

Chez nous

MCH EMPLOYEE NEWSLETTER

October 25, 2012

News

Self-mutilation trend on the rise

By Suzanne Shugar



Photo: Daniel Héon

Dr. Martin Gauthier, Psychiatrist-in-Chief at The Montreal Children's Hospital, MUHC says more and more adolescents are turning to self-mutilation to cope with their inner turmoil. The number of teenagers deliberately and repeatedly injuring their bodies by cutting, piercing or biting their flesh is alarmingly high.

When the psychiatrist started his practice 25 years ago, he seldom encountered adolescents who purposely mutilated themselves. When he did, they were often psychotic, intellectually challenged or autistic.

Alarming statistics

Today, almost half the teenage patients he treats at the MCH are self-injurers. "In the adolescent clinical population, it is about one in two. In the general population, one in six is a conservative figure. It goes up to one in three in some studies," says Dr. Gauthier.

Female self-injurers are more likely to seek professional help but studies indicate self-mutilation is practiced by both adolescent boys and girls across all racial and socioeconomic groups. The most common form of self-injury is cutting the skin with a razor blade, knife, scissors or other sharp tool. Less frequently, teenagers also pinch, burn, hit, prick and bite themselves. Typical targets are the arms, legs and abdomen and adolescents often hide their scars behind clothing.

"It is important to differentiate cutting one's breasts and genitals from the other situations. It is more serious as it involves a more direct attack of the sexual body," adds Dr. Gauthier.

Teenagers hurt themselves to feel better

Dr. Gauthier also points out that self-mutilation is rarely a symptom of severe mental illness or a method used to commit suicide. It typically

stems from inner turmoil caused by painful or unresolved issues such as intense adolescent angst and the emotional aftershocks of bullying or sexual, physical, and emotional abuse.

"Most teenagers harm themselves because they are trying to feel better and cannot access other ways to deal with how terrible they feel. Self-mutilation helps to get rid of the tension and to resume normal activities. When repeated, it appears to become more mechanical and quasi addictive," he says.

Cutting has become trendy

Dr. Gauthier warns that an increasing number of teenagers are experimenting with self-mutilation to mimic celebrities and their peers. Self-injury forums on the Internet have become popular.

"Self-mutilation is very contagious. It is obvious on a psychiatric ward

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as it spreads from one patient to others. The same phenomenon exists obviously in schools and in our society through the examples given by stars, actors, musicians, and other teens. It has also been observed in jails and reception centers.”

The compulsive urge to self-mutilate

Some specialists hypothesize the compulsive urge to self-mutilate may be reinforced by the release of opioid-like endorphins, which results in a natural high. Dr. Gauthier also questions the connection between self-mutilation, and adolescent emotional and sexual development.

“Adolescence is characterized by a new rapport with the body as it develops and experiences genital orgasms. Becoming the owner of one’s body and the emotions it generates is a formidable task. When the capacity to tolerate and

process certain intense feelings fails, these teenagers can feel compelled to attack their own bodies instead of turning to a pleasurable sensual activity to soothe themselves. It becomes their way of regaining mastery over situations and a body they feel they have little control over.”

Treatment

Teenagers rarely seek help for self-mutilation and it can be a difficult pattern to break. Dr. Gauthier says a comprehensive assessment is crucial, not necessarily by a child psychiatrist but by a competent mental health professional. That professional will be able to assess when a psychiatrist is needed.

“We rarely address the self-mutilation alone. It is one aspect of the adolescent’s difficulties and the treatment will want to keep a global

view. Specific suggestions to replace self-mutilation by more integrative solutions are more possible once a therapeutic alliance is established and the adolescent wants to stop cutting.”

Dr. Gauthier concludes by saying, “Self-mutilation confronts us to a human reality, most likely associated to consciousness and to our emotional development. Humans can turn their violence towards themselves. It is a complex behaviour involving one’s relationship with oneself and with others. This movement against oneself is paradoxically aiming at an increased mastery of one’s reality.”

Adolescents, parents and professionals can find helpful information on the subject by visiting www.sioutreach.org, a site created by McGill University and Guelph University.

Another Mini-Med success story

For almost a decade, our Mini-Med lectures have been drawing large crowds, and this year is no exception. The English series sold out for the 7th straight year in a row and we continue to see solid numbers for the French series as well. Lectures are being given by distinguished physicians, professors and researchers from the Montreal Children’s Hospital and the McGill Faculty of Medicine. Students considering a career in science and/or medicine make up the bulk of the audience, but curious parents and grandparents sit in on the lectures as well. The evening sessions run throughout October and November for five weeks and our physicians cover everything from self-mutilation among adolescents to brain tumours in children. This year’s Mini-Med lectures end on Tuesday, November 6, in English and Wednesday, November 7, in French.



