

Chez nous

MCH EMPLOYEE NEWSLETTER

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Teachers help patients make the grade

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Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre



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School Services at the Montreal Children's Hospital



Teachers help students make the grade outside the classroom

By Sandra Sciangula



► The School Services department is made up of five teachers, three from the Commission scolaire de Montréal and two from the English Montreal School Board. From l. to r.: Sylvie Dubuc, Peter Tsatoumas, Sahmadia Bouhend, Katy Desrochers, and David Weiss.

Education Services at the Montreal Children's Hospital (MCH) is a small but important department made up of five full-time elementary and high school-level teachers employed by the Commission scolaire de Montréal (CSDM) and the English Montreal School Board (EMSB). Sylvie Dubuc, Sahmadia Bouhend, Katy Desrochers, Peter Tsatoumas, and David Weiss are the teachers who, through education and curriculum, offer our patients a chance to keep some routine in their lives when their days are anything but.

"A kid's constant in life is school, and because of that, we provide them with a certain sense of normalcy," explains David. "When you tell a child who's in hospital that they have to do school work, they very rarely react negatively, and their parents are happy too because it provides a degree of routine and a break from the boredom."

Lessons outside the classroom

Marvin Cesar has been a patient at the MCH for as long as he can remember. "I was hospitalized as a child because of a heart condition," he recalls, "and at the age of seven, I started receiving treatment for a kidney condition." A year and a half ago, at the age of 16, Marvin's kidney condition meant he had to start hemodialysis, receiving treatments three days a week. The active teen suddenly found himself spending more time at the hospital than at school with his peers. "I remember Sylvie came by and asked if I would be interested in working with her, and I said 'yes'."

Sylvie Dubuc came to the Children's 13 years ago, after spending the previous seven years in Education Services at CHU Sainte-Justine. She compares being a teacher in a hospital to being a school nurse. "You have to adapt. The priority here is the child's health and sometimes school comes in second, and that's OK."

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The teachers are part of the support team, says Sylvie. "School contributes to the health of the child because it's real life, they get a grade at the end of the semester and that gives them a goal and purpose to continue working." The teachers are often in communication with the patient's school to see what work needs to be done, which assignments need to be completed, and what exams are coming up so that patients keep up to speed with their peers in their French or English and Math courses. When it came to working with Marvin, Sylvie says, "I wanted him to achieve his potential."

A moment that won't soon be forgotten

On May 3, a few weeks before Marvin's 18th birthday, Sylvie walked into the hemodialysis unit to get to work with him. "He was covered head-to-toe in white blankets and I remarked that he looked like an angel," she says. "When I asked if he was ready to work, he said he hadn't been served lunch yet. We both thought it was strange considering it was already 1:00." The two agreed to postpone the lesson until after Marvin had something to eat.

When Sylvie returned, she learned that Marvin had just received life-changing news from Dr. Martin Bitzan, Pediatric Nephrologist: they had found a match and Marvin was about to receive a kidney transplant. "Soon after I got the news," recalls Marvin, "they sent me to pre-op, and that same night I received my transplant."

"Marvin was excited, stunned and radiant; I won't soon forget the look on his face at that moment. I was so happy for him," Sylvie remembers. "When I went



► Katy Desrochers, Sylvie Dubuc and Sahmadia Bouhend teach French and Math at the MCH.

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Editor:	Sandra Sciangula
Contributors:	Maureen McCarthy Pamela Toman
Graphic design:	Vincenzo Comm Design inc.
Photography:	Owen Egan David Kirouac Melanie Nixon Sandra Sciangula Pamela Toman

To submit story ideas or texts to *Chez nous*, contact the Public Relations and Communications office at ext. 24307 or send an email to info@thechildren.com.

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Did you know you're reading an award-winning magazine?
Chez nous came in second for best internal health care newsletter in Canada! The award was given by the Health Care Public Relations Association of Canada.

On the cover: Marvin Cesar and Sylvie Dubuc

Cover photo: Owen Egan



► Sylvie Dubuc, teacher in the School Services department at the MCH, catches up with former student and patient, Marvin Cesar.

to visit him in the ICU after his surgery, he was sitting up in bed, looking off in the distance out the enormous window. I remember thinking he looked like a prince contemplating his kingdom. He looked serious and at the same time, at peace.”

