seamless whole that conclusively points to path forward that makes sense. Like all great surgeons, he knows when to operate, but more importantly he knows when not to. His career has coincided with a remarkable trajectory of technological improvements (ie pneumoencephalograms to a 3T intra-operative MRI scan) with which he has kept up with, continually refining his operative modus operandi. Quite simply, Jose has never stopped learning.

In addition, he has been a remarkable teacher and mentor. Numerous pediatric neurosurgeons and adult neurosurgeons have learned their craft under his tutelage including the three (Jeff Atkinson, Roy Dudley and Jean-Pierre Farmer) who will continue his legacy at the MCH-MUHC. Jose has even found the time to be an Osler Fellow to medical students in the class of 2014.

However, where Jose has always shined the brightest is his rapport with children and families. His patience, warmth, compassion and tenderness for those that have come under his care have always been on display. He is a model for physicianship and professionalism in the most trying and stressful of moments. He is an example for us all. While not a Spanish, English or French word, there is one that I am sure Jose knows by now and so aptly captures what I think of him. Quite simply, he is a mensch.

Please join me in wishing Jose all the best as he transitions into the next phase of his professional and personal life. Take the time to say goodbye to him. He is someone we will miss. I know I will.

As mentioned at the beginning, this is the final Departmental Acknowledgement for the year. We will resume on January 16th.

Happy Holidays to all! May the New Year be one of joy, peace, health and tranquility for you and all those you care about.

Michael

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January 16, 2015

**"Don't criticize what you can't understand"**

**Bob Dylan**

Hi Everyone,

The first Departmental Acknowledgement for 2015 goes to **Laurel Kimoff** and is suggested by her Division Director, Geoff Dougherty.

This recognition is prompted by Laurel's longstanding and unswerving dedication to a subset of pediatrics that most of us would like to see go away, yet demands our utmost attention and sensitivity. This is the field of child and youth maltreatment (a.k.a child abuse and neglect). For over two decades, building on her early contributions here in both the Emergency Room and the Intensive Care Unit, Laurel has steadfastly carried the pager to respond to clinical suspicions that a child's bruises or injuries or pain may not be accidental, but the result of an adult's deliberate actions. One can only imagine the horrors that Laurel has witnessed over the years and the minefield of twisted familial and social interactions she has had to negotiate to provide care for these willfully hurt children.

Comprehensive management of these cases requires not only medical expertise, but ongoing tactful interactions with the police, social agencies and the justice system. Advocacy for the child is also a component of Laurel's efforts. A calm objective presence at the center of numerous storms is necessary. Very few of us would be capable of doing what Laurel has done and continues to do so ably.

Laurel is a McGill graduate who did her residency in pediatrics here. She has sub-specialty certification in both Pediatric Emergency Medicine and Child Abuse Pediatrics. For the latter (from the American Board of Pediatrics) she is but one of a handful of Canadian physicians so certified. Laurel is an Associate Professor in the Department of Pediatrics. Her expertise in her chosen field is recognized well beyond Montreal. She has served as a leader of the Canadian Pediatric Society's Child and Youth Maltreatment Section and is currently Chair of the Society's Acute Care Committee. She is a Medical Advisor for the Canadian Shaken Baby Foundation and has lectured extensively on the topic of child abuse to medical trainees, national audiences and non-physician groups including social workers. She has also been instrumental in establishing an annual Canadian Symposium on Advanced Practices in Child Maltreatment Pediatrics. This annual educational event was held in Montreal in mid-November and from what I am told, it was an excellent forum bringing together varied multi-disciplinary perspectives.

Please join me in acknowledging Laurel's hard work and dedication. Most importantly let's thank her for doing what is needed among our most vulnerable pediatric patients.

Have a great weekend everyone,

Michael

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January 23, 2015

**"If you don't know where you are going, you might wind up someplace else"**

**Yogi Berra**

Hi Everyone,

Those who truly know me, know that I have a soft-spot for occupational therapists. And those who do know me, instantly know why.

This week's Departmental Acknowledgement goes to **Anne-Marie Goyette** of our Division of General Pediatrics. For doing what comes naturally for her.

Anne-Marie started her career as a health professional as an occupational therapist. A graduate of McGill's School of Physical and Occupational Therapy (aka SPOT), she worked as a pediatric OT here at the MCH. She decided to switch tracks and moved over to a medical degree at UdeM followed by a residency in pediatrics at the Children's Hospital of Eastern Ontario in Ottawa where she was Chief Resident. Medicine's (and pediatrics') gain was unfortunately occupational therapy's loss.

Not surprisingly for someone who was a pediatric OT at one point, she was most attracted to Developmental Pediatrics as a sub-specialty interest. After all, OTs concern themselves with function, activity and participation and focus on medically what physicians' label as impairment and disability. Occupational therapy's goal in a nutshell is trying to make the best of what you got.

Lucky for us, Anne-Marie returned to Montreal and the MCH to do her fellowship in Developmental Pediatrics with the dynamic duo of Emmett Francoeur and Shuvo Ghosh. She achieved sub-specialty certification from the Royal College in 2012. She also undertook a rather unique additional training that involved exposure to a variety of Fetal Alcohol Spectrum Disorders (FASD) clinics in the rest of Canada. This disorder, the result of the as yet unquantified maternal consumption of alcohol during a critical timeframe in fetal development, results not in a single disorder but a heterogeneous spectrum of neurological and developmental challenges that includes global developmental delay, intellectual disability, behavioural challenges and autistic features. Diagnosis can be difficult and management certainly is complicated by the socio-cultural matrix against which the disorder occurs.

Anne-Marie formally joined our staff in 2013 in the Developmental Pediatrics Group. She is active in all of the activities of the group and in particular the assessment of children with possible FASD. With her OT background, she brings a rather unique set of expertise and skills to the medical role. She also does shifts in the ER. Those who know Anne-Marie and encounter her in practice readily pick-up on her easy-going affable manner and quick smile. This quickly puts children and parents at ease in what are stressful situations. She is both patient and thorough. She is a natural.

Have a great weekend everyone!

Michael

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January 30, 2015

**"All I can be is me-whomever that is"**  
**Bob Dylan**

Hi Everyone

This week's Departmental Acknowledgement goes to **Earl Rubin**, a fellow Wagar High grad from the disco era (if you remember it, you unfortunately lived it).

I always think of Earl as "(FRCP) cubed" as he has undergone and survived the rigors of three different Royal College Specialty programs and exams; Pediatrics, Infectious Diseases and Medical Microbiology. Earl is a member of the Department's Division of Infectious Diseases and does triple duty not only in ID but also in the microbiology labs and as a pediatric ward attending. As a fellow consultant for the past quarter-century, one thing that has always impressed me about Earl is his command of the relevant recent medical literature. He has a remarkable ability to cite with accuracy and authority the most recent studies pertaining to a clinical situation always keeping on top of what has been a rapidly changing spectrum of diagnostic tests and available therapeutic agents.

Earl has made a particular impact in medical education. Early in his career with us he received the Paige and Bernard Kaplan Award from the resident staff. For 15 years, he worked diligently and with great effect managing the numerous Family Medicine residents that rotate through the MCH to gain the pediatric exposure necessary to take care of infants, children and youth. This is no easy matter when they have but two months of such pediatric experience. He has served on both the Infectious Disease and Medical Microbiology specialty committees of the Royal College and indeed did a turn as Chair of the Medical Microbiology Examination Board. This is impressive for any child health practitioner when a specialty covers both the pediatric and adult world.

Earl has also devoted himself to the "life" of this institution putting in a lot of hours into various hospital committees including the Council of Physicians, Dentists and Pharmacists at the MCH (both as a member and Chair) and on the equivalent Central Executive Committee that is MUHC wide. This has been accompanied by a stint on the MCH Board (the Council for Services to Children and Adolescents) and a current seat on the Board of the MUHC as a physician representative. These are not trivial commitments and indeed on each, Earl has served as a passionate and consistent voice for the primacy of the quality of medical care as being the prime driver for decision-making. Sometimes Earl has been one of few such clear voices.

A final area of Earl's contribution is his frequent organization of hospital social events. For many years, he has teamed with Preetha to put on a fun Spring Fling Party that involves dressing up, dinner and dancing (or what passes for it when performed by middle-aged male physicians) at which the contributions of residents can be lauded and feted and as community we can 'let our hair down' (not much for Earl or I) and simply have some well-deserved fun.

It's folks like Earl that knit together a community like ours. Sometimes we need to stop and pay notice.

Have a great weekend everyone,

Michael

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February 6, 2015

**"Pair up in threes"**  
**Yogi Berra**

Hi Everyone,

This week's Departmental Acknowledgement is tinged with sadness and personal regret as it will be given to **Dr. Mel Wise** who passed away on Wednesday.