Making headlines

Dr. Martin Gauthier and **Dr. Lila Amirali** opened the MCH Mini-Med series this month with presentations on self-mutilation and bi-polar disorder respectively. They also helped garner a ton of media attention by speaking to a number of print journalists and appearing on local, provincial and national radio shows. Dr. Gauthier alone

conducted more than a dozen interviews, including being featured in *Le Devoir*, *Canadian Press* and the *Montreal Gazette*. He also sat down with Radio Canada’s Catherine Perrin and nationally syndicated talk show host Charles Adler.

More than a mood swing: do teens really suffer from bipolar disorder?

By Maureen McCarthy

Many teenagers experience periods of sadness that quickly morph into a better mood, but these mood swings are often just the usual ups and downs associated with growing up. Bipolar disorder is something far more serious and now researchers know the disease can manifest itself in children and adolescents as well.

“Bipolar disorder is not just an adult disease,” says Dr. Lila Amirali, psychiatrist at the Montreal Children’s Hospital (MCH) of the McGill University Health Centre and director of the hospital’s Pediatric Psychiatric Care Program. “Now that we understand much more about it, we’re able to diagnose it more accurately in teenagers.”

Some people may think that bipolar disorder is a constant series of manic behaviour and depressive behaviour but according to Dr. Amirali, that’s not the case. “We only need to see one manic episode, even if all other episodes are depressive. In adolescents, the first episode they experience is usually depressive, but if they experience a manic episode that lasts for a week or more then they qualify for a diagnosis of bipolar disorder.”

Recognizing the symptoms

What defines a manic episode? Dr. Amirali says it can appear in many forms but the most common symptoms are the following:

- Feelings of grandiosity
- Decreased need for sleep
- Flight of ideas
- Pressured speech or being very talkative
- Easy distractibility
- Agitation and increased activity



Photo: Daniel Héon

- Poor judgment and impulsively engaging in activities with bad outcomes
- Underestimation of risk

Dr. Amirali also points out that teenagers who are experiencing a manic episode won’t necessarily show signs of being happier. “People tend to think that being manic means being happy but that’s definitely not the case across the board. We very often see excessive irritability and even psychotic symptoms such as delusions or loss of touch with reality.”

Over the course of a lifetime, 2.5 to 3 per cent of the general population will have bipolar disorder, and males and females suffer from it in equal numbers. It is extremely rare in children under the age of 12. The disorder tends to run in families and it is the highest inherited psychiatric disorder. Parents who have bipolar disorder or know that there is a history of bipolar disorder in their

families should be aware of the signs and symptoms and what to watch out for.

Effective treatments give families hope

“Bipolar disorder in teens didn’t even exist as a diagnosis 20 years ago,” says Dr. Amirali, “but now we know so much more about diagnosing and treating the condition, and parents have every reason to be hopeful about the outcomes.” At the bipolar disorder clinic at the Montreal Children’s Hospital, medication, psycho-education and psychotherapy are used to help patients manage their symptoms. Dr. Amirali emphasizes that treatment and optimal follow-up are of utmost importance in helping a teenager live with bipolar disorder. “We teach our patients as well as their families about the importance of lifestyle hygiene—that is, keeping regular routines especially when it comes to sleep, and minimizing stress factors in the child’s life.” School consultation and support also play an important role in helping an adolescent live with bipolar disorder.

Often, teenagers who experience a manic episode are brought to Emergency at the hospital. Once diagnosed, they are referred to a psychiatrist for follow-up. Other patients are referred to the Montreal Children’s Hospital through their doctor or CLSC. Dr. Amirali points out that whether or not the teenager has a dramatic episode that may require hospitalization, they will be referred to psychiatry. “Families should know that there are resources in place to help them if they suspect bipolar disorder, and they should not hesitate to ask for help.”

Strategic planning process going strong

Phase II under way

By Lisa Dutton

Phase II of the MCH's strategic planning process is well under way. Close to 80 diverse members of the hospital community, including parents and MUHC partners, have joined six *En route vers l'excellence* (SERVE) ad hoc committees.

