

Departmental Acknowledgement

"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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