The value of a teacher's support

Their work together did not come to an end after his surgery. Once Marvin was moved from the ICU onto B.07 North to recover, Sylvie and her colleagues continued their lessons with him. For more than a year, through hemodialysis treatments and recovery from a kidney transplant, Marvin worked with his teachers and developed a discipline that paid off. “I passed my year and I am proud of it,” he says.

Marvin acknowledges the important role School Services played in his success, and he is grateful. “I really want to thank my teachers—they were there to help me.” Marvin is still in school and is doing well. Every now and again he sends Sylvie a text message asking her a homework-related question, and she gladly replies. When asked what his plans are for the future, he says, “I want to become a physiotherapist, it’s something that interests me.” He also entertains the thought of maybe, one day, working at the Children’s.

Teaching in a hospital: playing a role in the patient's rehabilitation

David and Peter, who have been working at the Children’s for three and four years respectively, share what it’s like to teach in a hospital environment. “When you speak to teachers who work in schools, they can appreciate the intricacies of working in a hospital environment and the emotional impact that it can have,” explains David. “You’re working with patients who are not always in a happy situation.”

Both teachers have practiced their profession in the school setting but love this environment. “Some people thrive in the routine of a classroom, I like the fact that anything can happen while I am with a student: residents stop by for rounds, nurses come in to check the patient, clowns pop in...” says Peter. One of the benefits they see to working in such an environment is that they can modify lessons according to each individual. “I like being able to work with kids and give them exactly what they need,” says Peter. “We work with patients one to one and can bring the lesson to their level.”

The work is rewarding, “At the hospital, you’re part of a larger picture,” explains David. “The teachers are part of the multi-disciplinary team and I feel like we play a role in the patient’s rehabilitation process, something you don’t get in the classroom setting.” ■

Managing and preventing psychosis: It takes a team



By Pamela Toman

An intensive Child Psychiatry clinic at the Montreal Children's Hospital helps to decrease hospitalizations, reduce relapses and prevent suicide in patients who experience episodes of psychosis.

About three out of every 100 people will have a psychotic episode in their lifetime. And while psychosis is a serious condition that needs prompt treatment, many people recover from a first episode of psychosis and never experience another psychotic episode again. The key, say experts, is prompt and effective treatment that aims to get teens back to their regular lives as quickly as possible.

Thanks to an innovative and intensive First Episode Psychosis Clinic at the Montreal Children's Hospital, vulnerable patients hospitalized for psychosis are doing just that: getting the

comprehensive care and support they need as early as possible, leading to many positive outcomes.

Understanding psychosis

A first episode of psychosis usually occurs in a person's late teens or early twenties. "When we say that someone is experiencing psychosis, we're referring to symptoms that indicate the person has lost touch with reality," explains Michèle Paquette, Clinical Manager of the Montreal Children's Hospital's Child Psychiatry Department. "Symptoms of psychosis can include erratic behaviour, increased isolation, fear of others, lack of concentration and paranoid thoughts. It's extremely important that we get to the bottom of what's causing a patient's symptoms so that we can address them as quickly as possible."

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► Team members of the First Episode Psychosis Clinic: (l. to r.) Mélanie Bazin, Occupational Therapist, Dr. Lila Amirali, Child and Adolescent Psychiatrist, Michèle Paquette, Nursing Practice Consultant and manager of the clinic, Dr. Mary Deremer, Psychologist, André Riendeau, Nurse Clinician and Carmelina Pizzardi, Social Worker.

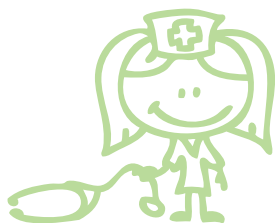
Managing and preventing ... (cont'd)

There can be a number of reasons a patient is experiencing psychosis, ranging from a chemical or hormonal imbalance, drug use, or an unrelated medical condition or an untreated mental illness. "Psychosis is not exclusively caused by mental illness, but can be present in the context of another disease," explains Michèle. "Our goal is to do a medical assessment as soon as possible to get a sense of why these symptoms are present, and understand what might be triggering this response."