The job of the ad hoc committees is to refine the objectives and suggest various projects and initiatives that will help the hospital achieve its six strategic goals namely: increase access and performance of the tertiary health care delivery; deliver integrated, culturally-sensitive patient-and family-centred care 24/7; ensure a culture of continuous quality improvement and safety; alignment of human resources; capitalize on innovation and technology and research; optimize partnerships.

By the end of November, each ad hoc committee will have forwarded five or six initiatives and/or projects to the SERVE committee which is overseeing the strategic planning process.

Strategic planning process launched in the spring

In April, the Montreal Children's Hospital launched a strategic planning process to determine its goals and priorities for the next five years and how it will achieve these goals and priorities. The ultimate purpose of the strategic planning process is to ensure the hospital is fulfilling its mission within the MUHC and its vision to be a world-renowned academic pediatric hospital where everyone is devoted to putting the needs of children and their families first.

Right after April's half day planning session, the hospital's executive committee established the SERVE Committee whose members are responsible for overseeing the strategic planning process. In the fall, the SERVE created six ad hoc committees.

"The ad hoc committee members are really enthusiastic, even passionate. The debates are lively. There are all kinds of great ideas and suggestions. You can tell everyone really cares about the MCH and its future," says Frédéric De Civita, chair of the SERVE committee. "There is no doubt they will be putting forward some terrific ideas which will result in some positive changes."

Each ad hoc committee consists of 12 members who will meet three or four times between late September and mid-November. They are doing environmental scans to



determine what the MCH does well and where there is room for improvement. They are also brainstorming, coming up with suggested projects and initiatives that will enable the hospital to realize its six strategic goals.

"There are a lot of really good ideas. Members are taking the process seriously. Even though we know initially only a few of the suggested projects and initiatives will be realized we are really hopeful the ideas our committee puts forward will be selected and implemented," says Imma Gidaro, the MCH Patient and Family Centred Care Coordinator and member of the Patient and Family Centred Care ad hoc committee.

"There are a lot of suggestions and this is terrific. I've also noticed a few committees are putting forward similar ideas, so there will be some overlap, which helps confirm that a particular idea is a bigger priority. I have to caution everyone that we won't be able to implement all of these ideas at once. This is where the SERVE committee comes in. Members of the SERVE won't have an easy job," says Mr. De Civita, with a smile. "SERVE will have to triage all of these great ideas and pick out a handful of ideas to present to the MCH Executive Committee for implementation."



Frédéric de Civita meets with members of the Patient and Family-Centred Care committee.

Photo: Daniel Héon

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Ideally by the end of November, each ad hoc committee will report back to the SERVE with a list of global projects and initiatives and establish measurable outcomes for each later in the process. The SERVE will then consolidate the strategy and projects and initiatives to present them to the MCH Executive Committee for final approval.

Implementing the initiatives

By early 2013, the hospital moves into phase four of the process. This is where the MCH strategy for moving forward begins to crystallize. The selected initiatives will then be managed and developed by specific project teams. Hence, many players, from different departments and with different skills, will participate in the implementation of these initiatives. The SERVE committee will continue to coordinate the process to ensure overall alignment and standardization within the hospital.

According to Rose-Marie Sévigny, member of the Human Resources ad hoc committee, “As it moves forward with

its initiatives, the SERVE ad hoc committee is an effective example for ALL teams to witness successful inter & intra disciplinary work that is producing positive results and outcomes through continuous dialogue and enhanced partnerships.”

“By late January or early February, we expect to have a very clear list of priorities and corresponding initiatives and projects. We will start implementing them using a step-by-step approach incorporating feedback from staff, families and physicians along the way, measuring our efforts and achievements to truly make sure we are reaching our goals,” says Sharon Taylor-Ducharme, Clinical Practice Consultant, Transition Support Office. “As we move forward in the strategic planning process, our goals and priorities are coming in to focus. In the next month or so, the SERVE committee will have some concrete ideas to share with the community. Stay tuned.”