I knew that Mel had gotten ill a couple of weeks ago and was planning to give the Acknowledgement to him today before I learned of his death. Hence my profound regret as he really should have read what his professional community and peers thought of him.

It seems like Mel has been a part of the fabric that is our hospital community forever, and indeed he started here just a few years after the MCH moved to its Tupper Street site, one we will be leaving in but a few short months. He is one of our clinical legends. Mel had the face, gentle mannerisms and an easy way with kids that you expect from someone in pediatrics. He was kind and patient with all whose paths he came across. He was an astute and knowledgeable physician. He had an air of personal modesty and instinctively knew what was the right thing to do. He had a most memorable laugh that resembled a low throated chuckle that seemed to go on forever. Indeed he had a great sense of humor and seemed to always be seeking the good and amusing that is in life. It is fitting that there is a Yogi Berra quote at the head of this Acknowledgement. He mentioned a few to me over the years.

He will be missed by us all.

I have repasted below the tribute written by Larry Lands that I distributed electronically yesterday. It provides a wonderful precis of a life well lived.

*Dr. Melvin Wise epitomized what we have all strived for in our professional careers. He was thoughtful, measured, and generous with his time and knowledge.*

*Mel was born and raised in Southwestern Ontario, in the area now known as Brantford. He started at the Montreal Children's in the mid-1960's, having trained in the first Cystic Fibrosis clinic in Cleveland. Such a clinic was truly revolutionary for its time. CF care was in its infancy-encapsulated pancreatic enzymes weren't even available, and the concept of multi-disciplinary care was really novel.*

*Mel came to Montreal and began to work with Pierre Beaudry and Helen Brickman. Mel and Pierre assumed the care of CF patients and, with Helen, began offering Tuberculosis screening and care of children as an extension of the adult Tuberculosis program. Today, our CF clinic continues to be a major clinical and academic leader while our tuberculosis screening program served as a national model.*

*Many trainees supervised by Mel went on to have outstanding careers in health care. Lou Landau and Lynn Taussig both have had renowned research careers and have launched the careers of dozens of pediatric respirologists. Lou in Australia went on to become Chair of Pediatrics and Dean of Medicine at the University of Western Australia. Lynn expanded and developed the well-known Tuscon asthma cohort, and became CEO of National Jewish Medical and Research Center in Denver. Together, the two were the editors-in-chief of a leading text in pediatric respiratory medicine. Mel and Pierre recruited*

*Michel Bureau, who went on to become Division Director, Dean of Sherbrooke, Director of the FRSQ (now FRQS), and a deputy minister of health. Allan Coates was another recruit of Pierre and Mel's, who served as Division Director at MCH and Sickkids, and produced many key papers and guidelines concerning the measurement of pulmonary function in children.*

*Mel served as a Vice-Dean for the McGill Faculty of Medicine. Mel's most compelling administrative contribution was the establishment of the Respiratory Division Practice Plan over 30 years ago. This plan has enabled the Division to grow and support academic activity, and enjoy an unmatched collegiality.*

*Earlier on in his career, Mel conducted clinical research, but realized his true passion was clinical care. While not pursuing an active research career, Mel's insightful comments at research rounds typically crystallized the issues and enhanced both the presenter's and audience's appreciation of the strengths and weaknesses of the data.*

*Mel was incredibly well read over a breadth of topics much beyond pediatric respiratory medicine; he truly served as the Division's library. But most importantly, he shared this knowledge with others in a quiet egalitarian manner. He took this thoughtful demeanor into the clinic, and provided exemplary care and compassion for his patients, often caring for the children of his former patients. He always provided a calm and reasoned voice that supported the Division through the challenges that it has faced.*

The condolences of the entire Department go out to Mel's family.

Michael

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February 13, 2015

**"I gave her my heart, but she wanted my soul"**  
**Bob Dylan**

Hi Everyone

One of the things that makes a pediatric hospital a tertiary facility is its ability to provide comprehensive services in clinical cardiovascular sciences. While it may be the CVT surgeon or the critical care units that gets most of the attention, the reality is that nothing would be possible without pediatric cardiologists. As someone who has done 'the walk' in pediatric cardiology here for a remarkable 29 years, **Marie Beland** receives this week's Departmental Acknowledgement. Timing is appropriate given that Valentine's Day tomorrow is about matters of the heart.

Marie received her undergraduate degree in the 'dismal science' of economics, before pursuing her medical studies at McGill. Like many of our attending staff, she is an MCH 'lifer' doing her pediatric residency and pediatric cardiology fellowship here. She left for a short stint to be a clinical research fellow at the Hospital for Sick Children in Toronto before returning to the MCH and McGill in 1986, where she has remained since. She is currently an Associate Professor at McGill.

Marie served as Director of the Division of Pediatric Cardiology from 1996-2008 inclusive and was known for her steady hand on the administrative rudder. She quietly and effectively took care of the needs of cardiology patients and forged close links with other essential elements in a quality comprehensive care network: CVT surgery, PICU, NICU and general pediatrics. This network over the years has delivered outcome results that place our hospital in the highest rungs of pediatric cardiovascular services. Under her tutelage, emerging onsite capabilities in interventional cardiology, fetal cardiology and advanced diagnostic imaging came into existence. When the Glen site opens in a couple of months, together with the current Division Director Adrian Dancea, she can take well-earned pride in what will be a superlative cardiac diagnostic and interventional platform. Her administrative skills were recognized by an MCH Foundation Award for Administrative Excellence in 2006.

As a clinician, Marie consistently exudes a calm, serene, Zen-like confidence often amidst some of the most challenging medical situations encountered in pediatrics. She is encyclopedic in her cardiovascular knowledge base with an innate skill of weaving together disparate information threads into a narrative and diagnosis that makes sense. She is an exemplar communicator, able to convey in a meaningful understandable way what is happening to parents, learners and fellow specialty colleagues. She has been a cardiology fellow or staff cardiologist here ever since I began and she has always been a personal pleasure to work with.

Not surprisingly, Marie's clinical expertise has been recognized by her international peers. She was selected as a founding member of the Board of Directors for the International Society for Nomenclature for Pediatric and Congenital Heart Disease and is a long-serving Executive Member of the International Working Group for Coding and Mapping of Nomenclatures for Congenital and Pediatric Heart Disease. Her diligence and systematic approach to the challenges of congenital heart disease, in which a normal anatomy is re-routed in a dizzying array of ways, for which we have benefited so long locally, is thus being applied to help children and clinicians worldwide.

For this "acting locally and impacting globally" approach of Marie's, we should all be grateful.

Have a great weekend (and Valentine's Day) everyone!

Michael

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February 20, 2015

**"I'm not going to buy my kids an encyclopedia. Let them walk to school like I did"**  
**Yogi Berra**

Hi Everyone

A fundamental paradigm that underlies all of pediatrics is a developmental framework. The patient is an evolving dynamic organism that is constantly changing throughout the pediatric timeframe, striving ultimately to achieve adulthood and autonomy. This passage to adulthood is marked within health service delivery by the 'transfer' of the care of children around their 18th birthday to adult-care locales and service providers. For children with chronic disorders and longstanding therapeutic relationships with pediatricians and pediatric subspecialists, this 'transfer' is fraught with challenges and anxiety. For her efforts at making the 'transfer' process one that is characterized by a smooth transition, **Lorraine Bell** receives this week's Departmental Acknowledgement.

Lorraine is a McGill lifer (one of many - it can be hard to leave) having received her BSc, MDCM and post-graduate medical training here. She was probably among the last to do a Mixed Internship (that is a word we don't use much anymore in medicine - think [i.e. intern] what it meant in terms of work hours...) and had a general community practice before she came to the MCH for a residency in pediatrics and subspecialty training in nephrology. She came on to the MCH as an attending staff and founded the hospital-based programs in dialysis and end-stage renal disease. These chronic and challenging conditions have remained her clinical focus and, not surprisingly, she also developed expertise recognized at a national and international level in the medical management of renal transplantation. She has also been much involved in medical education, serving as an Osler Fellow, fellowship Program Director and examiner at the Royal College level. She is a member of the McGill Centre for Medical Education and an Associate Professor. As a fellow sub-specialist, I have always admired Lorraine's dedication to her patients, her passion for what she does, and her thorough comprehensive approach to clinical matters.