A unique model to treat patients quickly and efficiently

Based on a clinic model introduced at the Douglas Hospital in 2008, the First Episode Psychosis Clinic has only been in place for roughly four years at the Montreal Children's Hospital, but is the only clinic of its kind in the province that treats patients under the age of 16. Together, a team made up of a psychiatrist, an occupational therapist, a social worker, a psychologist, a nurse and social counselors intervene to come up with a care plan that relies heavily on psychoeducation, and working with families, schools and community resources, so that patients can spend less time in hospital and more time at home, surrounded by a network of support.

"What we know is that early and intensive intervention when a patient has just experienced an episode of psychosis greatly reduces the likelihood of developing more chronic problems later on, and leads to less hospitalizations and fewer relapses in patients," says Michèle. "We therefore work to ensure that patients are evaluated within 24 to 72 hours of an episode, and we liaise immediately with community partners to ensure that patients receive prompt intensive follow-up closer to home, or that they come back as outpatients, and that they are compliant with medications that may be prescribed to help them."



Parent's instinct is key

When it comes to children's and teenagers' mental health, Michèle insists parents should always trust their gut and seek the advice of a community health professional if they notice their child is behaving differently. "We chalk a lot of things up to being an adolescent. But some behaviours are beyond just being a teen. It's important to talk to your child if you notice these changes, and to take your child to see a medical professional at your local community clinic or family doctor's office to investigate further. There could be something going on physically that can be contributing to these behaviours."

The benefit of seeking help early and being proactive, says Michèle, is that patients go on to do remarkably well. "Close and intense follow-up when these changes in behaviour first start creates a trusting relationship with healthcare professionals that ensures a better level of compliance to treatment," she adds.

What's more, it ensures that patients feel equipped to deal with similar triggers when and if they come up in the future, building lifelong coping strategies. On the whole, however, the greatest benefits are seen in terms of how this strategy greatly reduces the risk of suicidality in a particularly vulnerable patient population.

"Intervening early and intensively has so many benefits, but most of them are really seen long term. On the whole, patients require less hospitalization, they experience fewer relapses, and they typically experience less chronic problems later on in life. It's extremely positive," says Michèle.

"A very large proportion of the patients seen in our clinic will be able to go back to their regular lives and be able to pursue their goals without ever experiencing a psychotic episode again. When you think of how many vulnerable patients we can effectively help in using this strategy, it's very encouraging." ■



► Dr. Geneviève Bernard

September marks Leukodystrophy Awareness Month, so we spoke with Dr. Geneviève Bernard, Pediatric Neurologist, to find out more about her research project. Leukodystrophies are a group of rare progressive genetic diseases that affect the brain and sometimes the spinal cord and peripheral nerves.

Each type of leukodystrophy is caused by a specific genetic abnormality.

WHAT IS THE TIMELINE OF YOUR RESEARCH PROJECT?

“ The Leukodystrophy Project is my research program. I think I will work on this for the rest of my career! I am interested in defining these disorders clinically, radiologically, and genetically. I aim to improve supportive care so that these patients and their families can have a better quality of life by reducing stress, pain, etc. I am also working on gaining a better understanding of the pathophysiology of this group of diseases in order to find therapeutic strategies and translate them to the clinical setting.

WHAT HAVE YOU ACHIEVED TO DATE?

My team has:

- Described the Quebec form of 4H leukodystrophy
- Identified three causal genes for 4H

- Described the clinical and radiological spectrums of the disease
- Begun to understand the pathophysiology of the disease
- Worked on the clinical, genetic and radiological characterization of other forms of leukodystrophies and participated in the identification of the causal gene for another type of leukodystrophy (HEMS)
- Published over 65 articles, several in high impact journals
- Been invited to speak at over 60 conferences, 36 of which were international
- Represented Canada on several international consortia for leukodystrophies
- Received the Junior I research scholar salary award for 2012-2016 and the CIHR young investigator salary award 2017-2022
- Developed the first Canadian leukodystrophy clinic, and the only one in Quebec with a large cohort of patients for research.

WHAT POINT ARE YOU AT NOW?

We want to move toward studying potential therapeutic strategies for 4H.

WHAT DO YOU HOPE TO ACHIEVE THROUGH YOUR RESEARCH?

I would like to cure all leukodystrophies. If I could cure one before I retire, I would be happy! ”



Chez nous survey:

tell us what you think for a chance to win!



The Children's Public Relations and Communications office would like your input on *Chez nous*! As in past years, we invite you to complete a short survey. Your answers help ensure that *Chez nous* remains a valuable and practical way to communicate important news and information about what's happening at the Children's. It only takes a few minutes to complete: just visit surveymonkey.com/r/Chez_nous_eng to answer the questions.