The MCH six strategic priorities are:	SERVE Committee Members:	Strategic planning – stay tuned We want to keep you informed
<ul style="list-style-type: none"> Increase access and performance of the tertiary health care delivery 	Frédéric De Civita (Chair) Sharon Taylor-Ducharme (facilitator)	The hospital pledges to keep employees and physicians informed throughout this strategic planning process. This is a challenge given the nature of our 24/7 work environment. We ask you to stay tuned to <i>Chez nous</i> and attend the Town Halls for regular updates. The next town hall is November 22 from noon to 1:00 p. m. in the amphitheatre.
<ul style="list-style-type: none"> Deliver integrated, culturally-sensitive patient-and family-centred care 24/7 	Lucy Caron Allan Ptack	As well, members of the SERVE committee will try to attend various regularly scheduled meetings to update people on the process. You can also read more about the strategic planning process on the intranet. Simply click on the serve logo to access the information.
<ul style="list-style-type: none"> Ensure a culture of continuous quality improvement and safety 	Dr. Harley Eisman Lynn Lebel	If you or your department would like more information about the MCH strategic planning process please contact Frédéric De Civita, Assistant to the AED at ext. 23148.
<ul style="list-style-type: none"> Alignment of human resources 	Dr. Jean-Pierre Farmer	
<ul style="list-style-type: none"> Capitalize on innovation and technology 	Dr. Michael Shevell	
<ul style="list-style-type: none"> Optimize partnerships 	Randy Robins Wendy Longlade	

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MCH Executive Committee Members

Dr. Micheline Ste-Marie, MCH interim Associate Executive Director and Associate Director of Professional Services

Barbara Izzard, Associate Director of MCH Nursing

Randy Robins, Associate Director of MCH Hospital Services

Timeline

April 20, 2012

Half-day strategic planning process held

Six strategic objectives established

SERVE Committee created

April to mid-September

SERVE Committee analyzes the six strategic objectives and sets clear overarching goals for each objective.

Mid-September to mid-November

Six SERVE ad hoc committees begin meeting. Mandated to suggest projects and initiatives that would allow the hospital to realize its strategic objectives.

Mid-November

SERVE Committee reviews the suggested initiatives put forth by the six ad hoc committees and prioritizes the initiatives. Five to seven key initiatives to be presented to the MCH Executive Committee.

January 2013 – on-going

Key initiatives presented to each department that will be charged with implementing them. SERVE to continue overseeing the process to ensure all efforts align.

Three-day crash course in Patient and Family-Centred Care

During the second week of October, various MCH groups met with US expert Juliette Schlucter, Managing Director of Service Excellence for Nemours Pediatric Health Care System. Ms. Schlucter spent a whirlwind three days at the MCH giving talks, holding working sessions and chairing lunch meetings about how the MCH could better entrench the principals of Patient and Family Centred Care (PFCC) into the hospital's culture. Ms. Schlucter met with administrators, physicians, nurses, allied health professionals and parents.

Some 60 people participated in a half-day working session to look at what the MCH does well, and what are some of the barriers and priorities in terms of PFCC. "Participants stated that staff communication and communication with families were the top priorities for the hospital," says MCH PFCC Coordinator Imma Gidaro. "The findings of the working session will be shared with the SERVE ad hoc committee on patient and family centred care (see article on SERVE, page 4)."

The surgical and medical grand rounds were also devoted to how the hospital can be more patient and family centred by being more mindful of the four basic principles of PFCC:

- 1. Respect and dignity.** Health care practitioners listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- 2. Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely,

complete, and accurate information in order to effectively participate in care and decision-making.

- 3. Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- 4. Collaboration.** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; in professional education; and the delivery of care.

Ms. Schlucter also held a working lunch session with the hospital's Family Advisory Forum (FAF). They discussed the various issues for different hospital stakeholders and the importance of being effective collaborators.

Wendy Longlade, vice chair of the FAF, wants to use Ms. Schlucter's advice to strengthen the FAF to become better collaborators within the hospital. "The FAF wants to make change happen in a respectful way, to be essential allies within the hospital, working together with a positive, trusting and committed attitude. Learning that we all had some of the same stresses, as well as common dreams and goals, helps us understand and respect the staff and professionals on all levels of the MCH and MUHC, and the difficulties we must overcome to implement change and reach our goals."