Somewhere along the line, probably as a result of her own personal experiences with her chronic-diseased patients, Lorraine developed an interest and expertise in the transition to adult care. Indeed, organized efforts at transition are a relatively recent phenomenon and reflects our success across a spectrum of pediatric disorders in achieving survival of many of our sickest patients to adulthood. Pediatric care providers to these children, whether they be in complex care, nephrology, cardiology, respirology, GI, neurology, endocrinology, hematology-oncology, rheumatology, allergy-immunology etc develop close and very tight bonds to those children and their families that are each specialty's 'frequent flyers' in our clinics. We learn to look forward to their visits, learn their quirks (and they learn ours) and special needs, celebrate their successes and life events, and form partnerships that work to maximize health and quality of life. For these disorders, there are no 'magic bullets' or cures, but rather a comprehensive effort to make things as best as they can be. Thus the 18th birthday, one for which for most children represents simply attaining the age of majority, becomes one that is dreaded for the 'goodbyes' that must be said. Indeed at that final visit, tears are often shed on both sides of the therapeutic alliance and I don't think one passes without hugs all around.

Lorraine is our hospital's Director of Pediatric Transition to Adult Care. Over the past 5 years, she has worked hard to develop transition protocols and to find partners in the adult care community to provide a proper landing pad. She has taken very much an evidence-based approach to this issue, adopting and

adapting established proven efforts from elsewhere, as well undertaken research to evaluate components of the transition process. It is clear that successful transition requires an active engagement of all stakeholders that involves a process that extends over years on both side of the divide. The desired outcome is one that ensures stability, preserves health, and respects the emerging autonomy of the patient. Much of Lorraine's work has involved knowledge translation efforts for which she has beaten a steady drum with a resulting emerging awareness and sensitivity with better results on the ground.

We can all take pride in Lorraine's efforts. Even better, we can resolve ourselves to transition our patients rather than merely transfer them.

Have a great weekend everyone!

Michael

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February 27, 2015

**"And I'll stand on the ocean until I start sinking"**

**Bob Dylan**

Hi Everyone,

This week, the first vanguard of the MCH community moved to the Glen Site. These are our basic researchers who will populate the site's 'state of the art' new Centre for Translational Biology (CTB). For leading this move (the preparations for which has extended over several years), this week's Departmental Acknowledgement goes to **Jacquetta Trasler**.

Jacquetta began her involvement in this enterprise as the Scientific Director of the Montreal Children's Hospital in 2007. Over time, with administrative restructuring, her position has morphed into that of being the Director for Pediatric Research and Deputy Executive Director/Deputy Chief Scientific Officer of the Research Institute of the MUHC. In this role, Jacquetta has been the 'voice' of the entire pediatric research community, both clinical and basic, in multiple forums. These have been challenging times at multiple levels and Jacquetta has always been there to put the needs of the Children on the table, front and foremost. Much of her time these past few years has been devoted to the myriad details of the move, which is complicated, to say the least, from aspects of space assignment, adjacencies, access to core facilities, and the health and safety of animal research populations. The goal at all times was assuring the vitality of pediatric research and minimizing disruptions to ongoing research efforts. At many times during the process this was a thankless task, but we would be quite remiss in not actually thanking Jacquetta publicly and explicitly for these efforts.

Jacquetta is a McGill MDCM graduate who after a few years of clinical training (Ob/Gyn) switched completely to basic research obtaining a PhD in pharmacology with a MRC funded post-doctoral fellowship at Tufts. Intriguingly, her research focus has, throughout her career, been on the effects of external factors on embryonic development and gametogenesis, in particular that of spermatogenesis (an interesting turn for someone originally in Ob/Gyn). She has embraced new technologies and scientific advances as they emerged to deepen her study of her chosen field. Currently, she focuses on epigenetics as expressed in alterations in established DNA methylation patterns and the developmental origins of adult disease. Evidence of the impact of her work is reflected in a long string of awards and external recognition including the full gamut of FRQ-S salary support awards (including Chercheur Nationaux), the 2000 Prix d'Excellence for significant contributions to child health research, the Young Andrologist Award for the American Society of Andrology, the 2009 Aldo Award for Excellence in Pediatric Research, and the R Howard Webster Foundation Award for research in reproductive medicine. Previously a William Dawson Scholar of McGill University, she is currently at the beginning of her second term as a University James McGill Professor. She holds Professorial status in three Departments of the Faculty of Medicine: Pediatrics, Pharmacology & Therapeutics and Human Genetics.

Jacquetta has over 100 peer-reviewed publications and a long history of continuous peer reviewed external funding support. In a most difficult competitive environment, with substantial administrative responsibilities, in the past year she received renewal of her CIHR operating grant ranking second of 68 proposals reviewed in her competition as well as played a key role in a successful CIHR team grant on Boys' and Men's Health. In addition, she is Chairing the Program Committee for the upcoming 23rd North American Testis Workshop.

Jacquetta, like all successful scientists, has demonstrated a passion for, and a focus on, her scientific efforts. With the move to the Glen now accomplished, she will be stepping down very shortly from her Research Institute administrative responsibilities. A replacement has been selected and will be announced shortly.

Please join me in thanking Jacquetta for her administrative work on behalf of our research community and wishing her all the best in the next phase of her most productive career.

Have a great weekend everyone!

Michael

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March 6, 2015

**"A nickel aint worth a dime anymore"**

**Yogi Berra**

Hi Everyone,

Some weeks, the selection of the Departmental Acknowledgement is the proverbial 'no brainer'. This is the case this week as it goes to **Virginie Clavel and Fiona Muttalib** on the occasion of their completion of their Chief Resident year.

The "Chiefs" are selected by the resident staff in Pediatrics, indicating a high degree of peer recognition for a comprehensive skill set that is put to the test during the year as Chief. Essentially, the Chiefs function as a necessary interface between a variety of interested parties that includes: the Pediatrics Program Directors, the attending staff, and their fellow residents. The Chiefs have the bane of organizing schedules, including call. This requires a balancing and juggling act of epic proportions between essential in-house service needs, training requirements, work-hours rules and individual requests for conference leave, vacations and personal/study time. Needless to say this almost never goes smoothly or as intended as scheduled individuals get sick or personal emergencies crop up leaving the Chiefs to scramble to arrange appropriate coverage. Frequently, to maintain this needed coverage, it often occurs that the Chiefs themselves will put aside their own work-rules and personal plans and insert themselves into the schedule to be sure a shortfall does not occur.

In addition to this task, the Chiefs function as the 'voice' of the house staff in varied settings including the Residency Training Committee and amongst the Division Directors. They are expected to be able to present the house staff viewpoint and communicate to their peers emerging challenges and changes. Their 'in the trenches' perspective make them uniquely qualified to offer practical solutions to operational issues involving in-patient care. They also play a key role in organizing weekly Resident teaching sessions that are an essential element of post-graduate medical education. They also play a key role in promoting house staff wellness and mentoring their peers through the physical and emotional peaks and valleys of residency. For the Chiefs, these experiences provide a first taste of medical leadership and administration and it is not surprising that many Chiefs progress to leadership positions throughout their career.

Virginie is a UdeM graduate who has travelled widely to many low resource settings (ie Peru, Senegal) to pursue varied opportunities in supporting communities in need. She was the first member of our resident staff to spend an extended time with our Global Health partner CHUK in Kigali, Rwanda. She is socially aware having worked with homeless children in sub-Saharan Africa and locally in projects promoting awareness of mental health issues and the need for a healthy diet. Not surprisingly, her career path includes an orientation to work in global child health.

Fiona is a McGill graduate who has also spent time overseas in Nepal. She has also been involved locally with vulnerable populations of children at the Batshaw Centre and La Maison des Enfants and with adults afflicted by one of the most dreadful neurologic conditions, Huntington's Disease. She has a streak of social activism having been involved as a member and President of an Amnesty International Chapter. Indeed, during her residency, she has been active as an advocate for refugee access to health care. For Fiona her future career path features undertaking a fellowship in Pediatric Critical Care Medicine.

Baby boomers (ie 50 plus now) often think that the young people of today are self-absorbed, locked into an endless loop of selfies on Facebook and the minutiae of their lives. Funny, I have never met any such young people amongst our house staff. Certainly, Virginie and Fiona give the 'lie' to the inter-generational stereotype of self-absorption.

Please join me in thanking Virginie and Fiona for their hard work and dedication over the past year and wish them the best on the next steps in their professional journey.

Have a great weekend!

Michael

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March 13, 2015

**“I kinda live where I find myself”**

**Bob Dylan**

This week's Departmental Acknowledgment goes to Dr. Suzanne MacDonald of the Division of Adolescent Medicine. Like many of our cherished colleagues, Suzanne is a “lifer” at McGill but that has not constrained her activities and interests. She is in fact a true Montrealaise, having been born and raised in and around Montreal, while remaining involved in multiple community volunteering experiences, principally with developmentally needy youth. She has also been able to enrich her life by becoming fluent in French and Italian, with much knowledge of German, Serbo-Croatian, Russian and Spanish.