Don't forget to include your name, email and extension number at the end of the survey for a chance to **win a \$50 Amazon gift certificate**. It's not mandatory to add your contact info though—you can choose to remain anonymous if you prefer. You can fill out the survey on your smart phone or tablet too! Deadline is **October 12, 2016**. ■

It's finally here!

Art is on display at the Montreal Children's Hospital

By Sandra Sciangula



► The *Welcome Panel* on S1 says “welcome” in 43 languages, reflecting the multicultural staff and patient population of the Children’s.

Many people have been asking about the artwork from 2300 Tupper Street and when it would eventually make its way to the Glen. Well, it’s finally here! The RBC Art and Heritage Centre of the McGill University Health Centre with the help of Montreal Children’s Hospital staff members have begun to install a combination of artworks from the collection.

Alexandra Kirsh, Associate Curator at the centre, has been working with departments and individuals to decide where certain works should be installed. When asked why art in hospitals is important, Alexandra explains, “It’s inviting and provides something interesting to look at in a space where people spend a lot of their time. It creates a sense of community.” An artwork that illustrates this perfectly is the *Welcome Panel* which hung at the main entrance on Tupper

Street and has since been moved to the Glen on S1. The panel says “welcome” in 43 languages, reflecting the multicultural staff and patient population of the Children’s.

Alexandra adds, “Art is a silent way of showing we care, especially in the hospital setting. An art piece in a waiting room is a way of showing patients we know they are there, that despite the fact that everyone is busy doing their jobs, we are aware of their needs.”

Zebras dating back to the early 2000s was originally a mural in Medical Imaging on C3 at the legacy site. Five years after its creation, the unit underwent renovations and the mural was cut out of the wall, framed, and re-installed at the top of the staircase leading to the unit. It has now, once again,

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returned to Medical Imaging and is installed in waiting room B02.2240. Patients in particular like *Zebras* and Heather Dewar, manager in Medical Imaging, says, “The mural has depth and a 3-D appeal. On a daily basis, patients go up to the mural and touch it, naming the zebras. Just the other day, a father was filming his son touching the zebras as if they were real.”

Each artwork is carefully chosen for each area. For example, a quilt will be hung by the Sleep Lab and a series of ballerinas in movement will be installed by the physiotherapy

department. The RBC Art and Heritage Centre has collected and carefully stored over 1,200 works from the legacy sites including portraits dating back to the 1800s, bronze busts as well as art made by patients and children over the years.

There are an additional 50 boxes of MCH archives containing photos, and textual and audio-visual records that are being carefully sorted and archived. If you or your department has any requests for specific artworks to be installed in your clinic or unit, be sure to contact Alexandra Kirsh at alexandra.kirsh@muhc.mcgill.ca. ■



► *Zebras* is installed in the waiting room on B02.2240 in the Medical Imaging department. Patients in particular like it because of its depth and 3-D appeal.

Another Black Belt Among Us

Dr. Jessica Stewart completes Lean Six Sigma Training by successfully improving quality of care in the ED

By Sandra Sciangula

Dr. Jessica Stewart, MCH Emergency Room physician, finished the third and final level of the Lean Six Sigma Black Belt training, which is part of the Montreal Children's Hospital Quality Improvement Approach. She successfully completed a quality improvement project, one of the requirements to attain the final belt in the program. "I set out to decrease the length of stay in the yellow zone observation rooms in the Emergency Department, where we observe and treat the sicker patients. We noticed that we were having trouble turning over the room to see new patients."

decreased inefficiencies and resulted in rooms being cleaned promptly and according to how it was being used.

Filomena Branco, who has been part of the Housekeeping department for a year and a half, appreciates the new system and says, "You can immediately see the status of a room from the other side of the ED. I don't have to disturb PABs, coordinators, or nurses when they are extremely busy."

Dr. Stewart did not reach her goal on her own. "You can't

do LEAN without a team," she says. Kelly Cummins, Scott Dobby, Robert Rodrigues and Denise Kudirka were involved in the deployment of this project. "They are the pieces of the puzzle," she explains. "LEAN gives you a great set of tools; it teaches you how to do better with what you already have. It also changes how you look at your home life." she says with a smile.