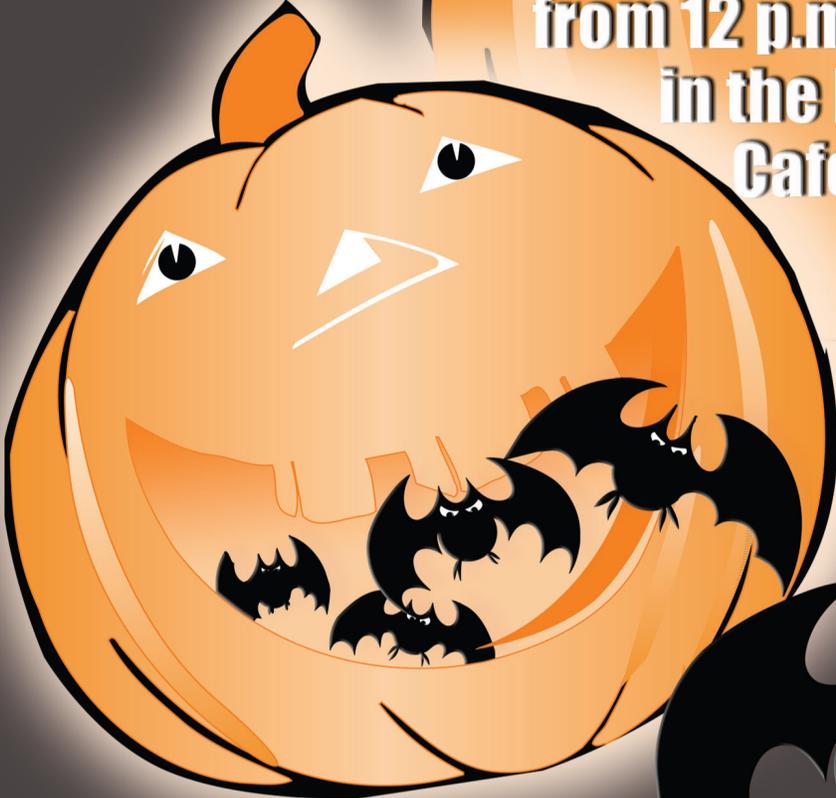
The FAF was instrumental in bringing Ms. Schlucter to Montreal. The MCH users' group sponsored her visit and helped defray many of the expenses associated with her three-day learning session.

Invitation to the MCH Community

Is your
costume ready
to celebrate
Halloween
with us?



Wednesday
October 31, 2012,
from 12 p.m. to 1:30 p.m.
in the Hospital
Cafeteria



Costume
Contest
at 12:45 p.m.



Please join us!

Dancing, music (Pierre Goupil Sonorisation),
refreshments, prizes for the best
costume and lots of fun.

LA FONDATION DE L'HÔPITAL
DE MONTRÉAL POUR ENFANTS



THE MONTREAL CHILDREN'S
HOSPITAL FOUNDATION

Information: Ginette Manseau, poste 24459
Quality of Life at Work Committee



Protect yourself, your family and our patients

Don't let the flu crash your party—get vaccinated!

Fall is here and so is the seasonal influenza vaccination campaign! Influenza is a serious disease that you, as healthcare workers, are more exposed to than the general population.

WHEN? The influenza vaccine is offered to you for free and will protect you all year round from the major strains of influenza that we expect this winter. Circulating influenza strains vary from season to season, so remember to get vaccinated on a yearly basis.

WHY? It is important to get vaccinated to avoid infecting those who are most vulnerable in your surroundings, both at home and at work. Please keep in mind that a large proportion of our patient population at the Montreal Children's Hospital are immunosuppressed and either cannot be vaccinated or do not respond well to vaccines, because of their age, illness or prescribed medications and treatments. It is therefore crucial to protect them from the flu...It is our professional responsibility.



Randy Robins, Associate Director Hospital Services and Program Support, MCH gets her flu shot.

Photo: Daniel Héon

HOW? The Vaccination Campaign will begin October 29, 2012. To schedule your appointment, please call 44- FLU (44-358). For more information, contact your manager.

Get your flu shot, to protect yourself and others.

FAF and Users' Rights Week

By Anita LaMendola, Parent member of the FAF

We all know we have rights in a court of law. We know we have rights as citizens of our democratic society. But little do most users of the Montreal Childrens Hospital realize - we have rights too - as family members and as patients. As small as some of the patients may be - they still have the right to information; the right to see their file; the right to treatment or even the right to refuse it. The rights of users

in all of the province's facilities are highlighted during the annual Users' Rights Week - which ran September 28 to October 4 this year.

For this special week, the FAF was there to inform and guide the parents on their rights as users of our Hospital. Booths at the hospital entrance and on Level 2B were manned by our dedicated volunteers handing out pamphlets on Users' Rights. We

were able to talk to parents while their children had their face painted by our incredible artist - and what a treat! As a parent-member of the FAF, I truly enjoyed connecting with other parent users - understanding the challenges of a visit to the MCH while also being able to smile while their kid had a butterfly or tractor painted on their faces. See? A visit to the doctor can be fun too!

Donate a smile!

Place Alexis Nihon is proud to present the 4th edition of *Souriez don*, a fundraiser for the MCH Foundation. You are invited to capture unique moments with family and friends from November 17 to December 16, 2012. Help our friends at Place Alexis Nihon reach new heights with this event that has already raised over \$130,000 for The Children's.