She is known to operate with “tenacious excellence”, energizing any clinical situation in which she finds herself, and challenging her colleagues to try and keep up with her. This commitment to evidence-informed clinical care is of course much appreciated by the many adolescents she has helped over the years, no matter what the issue. She can pretty well handle any question in her clinics, a real generalist in Adolescent Medicine, which leads to calls from many community physicians for everything from dysmenorrhea problems to breast size and identity struggles. Her compassion and nurturing attitude is known by her patients (including her many patients in the emergency department) but also by students at all levels since she is principally devoted to teaching excellence. Her generosity in teaching time is not only known in the hospital but also in community clinics, family physician gatherings, and our Medical School. Our PALS course has benefitted greatly from her participation over many years. One measure of her teaching ability is her receipt of the Paige and Bernard Kaplan Teaching Award in 2009. Where does the energy for this hard-working, reliable, professional clinician come from? Could it be her Coca Cola at breakfast or from her Martial Arts workouts (demonstrations of which have been on display at several of our Renewal Days)?

Wherever this special lady derives her motivation and energy, it is highly appreciated by adolescents and students alike, and certainly by her colleagues. Her kindness to all is exemplary and we look forward to many more years of contributions from this pillar of the Adolescent Medicine Division.

Have a great weekend everyone!

Emmett

Emmett Francoeur, MDCM, FRCPC  
Vice Chair, Department of Pediatrics  
McGill University

March 20, 2015

**"You wouldn't have won if we'd beaten you"**

**Yogi Berra**

Hi Everyone,

A little secret of mine is that my favorite Departmental Acknowledgements are those submitted unsolicited by a member of our community in heartfelt recognition of another member of our community.

As Chair, I spend most of my time sitting in C-414 waiting for the action to come in. My administrative, clinical and research responsibilities take me throughout the hospital and University on a most particular, and by necessity idiosyncratic, path that does not enable me to truly witness everything that everyone is doing to contribute to this enterprise. These unsolicited Acknowledgements are thus a way to open up the lines of sight beyond my own sight-lines and recognize 'hidden' excellence and outstanding contributions. Please keep them coming.

Below please find what David Mitchell wrote in, unprompted, about **Christine Sabapathy** who receives this week's Departmental Acknowledgment.

*"It makes me cringe to think about it, but I have crossed that point in my career where I look at my RRSP more often and not infrequently catch myself sounding like an old codger going on about "when I was a resident...". [Editorial Note; Perhaps you are an old codger David, but a younger one than myself]. I am not alone. Many of my vintage say the same thing, the implication being that we are cut from a tougher cloth than those being trained today. I am writing to say we are wrong and I have the proof: Dr. Christine Sabapathy. From a staffing point of view, this has been a brutal year in hematology/oncology. We had two physicians go on maternity leave and another resign from the Division. It cut our full-time clinical staff in half to 3, not many to look after 8-10 clinics per week, a very busy inpatient ward, consults, teaching, clinical research (notably COG), and all the other administrative duties to maintain the division. It is a testament to all those within the Division, and some from without, that we were able to maintain our full complement of activities. It was obvious to everyone why this had to be, the patients and their families, and everyone did what had to be done, but no one sacrificed as much or stepped up to the plate more than Christine.*

*I first encountered Christine when she did a rotation in hem/onc as a visiting resident from the Mayo Clinic in Minnesota. She was one of those trainees that makes one say to oneself, "What do we have to do to keep her?" (There were also more PEM's then). Thankfully, she decided to do her fellowship here and after doing further training at SickKids in Toronto in thrombosis and haemostasis, returned to the MCH on staff in late 2013. The plan was for her to establish herself in the field of pediatric thrombosis research but this plan was derailed at a critical point by the evolving clinical needs outlined above. In addition, because of the departure of Adam Fleming she was asked to assume enormous responsibility as interim training program director at a time when we had 3 fellows and a looming audit from the Royal College. She accepted and the program didn't miss a beat and progressed under her watch. It would have been easy for her to say this was not what she signed on for and her research career was being put in jeopardy, but she didn't. For this, our Division, the MCH, and our patients and families*

*should be very grateful. Thankfully, due to Christine's resourcefulness, she has maintained her connection to the thrombosis community and it is anticipated she will be able to resume her research now that our staffing has improved. I may not be around for that day, but I suspect a few years from now I can see Christine saying to some young trainee "Now, when I started out...."*

Have a great weekend everyone!

Michael

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March 27, 2016

**"Act the way you'd like to be and soon you'll be the way you'd like to act"**

**Bob Dylan**

Hi Everyone,

I am actually going to get flak for this week's Departmental Acknowledgement as the person named does not want to be highlighted. However, in good conscience, I feel it is most deserving and simply needs to be done. This week's Acknowledgement goes to **Sylvie Lafleur** (aka "the new Sylvie") who is my Administrative Assistant in the Chair's office.

Sylvie stepped in last Fall to replace the legendary Sylvie Sahyoun. She did so flawlessly at a time of multiple operational and personnel issues. She has managed to keep up with my "ritalin deficient" workplace modus vivendi and my somewhat notorious constant fast pace and lack of patience. There is a never ending stream of meetings and tasks to be managed often arising near-simultaneously. The demands are not made easier by my continued clinical and research involvement and admittedly heavy travel schedule. Sylvie started at Ground Zero and very quickly learned about process, rhythms and personalities. She is an amazingly quick learner. She has also done so with good humor, grace and a constant pleasantness which is essential as she is the initial 'face' of the Office for those who come in contact with it. She has also learned that it's the personal touch that is so critical to our Departmental culture that enables us to continue to exert ourselves in difficult times.

Sylvie has worked at the MUHC (and its predecessors) since 1985 in such varied domains as psychiatry, child psychiatry and Human Resources. She took a short break from the MUHC to work in hospital environments at the CSSS des Sommets in Ste-Agathe and then at Hôpital Maisonneuve-Rosemont. But she came back to the MUHC as she feels "at home". A dedicated mom of three, she has a handle on work-life balance. Her innate efficiency enables her to pack a lot of work into the time spent here.

Sylvie did not want me to announce her appointment to the Department last Fall. I listened to her then. This Acknowledgment is a way for me to get around this restraint.

Please join me in welcoming Sylvie to our Departmental family.

Have a great weekend everyone!

Michael

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April 3, 2015

**"Love is the most important thing in the world, but baseball is pretty good too"**

**Yogi Berra**

Hi Everyone,

This week's Departmental Acknowledgement is prompted by a remarkable story that I only learned about this week. For reasons of confidentiality, I cannot name the person but rather would allow this individual to stand in for a whole class of individuals without whom we, as an academic centre, would cease to exist. I am referring to those patients who are our teaching sources to our trainees.

The story begins with myself as an early first year pediatric resident (1984-1985) in the NICU. A newborn is admitted one night when I am on call with a 'routine' problem; jaundice (hyperbilirubinemia). Typically there are a host of common things that may cause this, but in my youthful enthusiasm I take a detailed family history that leads me to suspect a very rare inherited disorder (Crigler-Najjar Syndrome Type I). I present the case the next morning at rounds putting forward my 'zebra' diagnosis and am greeted with justifiable skepticism. Diligently I work through the common possibilities, eliminating them one by one, and do the confirmatory tests to confirm the rare possibility. Unfortunately there is no current definitive treatment, and the bilirubin levels climb steadily to near-kernicterus levels (this is a devastating neurologic syndrome that leads to dyskinetic CP [wheelchair bound], deafness and cognitive limitations). Only continuous phototherapy is preventative however. Ultimately the child goes home on continuous triple phototherapy. Arrangements are made for daily bilirubin levels and the infant is put on the liver transplant list as theoretically a donor liver would provide the infant's missing enzyme. This has not been done before in this disorder. A bond develops between myself and the family. They call me daily at home where I tell them the results of the daily bilirubin tests and together, with supervising staff, we adjust the hours and intensity of phototherapy balancing this against the infant's need to develop. As the levels dance dangerously close to the need for even more interventions to prevent kernicterus, a liver becomes available when the child is eight months of age. The liver transplant is done here over night (Frank Guttman is the lead surgeon) and I spend the night in the OR channeling progress reports to the child's family. The transplant is an immediate success and from that night forward, she no longer needed any intervention for hyperbilirubinemia.

Needless to say I learned a lot about medicine and physicianship from that little girl and her family. I even published the case in the Journal of Pediatrics (J Pediatrics, 110:429-431, 1987) after presenting her at Chief of Service rounds.

Time passes. I move on to neurology and would get periodic updates from Frank, the team in Complex Care that would follow her as she was on an intensive immunosuppressive regime, or from random encounters with the parents. She more than survived. She thrived. Growing to adulthood and a degree in social work and marriage.