The three most popular levels of the Lean Six Sigma Training are Green, Yellow and Black. The goal is to give people the tools needed to streamline processes, eliminate waste and apply



► (l. to r.) Robert Rodrigues, Scott Dobby, Dr. Jessica Stewart and Denise Kudirka

Dr. Stewart identified a communication gap between physicians, nurses, coordinators and housekeeping staff which ultimately affected wait times. In response to this lag, she launched a visual management system, supported by the LEAN training, consisting of a plasticized sheet with categories "clean", "in use", "touch up", "to be cleaned" and an arrow that indicates the status of the room. This straightforward system

them to future quality improvement projects throughout the hospital. One-day Yellow Belt workshops are being offered to all MCH employees, led by Dr. Sasha Dubrovsky and Frédéric De Civita.

To register for a workshop, send an email to gabrielle.cunningham@muhc.mcgill.ca. ■

PFCC Star of the Month: Martine Laflamme

Nurse Clinician, Day Hospital, Pediatric Day Centre



By Maureen McCarthy



► Dr. Indra Gupta, who received the Children's PFCC Star award in August, nominated her colleague Martine Laflamme, to receive the award this month.

"Martine really embodies the idea of patient- and family-centered care," says Dr. Gupta. "It's always been so easy to work with her because she's always there for the patients and families." Dr. Gupta points out that the Day Hospital where Martine works is very front line in terms of caring for patients. "She takes such tremendous care with everything she does, and looks after every detail. My patients are always happy to see her."

Martine has worked in the Children's Day Hospital for six years, and before that worked on the hospital's medical inpatient unit and in several different departments. Martine was drawn to the idea of working in the Day Hospital, which has evolved tremendously in the past decade to allow children with serious and chronic diseases to come to the hospital for treatment but still go home at the end of the day. "In the past, many of these children would have been admitted for lengthy periods so we've made so much progress in helping them spend less time in hospital," says Martine.

Martine says her colleagues in the Day Hospital make up an incredible team and she credits the Child Life staff with teaching her a lot about finding ways to put children at ease. "You

have to prepare a child both physically and emotionally for a treatment or procedure," she says. "You don't really succeed by going quickly; you have to take your time and figure out what will work best for each child." Martine says some of her most satisfying experiences are when she can help a child overcome their fear or anxiety about a treatment.

Dr. Gupta says Martine often takes care of things that families aren't even aware of. She recalls how Martine once asked the pharmacy to help solve a problem so that one of her patients wouldn't have to stay in the Day Hospital for an entire day. "These are things that parents don't always know about, but they can make such a difference to the child's well-being." She also says that the patients and families who come to the Day Hospital are there frequently and for many hours at a time. "They remember their experience here for a long time, and it's people like Martine who are a big part of that."

Martine has developed real bonds with many of the children she sees, and despite the serious conditions that her patients deal with, Martine finds they are often quite resilient. "That's one of the good things about working with kids," she says, "you stay young!" ■

Presse Café now open on S1



► (l. to r.) Roman, Jeny and Alfred at the recently opened Presse Café on S1 at the Children's.

Many of you know Jeny, Malek and staff from Café Vienne at the Children's legacy site. This summer, they returned to the Children's with the opening of Presse Café on S1, just inside the doors from the underground parking area. "We're really happy to be back at the Children's and see all the familiar faces," says Jeny. Press Café offers a great selection of sandwiches and salads, pastries, muffins and cookies, and an extensive coffee and tea selection including iced coffee, latté, and espresso. A full catering menu is also available: pick up a brochure at the counter or contact Jeny at **514-814-5366** or pcglen@pressecafe.com.

The café is open **Monday to Friday, 7:00 a.m. to 9:00 p.m.**, and **weekends and holidays from 8:00 a.m. to 7:00 p.m.** ■



P.K. at the MCH

On August 31, P.K. Subban held a press conference to celebrate the first year of his seven-year, \$10 million commitment to the Montreal Children's Hospital. To date, the P.K. Subban Foundation has raised \$1.4 million dollars and has helped 9,000 families. P.K. took the opportunity to promise everyone that "Just because I have a new address doesn't mean my commitment to the Children's patients and families will change. I will never stop fundraising or raising awareness for them and I'll be back for many more surprise visits." We look forward to it, P.K.! ■