At your photo session, you will be welcomed by the team of professional photographers from Espace Urbain who will help create a fun and relaxed atmosphere. Whether you want to contribute to The Children's, enjoy the experience of a professional photo session or simply give memorable photos to your loved ones for Christmas, you have a good reason to visit the *Souriez don* studio.

Join **Isabelle Racicot** and **Natasha Gargiulo** (right), Ambassadors for *Souriez don*, as well as hundreds of donors at the studio who want to contribute to the health of our children. Book now at souriezdon.com or at 514-797-3667.

Natasha Gargiulo



Give a little, get a lot

The Montreal Children's Hospital is constantly trying to improve the quality of life of our patients and their families by making their hospital experience as comfortable and positive as possible. And, in order to do so, donations are necessary because they help our **Child Life Department** provide things like decorations for our hospital walls, activities at bedside, special events and birthday celebrations. The Montreal Children's Hospital accepts everything from infant toys (more than 50% of our population is under the age of 2 years old) to medical play equipment. Televisions, portable DVD players, and electronic consoles are also in high demand, because they allow our older patients to continue with their daily activities by providing them with appropriate technology. Our various playrooms are also in need of constant

improvements and updates to meet the changing needs of children, their families and the different interventions Child Life Specialists provide. These programs help prevent social isolation and allow our patients to maintain normal life experiences by keeping them in contact with their peers. In an effort to streamline the donation process, the **Montreal Children's Hospital Foundation** is no longer accepting gifts of toys or books – so please contact our Child Life Department at 22570 if you would like to donate toys and/or services.

Awards and Nominations

Our very own **Dr. Sherif Emil**, Director of Pediatric General Surgery at the Montreal Children's Hospital, was recently awarded the Queen Elizabeth II Diamond Jubilee Medal from the Government of Canada and the Governor General. Dr. Emil was honoured by Jason Kenney, the Federal Minister of Immigration, Citizenship, and Multiculturalism, for his service to patients in Canada and abroad, academic accomplishments in the field of pediatric surgery, and advocacy for the rights of religious minorities in the Muslim world. He received the medal at a banquet sponsored by the Association de la Communauté Copte Orthodoxe du Grand Montréal on Sunday, September 9.

Dr. Constantin Polychronakos was elected a Canadian Academy of Health Sciences Fellow, one of the highest honours for individuals in the Canadian health sciences community.

Events

MCH Foundation Annual General Meeting



Thursday, November 8, 2012, from 5:30 -7:30 p.m.

Everyone has seen the outside, be the first to learn more about the inside! Chairman of the Board, Greg Rokos, and Foundation president, Marie-Josée Gariépy, invite you to discover the latest design details of your new hospital at the Montreal Children's Hospital Foundation's Annual General Meeting.

5100 Boulevard de Maisonneuve Ouest, Salon Glen
Montreal, QC H4A 1Y9 (corner Avenue Grey)

Parking: Free, on site.

RSVP: Régine Hazan, 514 934- 4846 or rsvp@fhme.com

Weight loss support group

Are you struggling with your diet? Do you feel isolated when all your friends and colleagues are going out for lunch or drinks after work and you don't feel you can go for fear of not making the right decision? Do you want to join a support group but worry about the cost?

Worry no more! Come join the MCH Weight Loss Support Group. It's free!

Come and share your successes and challenges with people who understand and identify with you. If you are interested please contact Louise Martin at ext. 22332. The meetings will be held one day per week at lunch. Dates to follow.

The Neuro-oncology Program: Multi-disciplinary expertise for children with tumours of the brain and spinal cord

By Maureen McCarthy

When a child is diagnosed with a brain tumour, the family faces the daunting task of learning about a terrifying diagnosis and then navigating a very complex treatment process. At the Montreal Children's Hospital, that process is made easier thanks to a team of professionals who work closely together to provide children with leading-edge techniques and treatments. Neuro-oncologist Dr. Adam Fleming is a key member of the Pediatric Neuro-oncology Program, a multidisciplinary team that works with children through every step of their treatment.

Dr. Fleming joined the MCH in 2011 after training in pediatric neuro-oncology at the world renowned Dana-Farber/Children's Hospital Cancer Center in Boston, Massachusetts. His arrival signalled an increased focus at the MCH on treating children with brain and spinal tumours. "Brain tumours in children are rare," says Dr. Fleming, "but children who present with them require highly specialized care. From our Pediatric Neurosurgery team to the specialists in Pediatric Oncology and Radiation Oncology, the MCH is a place where families can receive the highly specialized care they need."