Fast forward to Fall 2010. My oldest daughter Allison is a first year medical student. Her Osler Fellow (Jean Tchervenkov, an adult transplant surgeon) assigns her a patient with a chronic disorder whom she gets to know through a series of encounters. Over the year, Allison learns a lot about how an individual lives with a disease. It is her first encounter with a patient. It is her initial introduction to the patient and the role of being a physician. It is a seminal experience for her that does much to set her on her person path as a physician.

Fast forward to March 31, 2015. My 57th birthday. It is also the day of Allison's first Chief of Service rounds here as a Pediatrics Resident where she expertly presents the case of a little boy with an autistic spectrum disorder. Over a birthday dinner that evening she asks me about my own Chief of Service rounds as a pediatric resident. I tell her about the infant with a rare case of hyperbilirubinemia who had gone on to get a liver transplant. Allison then reveals to me that this was the patient assigned to her by her Osler Fellow in first year medical school. A remarkable circle was closed. The same patient had given of herself to teach two generations of physicians the most fundamental aspects of this wondrous profession. Two generations of physicians linked by the most fundamental bond of being parent and child. I was blown away by the karma of it all. And of course had my Departmental Acknowledgement for the week and a story to tell my eventual grandchildren.

We are a teaching institution. This is driven by the care we provide to our patients. Without their involvement in teaching, we would be reduced to textbooks and simulation centres which, as good as they can be, will never replace the complexity and uniqueness and challenges of the 'real' patient. Remember to continuously thank them for their participation in our collective teaching efforts.

Chag Shameach to all those celebrating Pesach,  
Happy Easter to those celebrating Easter,  
Happy Long Weekend to everyone else,

Michael

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April 10, 2015

"I think of a hero as someone who understands the degree of responsibility that comes  
with his freedom"

**Bob Dylan**

Hi Everyone,

There are many people at 2300 Tupper who work hard, but one amongst us has especially impressed me in the last few months by her work ethic and dedication to the mission in difficult times. That is why this week's Departmental Acknowledgement goes to **Martine Alfonso**, the AED of the MCH.

Martine is a recent addition to the F-wing arriving in early 2013 to take over from a former Departmental Chair, Harvey Guyda. A health professional herself (physiotherapy), she is a graduate of the School of Physical and Occupational Therapy at McGill. Prior to her arrival here, Martine was dealing with the challenges of the Montreal Neurological Hospital as their AED. The reality is that we are somewhat of an insular place populated by MCH lifers with a unique institutional culture and a well-deserved reputation amongst others for our strident advocacy of child health efforts within the overall scope of the MUHC mission and the Faculty of Medicine. Thus Martine's arrival as an outsider was initially viewed with skepticism and a "prove yourself to me" reception. This was especially challenging given the contemporary context that we all know too well of significant change and transition coupled with that ever-present buzzword of austerity.

Martine has indeed proved herself in spades. She "got it" very quickly and it wasn't long before I heard her at multiple tables saying what lifers like me say repeatedly. However she always does so in a tactful, diplomatic and strategic way (mea culpa - I occasionally do a rabid dog imitation) that puts the points forward in a way that is not off-putting and retains the ability to formulate key alliances and collaborations that achieves desired end results. Martine has the capacity to listen to different points of view, move the discussion forward, arrive at a working consensus and then make a decision that sticks. She has been particularly effective in dealing with our masters, first in the Agence and now more directly in the MSSS. Let's not kid ourselves, these alliances and lines of communication are critical to our long-term success and vibrancy. External relations are a key component of Martine's efforts on our behalf and she does it ably and smoothly in both official language with our partners in the MUHC and with the Board, Foundation and the media.

Martine works incredibly hard. A huge amount of material crosses her desk demanding her attention. The daily operational challenges on the cusp of a once-in-a-century hospital move are enormous. The weekend and early morning/late evening emails I get from her are an objective testimony to her considerable work ethic. She is really thinking about this place and its people all the time. Not only does she have the concerns of the MCH on her plate, she also has to deal with the Pandora box that is IT across the MUHC (don't envy her on that responsibility folks).

Please join me in thanking Martine for her efforts on our behalf. We may not always agree (a necessary but essential tension for progress) but I have no doubts about her heart and her motivation on our behalf.

Have a great weekend everyone!

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA, FCAHS

Chairman, Department of Pediatrics

Professor (with Tenure)

Departments of Pediatrics and Neurology/Neurosurgery

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April 17, 2015

**"We have deep depth"**  
**Yogi Berra**

Hi Everyone,

This is a time of change for our Department. The move has compressed into a short time frame the life cycle event that is retirement and we are experiencing more than the normal expected share this academic year. This week's Departmental Acknowledgement goes to **Patricia Forbes**, one of these retirees who, for many of us, has served as a valued role model earning the sobriquet a "pediatrician's pediatrician".

Originally from Wigan, England (think George Orwell's remarkable "The Road to Wigan Pier", a precis of the human costs of the Depression era), Pat undertook her medical education and initial post-graduate training in the midlands in Manchester before venturing to Montreal for more training. This was at a time when women were the rare exception in the medical profession (I recall her mentioning to me that there were three women in her medical class). She developed a particular interest in renal disorders under the tutelage of Keith Drummond, a former Chair and I believe Canada's first pediatric nephrologist. After training, she eventually settled into a long and fulfilling career as a hospital-based pediatrician with an ongoing and continuous presence over the years on our wards, in the OPD and the ER. Of particular note, she was among the first of our pediatricians to undertake a focus on a particular population of medically complex and challenging patients, creating an inter-disciplinary framework of complimentary expertise to provide holistic best quality care. For Pat, this focus was directed at children with spina bifida. She has been the Medical Director of this clinic since its inception, the hub of the wheel with spokes to nephrology, neurosurgery, urology, orthopedics and neurology. Pat has diligently shepherded these children to adulthood and indeed was doing the walk of 'transition' long before the buzz-word was created.

Pat also undertook many administrative roles over the years that are a necessary part of the fabric of an academic institution. She always did so willingly and with a dedication to quiet excellence that consistently got the job done without fuss. The number of such roles are too numerous to list but to highlight but a few these include: being a member and Chair of our Institutional Review Board that monitors clinical research protocols, the coordinator for family medicine trainees during their rotations in pediatrics, and Chair of the Ward Management Committee. The list really does go on and on.

Now in her eighth decade (sorry Pat), Pat looks terrific and for me has always been the model of the proper Englishwoman. There is something about that accent that makes us male colonials weak. More importantly, in her demeanor and clinical practice, it is evident that Pat embodies the art of medicine and its practice amongst children. She is the model of professionalism that trainees seek to emulate. For many attendings, exposure to Pat as medical students at McGill was a factor in making pediatrics an attractive choice and part of our decision calculus. Pat arrived at the MCH less than 5 years after its move to Tupper Street. She probably is the longest serving physician on this site. Her departure on the cusp of the historic move to the Glen is somewhat poetic and a tangible and personal embodiment of the sense of loss that all of us long timers are normally experiencing.

Along the way of her remarkable professional career, Pat found time to be a mother of four and is currently a devoted grandmother of many. She loves to travel (many of my hallway conversations over

the years with her have been on somewhere exotic she has recently been). She is also a fervid curler. A long-time member of the Royal Montreal Curling Club, Canada's oldest active sporting club (founded in 1807 when mad [neurosyphilis presumably] King George III reigned and curling took place on the ice of the St Lawrence River), Pat takes delight in both the competitive and social elements of the game. She continued her pioneering ways at the Club serving recently as its FIRST woman President (after almost 200 years, perhaps they were ready). Reflecting on Pat's diverse accomplishments, much of what our daughters can take for granted as the way it should be in our world is due to the efforts, which was not easy at times, of women such as Pat.

Please take the time to send Pat a message as she takes the next step in her personal journey. Please join me in wishing her only the very best in health, happiness and experience as she takes leave of her professional efforts.

Have a great weekend everyone!

Michael

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April 24, 2015

"I'll let you be in my dreams if I can be in yours"

**Bob Dylan**

Hi Everyone,

This week's Departmental Acknowledgement goes to the entire **Division of Neonatology** for their taking the lead on the upcoming move to the Glen.

Most of us are transfixed on the May 24th move date for the current MCH site on Tupper (remember that memo?). We tend to overlook that our inborn NICU situated at the RVH will move this Sunday April 26th together with the Obstetrical services at the Women's Pavilion. Thus, our NICU colleagues will be the first to occupy and use the new pediatric digs at the Glen. They will be the pioneers awaiting the arrival of the entire remainder of the Department 4 weeks later.

It is perhaps fitting that our first patients at the Glen will be our very youngest patients. Indeed the bulk of the inborn population cared for consist of premature fragile infants born too early and needing substantial technological support to survive to hopefully thrive eventually. The complexity of these patients and their multiplicity of care needs makes the transition to a new site especially challenging. To assure patient service and the highest service quality, the entire neonatology team across existing sites and involved disciplines have worked hard to assure that things will be ready. Multiple orientation and simulation sessions have taken place. Aspects of the actual physical move have been practiced. Problems and kinks have been identified and rectified. I have received from multiple sources glowing reports of enthusiasm, diligence and hard-work to this end on the part of the entire team. The Division leader, Therese Perreault, and the nursing manager, Andreanne Pharand, assure me that the team is ready. What is nice to see, and indeed tangibly feel, is the excitement of the move as team members talk about the physical and technical enhancements offered by the new Facility. All agree that the patient care experience will be improved. And ultimately, isn't that what this really should be all about rather than the size or location of an office?

We also need to be cognizant that the creation of a single MUHC NICU, the adjacency of obstetrical activity, and the incorporation of a largely premature inborn population on a Children's Hospital site will have substantive impact on our practice. We all need to get ready for an increased involvement across the board in fetal medicine and the challenges of prematurity. This offers enormous clinical, educational and research opportunities that are ours to grasp. As a neurologist, I see this as my sub-specialty's future challenge.

There is a cliché 'curse'; "May you live in exciting times". These are indeed exciting times. As a leader, I would not want it to be any other way (pass the Maalox svp).

I am away next week (PAS) and will not be writing a Departmental Acknowledgement. If you wish to do so please contact Sylvie and it can be arranged. Here is a chance to acknowledge someone who makes a difference. The only obligation is to use a Yogi Berra quote.

Have a great weekend everyone!

Michael

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May 1, 2015

**"If you don't know where you are going, you might wind up someplace else."**

**Yogi Berra**

Hi everyone,

The Children's move this month stirs up a lot of emotions: nostalgia, excitement, and a whole lot of anxiety. We have faced a perfect storm of changes in recent years, many unexpected. This week's departmental acknowledgement goes to **Michael Shevell** for his phenomenal leadership through this exciting and difficult time in the history of the Children's.

Michael loves quotes, perhaps even more than snow globes. One of the first wall hangings in his office on C-4 was a simple frame of three quotes that capture well his vision on leadership. Spoiler alert: none are from Yogi Berra.

*"The growth and development of people is the highest calling of leadership."*

Harvey S. Firestone

*"Leadership is much more an art, a belief, a condition of the heart, than a set of things to do. The visible signs of artful leadership are expressed, ultimately, in its practice."*

Max Depree

*"It is the responsibility of leadership to provide opportunity, and it is the responsibility of individuals to contribute."*

William Pollard

Below, please find what a member of the Executive wrote about Michael.

*"It is hard to imagine a more challenging time for our hospital. In the last few years, we have had to deal in short order with the Plan Clinique, cuts in our PEM's, two rounds of significant budget cuts and a historic move to new facilities. Combined, these issues will fundamentally change the way we deliver care to our patients. Despite this, Mike has always kept his eye on maintaining our tripartite mission; clinical, education and research.*

*He has modernized our governance by developing a new Mission Vision and Values for our Department. He has introduced new Internal Regulations that define our responsibilities and how we are to work together toward our common goals. He has created a system of distributed leadership to share the workload and to tap the extensive resources that lie in our Department. He has spearheaded the development of our OPD facility, spending many weekends and evenings meeting with the relevant parties (medical, administrative, legal, and financial) to bring this to fruition.*

*He balances his role as Physician-in-Chief with his continued clinical neurology practice and active research career. All performed with a good sense of humor and what seems a never-ending supply of Yogi Berra quotes.*

*While the challenges facing us may seem daunting, it is sometimes helpful to look back at what we have accomplished so far. It is a lot. I think we can all be thankful that Mike has been there to bring us this far."*

Please join me in taking a moment to be thankful.

Have a great weekend everyone.

Maryam Oskoui, MD, MSc, FRCPC  
Assistant Professor, Departments of Pediatrics and Neurology & Neurosurgery  
McGill University  
Associate Director, Division of Pediatric Neurology  
Montreal Children's Hospital

May 8, 2015

"If you want to keep your memories, first you have to live them"

**Bob Dylan**

Hi Everyone,

Last week the FRQ-S Awards for 2015-2016 were announced and once again the Department of Pediatrics did great. Myriam Srour, Michael Zappitelli, Marc Beltempo, Wissam Shalish and Nada Jabado were all successful in demonstrating once again our "above our weight" strength in child health research. All will have their own Departmental Acknowledgement in due course and I would like to start by singling out **Myriam Srour** for this week's acknowledgement.

Myriam is a colleague and friend. We share a 'home' here in the Division of Pediatric Neurology. I first came to know Myriam when, as a medical student, she did an elective in pediatric neurology while I was attending on service. Not only did she find her passion in medicine that month figuring what she wanted to pursue upon graduation, she also met an adult neurology trainee (Ron Postuma) rotating on the service who would become her husband. A most impactful month ! (Exceeds Expectations?)

Following graduation from McGill, Myriam pursued her residency in pediatric neurology here at the MCH and McGill. She was most productive as a trainee in her clinical research pursuits (I know as I was her supervisor) and followed this with a fellowship in neurogenetics at Université de Montreal and Hôpital Ste-Justine under the tutelage of world-leaders Jacques Michaud and Guy Rouleau. There, she got bitten by the bug of basic bench research in molecular genetics. She was successful in receiving competitively several sources of external financial support including a CIHR Clinician Scientist Training Award that enabled her to undertake a PhD which she will be receiving shortly. During her training, she scored multiple research successes 'finding' and delineating a variety of genes that have implications in basic neurologic processes. She even 'scored' a first author paper in Science along the way (if only the Habs were more proficient).

Concurrent with this remarkable run of research success, Myriam has for several years (while still doing her research training) been a full member of the Division of Pediatric Neurology carrying her share of the Division's clinical responsibilities (she is an astute natural clinician). She also somehow found the time to become a devoted mother of three. Myriam is the offspring of an oil company executive, so though born in Lebanon, she grew up in multiple locations around the globe (Cairo, Abu Dhabi, London, Calgary) before settling in Montreal for her university studies. She is very much an international woman, at ease with languages, cultures and differences and the ability to pick up and travel quickly. She is also blessed with a charming personality (stress just rolls off her – it's amazing to watch), an easy smile, a vibrant sense of humour and a wide-ranging intelligence. She is also an excellent role model for women in medicine seeking the academic research intensive pathway. She walks the walk of balancing your boat.

Myriam has received her Chercheur-Boursier Clinician Junior 1 Award. She did so even before she commenced the formal portion of her salary and operational start-up funding from our Department and the MUHC-RI. She is now well on her way to a successful career as an independent investigator focusing on delineating the genetic causes of cortical malformations and intellectual disability that is responsible for significant neurologic morbidity. Please join me in congratulating Myriam on this important milestone on her academic journey.

Have a great weekend everyone!

Michael

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May 15, 2015

**"It ain't the heat, it's the humility"**  
**Yogi Berra**

Hi Everyone,

We are now in the midst of our two week pre-move ramp down period. The current site is being disassembled and indeed many of us (myself included) have already landed at the Glen site. It's an understatement to say that much is needed to be done to ready the new site to receive patients and deal with all possible contingencies in a safe manner. Many members of our Department contributed to this effort in all the varied sectors of service delivery. I would like to single out two such individuals from the Division of General Pediatrics for this week's Departmental Acknowledgement: **Mylene Dandavino** and **Nadine Korah**.

Both Mylene and Nadine have put in a herculean effort undertaking the monumental task of readying the B8/9 medical/surgical wards at the Glen. This has required a myriad of meetings and interactions with varied health professionals across the in-patient service spectrum. They have patiently identified potential challenges and deficiencies and addressed each in a systematic and thorough way. They have also undertaken numerous orientation sessions for ward and resident staff. They have even offered to guide potentially 'lost' sub-specialty consultants initially through the set-up. They have never taken their collective eyes off the goal which is a completely safe patient experience. I have no doubt that their hard efforts will pay-off and shudder to think about where we would be if they had not done the work they did. We all can be collectively grateful.

Mylene and Nadine have remarkably similar CVs. Both are thoroughly McGill products for their undergraduate (initial) MSc, MDCM and pediatric residency. Mylene's MSc is in Epidemiology & Biostatistics, while Nadine's is in Anatomy and Cell Biology. Both were Chief Residents at the MCH. Mylene pursued fellowship training in medical education which included a Master's in this topic at Maastricht University in the Netherlands. Nadine's fellowship included a master's from the Institute of Health Policy at the University of Toronto in Quality Improvement and Patient Safety. We managed to recruit these young stars back to McGill. Mylene has assumed a leadership role in the Department's In Patient Ward Management, while Nadine has, together with colleagues Sasha Dubrovsky and Samara Zavalkoff, lead the hospital's patient safety initiative.