Whether a child comes to the MCH via the Emergency room or is referred from an outside physician or hospital, the referral process generally starts with the neurosurgical program. A child is in good hands at the MCH since the hospital's Pediatric Neurosurgery team is one of the most highly skilled in the country. Dr. José Luis Montes heads the department which also includes Dr. Jean-Pierre Farmer (also Chief of Surgery at the MCH), and Dr. Jeffrey Atkinson. Thanks to the hospital's 3T intra-operative MRI, and the development of functional neuro-imaging, the neurosurgery team can provide a very high level of accuracy and detail to patients with complex problems.

Dr. Fleming, who trained as a pediatric hematologist-oncologist before specializing in neuro-oncology, divides his time between seeing patients and conducting clinical research. He works in partnership with Dr. Nada Jabado to help bring discoveries to the bedside. He is very positive about what the MCH Pediatric Neuro-oncology Program can offer patients and their families.



Dr. Adam Fleming

Photo: Claudio Calligaris

"For example, in addition to our renowned expertise in neurosurgery and research, Dr. Carolyn Freeman (Radiation Oncologist at the MUHC) has developed radiation therapy techniques that can maximize benefit and minimize harm," says Dr. Fleming. "Overall, the MCH works to provide the very best comprehensive care for children with brain and spinal tumours."

Dr. Fleming also collaborates with many clinicians and researchers who are conducting early-stage clinical trials in larger North American centres, such as Toronto and Boston. "For patients with rare or relapsed brain tumours, we will help them choose the right clinical trial for them, whether it's here or elsewhere."

The comprehensive, multidisciplinary team includes many other professionals such as a dedicated Clinical Nurse Specialist, a neuro-pathologist, neuro-radiologists, oncology nurses, palliative care experts, psychologists, Child Life specialists, social workers, and music therapists. "Pediatric neuro-oncology is a very dynamic field," says Dr. Fleming. "We are making great strides in our understanding of brain tumour biology, and we're always striving to better meet the complex needs of families facing this difficult situation."

This article originally appeared in the MCH 2012 Resource Guide with a feature on the MCH Hematology-Oncology division. To read this article, visit www.thechildren.com/departments and download the guide.

From orientations to evaluations: MCH employee makes sure everyone is taken care of

By Stephanie Tsirgiotis

Maria Corvino always knew she wanted to work in healthcare and is proud to say she's been with the Montreal Children's Hospital for almost 20 years.

After graduating from Vanier's Secretarial Sciences program and working for Montreal Trust, she decided to put her career on hold to stay at home with her two young sons, Anthony and Roberto. And it was during this period that she developed a strong connection to the hospital after both her infant sons were hospitalized for serious infections. Although the months she and her husband spent at the hospital were tough, she remembers the great care and support she received. She even thought, "I'd like to work here one day." That day came in 1993, when she accepted a temporary position in Anesthesia. She was soon approached by Pediatric General Surgery to work full time in their surgical teaching office. It was a perfect fit and she's been loving her job ever since.

Maria is now the teaching secretary in Pediatric General Surgery, Dr. Kenneth Shaw's clinical secretary, and the Program coordinator for the Pediatric Surgery Training Program. As coordinator, she works closely with the program director, Dr. Pramod Puligandla, and together they make sure everything runs smoothly. Every year, the Program interviews about twenty candidates from the U.S. and Canada for a two-year fellowship position in pediatric surgery. Maria coordinates the interview process and, over a period of several months,



Photo: Daniel Héon

will communicate regularly with the applicants. Chosen fellows have already completed their five-year residency in general surgery and some may already be practicing physicians. But to become a pediatric surgeon it is necessary to complete an extra two years of training in the specialty. In fact, the Division's current director, Dr. Sherif Emil, was a fellow at the Montreal Children's Hospital from 1999 to 2001. "It is such a pleasure to be working with him again after all these years," Maria says.

Besides dealing with the fellowship program, Maria is also the Division's teaching secretary, where she provides help and gives information to all junior residents, students, foreign students, and observers. She also coordinates the Pediatric Surgery International Rotation (a first of its kind in Canada), and plans the

annual Frank M. Guttman Visiting Professorship, a two-day educational activity in which an internationally recognized surgeon is invited to the Montreal Children's Hospital to give lectures and participate in case presentations. Residents and surgeons from other pediatric centres are also invited to attend.