In her spare time (?), Mylene is busy as a Mom with three young children, while Nadine, as most of you know, has hit the heights of ballroom dancing and is currently in the final stages of planning a late summer 2015 wedding.

Please join me in thanking Mylene and Nadine for their considerable efforts and accomplishments that are a linchpin to what will be a successful move that really is upon us.

Have a great long weekend!

Michael

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May 22, 2015

**"The times have changed, conditions of practice have altered and are altering rapidly, but when a celebration takes us back to our origin in simpler days, we find that the ideals which inspired them are our today-ideals which are ever old yet always fresh and new."**

**Sir William Osler, 1903**

Hi Everyone,

I am now in the latter half of my fourth year doing these weekly Departmental Acknowledgements. I have given an acknowledgement to individuals, teams, Divisions, trainees, staff, physicians, health professionals of varying stripe, administrators, patients and support personnel. Never have I given it to a place, but on this date, it's fitting that the Acknowledgement go to the **building at 2300 Tupper** aka (at least to me) "The Old Lady".

On Sunday, just two days from now, the Old Lady will stop being what it has been for just under a hundred years - a hospital. A place of comfort, healing, nurturing and help for individuals affected by illness seeking relief from what ails them. The first section built was the F-wing in 1919 as the Montreal Western Hospital which over time became the Western Division of the Montreal General Hospital. The building on Tupper was added in the midst of the Depression in 1931 with the A-wing built as a nurse's residence in 1954. In 1956, the Montreal General Hospital opened up on the mountain overlooking the city where it remains presently incorporating its Western Division, and in December 1956 the Montreal Children's Hospital moved down from Cedar into the then empty building at 2300 Tupper.

When the Children's opened at 2300 Tupper in 1956, pediatrics itself was still a young specialty. Most illnesses requiring hospitalization were infectious and indeed their roster consisted largely of that which has since been vanquished by vaccinations: polio, measles, mumps, rubella, bacterial meningitis, pertussis, diphtheria, tetanus etc. Surgery was rudimentary with no cardiac bypass or intra-operative MRI. Death in childhood unfortunately was a common occurrence (my mother, a native Montrealer born poor lost 3 siblings in childhood). Antibiotics were few. Childhood cancers were a death sentence to those affected. But despite these limitations, the Old Lady, and more importantly the staff that came to work within its walls, stood ready to help, to do what it could for afflicted children and their families. Without discrimination. Not only was it a place of care, it also was a place of steadfast learning and education to all health professions. It was also a place for cutting edge research, with some key advances in child health occurring on this site.

Over time, medicine became more robust. Infectious diseases were largely conquered through vaccinations, antibiotics and antiviral agents, but new pathogens emerged. New technologies were developed to improve diagnosis and intervention. Technical supports were developed to support failing organs enabling recovery and survival. Some cancers were effectively cured. Neonatology worked its magic and premature babies previously left to die in the caseroom were now surviving. Neurology moved from a descriptive to an interventional discipline. However, new patterns of illness and challenges emerged in the perpetual never-ending dance between health & disease.

Through all this, the Old Lady stood firm. She was updated and adapted as best as could be. Most importantly, a vibrant organic community over nearly six decades was forged within its walls that dedicated itself to child health. It's a community we all know well. The place is just the right size so that everyone just about knows everyone else. It was also the kind of place, for the most intangible of

reasons, that people didn't want to leave. Despite its obvious limitations and infirmities of age, it was a place that all grew attached to.

But like everything in this world, time overtook the Old Lady and age took its toll. A limit to adaptability was reached. The simple fact of the matter is that we are now two decades into the 21st Century and we are not now in a 21st century hospital which the children and families we care for deserve. Quite simply. It is time to leave for something much much better for our patients.

We can only imagine the stories the Old Lady could tell. Of miracles. Of losses. Of prayers answered. Of prayers never heard. Of hard work. Of dedication. Of discovery. Of joy. Of sorrow. Of learning. Of love. Of hope. The narratives she could tell if she could speak.

Actually if you think about it, these are OUR stories. Maybe that is why we are all so attached to the place despite its physical failings.

It's now time for us to say goodbye. To finally walk after over two decades of planning through the wide open door before us. To accept new challenges at a new Children's at 1001 Decarie. To write new narratives and chapters in our history. It's finally time to let the Old Lady go. To let her go into the good night.

But let us not forget the values, the memories and most importantly the community we have at 2300 Tupper. These are our most precious commodities that we simply can't box up and transfer. As we journey inevitably forward as we must, let's not leave these precious icons behind at 2300 Tupper.

I look forward to seeing each and every one of you at our new professional home. And I must humbly add that it is an awesome experience to be one of the leaders of this community at this point in its history. I am incredibly proud of what we have accomplished together as a team.

Have a most memorable weekend everyone!

Michael

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May 29, 2015

**"May your heart always be joyful. May your song always be sung"**  
**Bob Dylan**

Hi Everyone,

Last week's Departmental Acknowledgement certainly struck an emotional chord with many as I got a flurry of emails and comments to this effect. On the cusp of an epic move, it truly was a time to look back with nostalgia on the history of our institution. The move is now done and in our past, like 2300 Tupper. The obvious choice for this week's Departmental Acknowledgement goes to those that both planned what will be the physical container for our future for perhaps the next two or three generations and those who made the move the smooth success it was. Thus this week's Departmental Acknowledgement goes to the entire **MCH community**.

It really was an extra-ordinary team effort. From dreaming, conceptualizing, planning and actualizing. All sectors were involved in an inter-digitated manner. I think we realized that none of us are in this alone and the success of whatever "piece of the pie" is ours is highly dependent on the support and cooperation of many others. As a leader, this is the one consistent observation I can make about what transpired. Barriers and silos disappeared as we focused on the collective goal of creating a new healthcare facility for the needs of newborns, infants, toddler, children, youth and their families. There were many many bumps in the long road. Some of our own doing, some totally out of our control. There were, by necessity, doubts and questions about the path we were taking. However once the train had left the proverbial station, we became focused and driven with our eyes on the prize.

It was remarkable to see health professionals across the spectrum - physicians, surgeons, pharmacists, dentists, nurses, rehabilitation specialists, respiratory technicians, etc - function as teams. These groups were ably supported by administrators and clinical support personnel of all stripes. Social work, child life specialists and volunteers ensured that the focus remained on children and their families. The 'back of the house' services, so often taken for granted, such as housekeeping, technical support, food services, and IS all played their roles in a myriad of ways ensuring the continuity of vital services.

Yes, it is not perfect at the Glen. Nothing ever is but what I hear from my patients is how much better it is for them. And ultimately, that will be the only final arbiter that matters.

We are in the midst of a protracted shakedown cruise. Glitches are apparent and will become apparent but in a steadfast way, they will be systematically addressed and minimized. I urge everyone to embrace the virtues of patience, collegiality and tolerance. We are still in the process of building a better place and reaching for excellence is a never-ending process of continual reflection, discovery and improvement.

We can all take a collective sense of pride and accomplishment in what we have achieved: as individuals and more importantly, as part of a vibrant community.

Have a great weekend everyone!

Michael

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June 5, 2015

Hi Everyone

This week, the Department had a most special event honoring one of our greats that bears reprinting the Departmental Acknowledgment from September 28, 2012 (first time I have done this).

On Wednesday night, the **Wendy MacDonald** Chair in Pediatric Medical Education was inaugurated. Funded by the efforts of the Golf Committee and the Montreal Children's Hospital Foundation, the reasons for singling out Wendy are amply evident in what I wrote at the time of her retirement from the Faculty in Fall 2012.

*Some weeks the choice for the Departmental Acknowledgement is an obvious one and such is the case for this week. The reasons for this is that a "living legend" of the Department is officially transitioning to retirement.*

*It is hard to believe but Wendy MacDonald will be retiring from all her activities at the MCH and within the Department after a remarkable career of more than 35 years here. Wendy is synonymous with undergraduate medical education in pediatrics at McGill and for almost 4 decades, she has poured her heart and soul into this effort. Long before medical education was a topic for discussion and serious consideration, Wendy fashioned a curriculum and evaluation standards that provided every medical graduate at McGill a core clerkship experience that gave them the basics in child health, no matter what eventual career path in medicine they chose to pursue.*

*However, it is more than just the basics, as for many of us this experience fashioned by Wendy was a key reason why we chose pediatrics or one of its sub-specialities. For a long time now, McGill grads have disproportionately chosen pediatrics and any analysis would give Wendy the credit for this.*

*Her excellence in teaching is renowned as exemplified by her receipt of no less than 4 Osler Awards from the graduating class. This award is given to the Faculty member recognized by the class as their best teacher in the undergraduate medical curriculum. Her multiple Osler Awards are without peer at McGill. No less than her local recognition are her national awards in this field.*

*Within the Faculty, Wendy has always been appreciated for her lack of pretention and her straight-forward pragmatic approach to all issues. Her advice was constantly being sought out and frequently when there was a difficult task to undertake, the Faculty would turn to Wendy knowing that the job would get done fairly and efficiently with a minimum of fuss.*

*Wendy told me that she knew it was time to retire when both the Chair of Pediatrics and the Dean of the Faculty were former students of hers. Like all truly great leaders, she knew that she would have to turn things over at some point and she identified and groomed her successor Preetha Krishnamoorthy and for this we are grateful.*

*Please join me in wishing Wendy a retirement that is one of health and the pursuit and enjoyment of the things in life that matter to her. If you wish please take the time to email your best wishes personally to her.*

Our search in the past year did not turn up a worthy candidate for this position. Rather than letting the funds generated by the endowment lie fallow, our Departmental Educational Leadership Council has pulled together the proposal below that will go a long way to leveraging on our well-established educational excellence.

**Priority Areas for funding by the Wendy MacDonald Chair in Pediatric Medical Education:**

- Simulation: This program is cross-cutting, interdisciplinary, interprofessional, and much needed from the perspective of patient safety. We have also secured space and equipment and within the Department and hospital there is also significant expertise.
- Community-based undergraduate education: We are moving to greater community based experiences in pediatrics.
  - Prioritized Single Expenses that will Contribute to the Educational Mission - yearly, on a competitive basis. Such expenses might include (but are not limited to) software and hardware upgrades, special events that contribute to learner wellbeing and education, modifications to educational spaces.
  - Scholarly Activities in Medical Education - 1 Grand Rounds/year on a scholarly topic in health professions education and 1 competitive grant/year for a researcher in Medical Education within the Hospital (any Department or profession)
- Development of a Web-based CPD Presence for the MCH

Hats off to Wendy and our generous donors.

Have a great weekend everyone

Michael

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June 12, 2015

**"It was impossible to get a conversation going, everybody was talking too much."**

**Yogi Berra**

Hi Everyone,

An academic Department such as ours is an organic community. To remain vibrant there must be a natural turnover of members in which there is a continuous renewal through the recruitment of younger staff. The recent substantive across-the-board imposition of cuts in our PEM allotment challenges this natural renewal on multiple fronts. To be honest, this is one of the most vexing strategic and operational challenges that I face as a leader. There are two ways of addressing this; through difficult discussions and painful decisions with senior members of our staff made in the best interests of the community as a whole or more positively through the careful recruitment of rising stars. This week's Departmental Acknowledgement highlights the latter approach and goes to Marc Beltempo and Wissam Shalish.

The Acknowledgements to Marc and Wissam are motivated by their successful obtention of FRQ-S competitive awards in the recent granting cycle. Marc's is to support his Master's Degree in Health Policy at Université de Montréal. Marc will be looking at issues related to health service delivery and its impact on neonatal care across Canada. Marc received his medical degree at UdeM and followed this with a residency in paediatrics and a fellowship in neonatology at Université Laval. Marc has a history of substantive administrative medical involvement, holding senior leadership positions in the Fédération médicale étudiante du Québec (FMEQ) and the Fédération des médecins résidents du Québec (FMRQ). He has already presented at national and international meetings on manpower and service delivery issues pertaining to optimizing neonatal care in a shifting policy landscape. Despite the demands of a graduate academic program, Marc will continue to be an attending in our neonatal unit. He is but one member of an emerging Departmental cohort of physicians with policy and advocacy skills that bode well for our future capability to influence health policy in an evidence-based manner.

Like Marc, Wissam is also a neonatologist and a recent beneficiary of a FRQ-S award. Wissam's is for his PhD studies at McGill, under the supervision of fellow neonatologist, Guilherme Sant'Anna, that seeks to pragmatically develop an algorithm to automatically predict when an extremely premature infant can be successfully extubated, thus avoiding both extended ventilatory dependence and the trauma of re-intubation. A graduate of McGill's MDCM program, Wissam completed his paediatric residency at McGill, where he served as Chief Resident, and followed this with a fellowship in neonatal-perinatal medicine at the Hospital for Sick Children in Toronto. He returned to McGill to be an attending in our Division of Neonatology and concurrently began his PhD studies. For the past year he was supported by a Richard and Edith Strauss Clinical Fellowship in Medicine. Wissam already has a track record of conference presentations and publications addressing the key topic of ventilation in critically-ill newborns.

Both Marc and Wissam represent astute recruitments of highly qualified physicians that will contribute to the academic mission in a way that leverages upon their clinical service. They are an example of the quality that we continue to recruit when opportunity presents itself. That we can is a testament to the true vibrancy of our community.

Have a great weekend everyone

Michael

Michael

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June 19, 2015

**"If you try to be anyone but yourself, you will fail; if you are not true to your own heart,  
you will fail. Then again, there's no success like failure"**

**Bob Dylan**

Hi Everyone,

This Departmental Acknowledgement is prompted by an initial event yesterday that took place in the Atrium of our new hospital at the Glen that will hopefully become a 'new' tradition if I may be permitted such an oxymoron. Yesterday, we celebrated for the first time in a formal graduation ceremony the completion of residency and fellowship training for our paediatric residents, general paediatric fellows and paediatric subspecialty fellows. This week's Departmental Acknowledgement goes to the following deserving individuals:

|                                       |                               |
|---------------------------------------|-------------------------------|
| <i>Adolescent Medicine:</i>           | Maya Leitner                  |
| <i>Academic General Pediatrics:</i>   | Catherine Nolin               |
| <i>Allergy /Immunology:</i>           | Bahar Torab                   |
| <i>Cardiology:</i>                    | Claudia Renaud                |
| <i>Complex Care:</i>                  | Sara Long-Gagné               |
| <i>Developmental &amp; Behav Peds</i> | Iskra Peltekova               |
| <i>Emergency Medicine:</i>            | Brett Burstein                |
|                                       | Audrey Dadoun                 |
|                                       | Emmanuelle Fauteux-Lamarre    |
|                                       | Jade Seguin                   |
| <i>Infection Disease :</i>            | Jeannette Comeau              |
| <i>Nephrology:</i>                    | Watfa Al Dhaheri              |
|                                       | Sabrina Jeanty                |
| <i>Neurophysiology:</i>               | Bradley Osterman              |
| <i>Neonatology:</i>                   | Sabrina Furtado               |
|                                       | Marie St-Hilaire              |
| <i>Neonatal Follow-Up:</i>            | Kim-Anh Nguyen                |
| <i>Palliative Care:</i>               | Lisa Anne Rasmussen           |
| <i>Pediatrics:</i>                    | Ahmad Al-Zahrani              |
|                                       | Abdulmajeed AlSubaihin        |
|                                       | Dania Basodan                 |
|                                       | Janie Desrochers              |
|                                       | Bruce D'Souza                 |
|                                       | Samar El Tarazi               |
|                                       | Karine Falardeau              |
|                                       | Kaitlin Penney                |
| <i>Pediatric Critical Care:</i>       | Majed Alabdulhafid            |
|                                       | Conall Francoeur              |
| <i>Respiratory Medicine:</i>          | Ahlam Mazi                    |
| <i>Rheumatology:</i>                  | Jean-Philippe Proulx-Gauthier |

A most sacred portion of the academic triad is teaching. It is the way we renew ourselves, pass the torch to a new generation and extend our reach. It is vital that we train future child health professionals. Together with research and the acuity and complexity of our patients, it's what distinguishes us from a community hospital.

The Department of Pediatrics and the Montreal Children's Hospital has (yes, you have heard me say it many times before) a culture both of a commitment to education AND a culture of educational excellence. I repeat myself on this because these statements are manifestly true and they are both something I am most proud of.

This pride extends to the individuals above. Collectively, the Department has contributed to their education and formation as health professionals. They are imbued with our spirit, our wisdom, our ways. No doubt as individuals they will make these collective values and traits their own, in their own way as they make their own professional path. They are ours and whenever or wherever they will see children, they will be doing so together with those who have taught them.

However, the gift of teaching is not unilateral. Our trainees give back in a myriad of ways. From the frontline work and call they undertake, to the challenging questions they pose that keep us teachers on our toes and honest, they add a richness to our lives. I am sure I speak for many when I say that I can't imagine being a physician in an environment devoid of residents and fellows. In a way, they keep us young - a most precious gift indeed.

Please join me in wishing our graduates the very best in their careers.

This Acknowledgment will be the last before the summer hiatus and I will resume the Friday after Labor Day.

Have a wonderful summer everyone!

Michael

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