From orientations to evaluations, Maria makes sure the residents and students are looked after. "I really want all the residents to immediately feel like they're part of the team," she says. Not only is Maria dedicated and passionate about her job, but she really enjoys interacting with students, residents, patients and their families. She also takes great pride in knowing she plays a part in providing the best care to patients, and, that in her own way, contributes to the Division's solid reputation in teaching.

Outside of work, Maria loves to travel, enjoys arts and crafts, and is a Montreal Alouettes' season ticket holder. She also recently celebrated her 25th wedding anniversary by taking a cruise in Italy with her husband – the first time she'd been back to Italy since immigrating to Canada in 1966. Maria is also an avid baker and is well known for her 'Traditional Italian Cake' recipe. Apparently, she's even mastered a couple of her grandmother's recipes, including her famous custard. Unfortunately, the day of our interview, she didn't have any samples for me to try!



Our Heroes

Dedicated team gives family hope in their darkest month

By Suzanne Shugar

When Ted Grant and his wife, Marie-Josée, heard “Anne has cancer” their world turned upside down. Their precious daughter was only four years old.

Ted was the first to notice something in the corner of Anne’s left eye. The growth was barely visible, but it became noticeable within a matter of weeks and her eyelid had started to swell. The family pediatrician suggested Anne be evaluated at the Montreal Children’s Hospital ophthalmology clinic so they made an appointment with Dr. Ayesha Khan. After examining Anne, the experienced ophthalmologist discussed eye surgery with the concerned parents.

How do you tell a little girl that she needs an eye operation? It wasn’t easy, but Ted and Marie-Josée found a sensitive and age-appropriate approach. They told Anne that her bothersome ‘boo boo’ had to be removed but she could bring Gigi, her favourite stuffed animal, to the hospital. In some ways, being separated from her baby brother, Paul, felt worse than having the surgery. She missed him terribly. Unfortunately, this was the first of many hospital visits that would take her away from Paul.

Dr. Khan was visibly distraught when she came out of the operating room. Despite her best efforts, it was impossible to remove the entire tumour. This would have caused severe scarring and Anne’s vision would have been compromised.

She sent tissue samples to the pathology lab and Anne’s biopsy results came back a week later, on November 1, 2011. The diagnosis was rhabdomyosarcoma, an aggressive soft tissue cancer.

“November is a dark month to begin with. In our case it was black. At least we made it through two fun things for kids. Paul turned one on October 22 and we also celebrated Halloween,” says Ted.

“Immediately following our meeting with Dr. Kahn an intern grabbed Anne’s file and ran to the pediatric oncology clinic and took the three of us with him. The oncology team took over at rocket speed,” says Marie-Josée.

“They performed several tests that day to determine if the cancer had spread to the brain, the bones and other areas. That included an MRI and many scans. Then Anne had procedures on three consecutive weekends, including a bone biopsy, a spinal tap and a port was inserted for the chemo,” recalls Ted.

Dr. Adam Fleming heads the team that took care of their daughter. The highly accomplished physician is a pediatric hematologist/oncologist and neuro-oncologist. He says rhabdomyosarcoma varies enormously depending on location, where it has spread, and what sub-type it is. “When you say “rhabdomyosarcoma”, we are really talking about many different diseases, some types with better prognosis than others. Certain locations for the

tumour do a lot better than others. In some situations a patient may have a prognosis of more than 90%, and for others the prognosis would be 30% at best.”

The battery of tests brought heartening results. Anne had ‘embryonal rhabdomyosarcoma’, which is the better sub-type. The ‘orbital’ location, next to the eye, also carries a better prognosis.

Her parents were elated but the battle wasn’t over. Aggressive therapy was needed to eradicate the cancer. Anne underwent six months of chemotherapy and five weeks of daily radiation. She lost her hair, felt weak and nauseous, and barely ate at times. Yet she rarely complained.

Watching their daughter suffer was heartbreaking but they had faith in the dedicated specialists. “They were available 24/7, including a resident by the name of Dr. Mohamed Essa who called us every day to discuss Anne’s status,” says Ted.

Anne had her last treatment in April and scans were taken to determine if the therapy had been effective. Dr. Fleming says Anne’s tumour has disappeared. “We do not see any evidence of tumour on her scans at the end of treatment, and I believe her prognosis is excellent. We will continue to follow her in our clinic to make sure she is doing well and not having any long-term side effects.”

The black cloud has lifted and cheer has returned to the Grant household.