MCH unveils cutting-edge intraoperative MRI

By Lisa Dutton

On any ordinary day, six-year-old Émilie Gagnon gets up and heads to school in la Chaudière-Appalaches. But October 19 was no ordinary day. Instead of taking the bus to school Émilie was wheeled in to a new operating room at The Montreal Children’s Hospital where she underwent brain surgery.

Émilie suffers from epilepsy caused by a tumour located on her occipital lobe, the rear most portion of the brain which houses the visual cortex, the part of the brain that interprets what our eyes see. Émilie’s tumour was the size of a large egg. The roots of the tumour penetrated deep into her brain. These roots bear a striking resemblance to grey matter making it difficult for surgeons to detect the direction they are growing and where they end.

Émilie was the first child to undergo brain surgery in the new Pediatric Interventional Brain Suite, home to the first intraoperative magnetic resonance (MRI) in a Canadian pediatric hospital.

“We’re incredibly pleased to be the first pediatric hospital in the country to able to offer our patients the benefit of this remarkable new technology,” says Dr. Harvey Guyda, Associate Executive Director of The Montreal Children’s Hospital.

“Equipment like this is helping us transform how we care for our patients—a transformation that will take another major step forward when shovels hit the ground later this year for the new Montreal Children’s Hospital at the Glen Campus.”

This new technology gives the three neurosurgeons at The Montreal Children’s Hospital unprecedented views of the brain before and during surgery thus improving the accuracy of procedures.

(Continued on page 2)
“The new intraoperative MRI gives us a tremendous advantage as we navigate through the brain to remove tumours,” says Dr. Jean-Pierre Farmer, Chief-of-surgery and a member of the neurosurgery team. “Traditionally, during brain surgery, we are guided by MRI images taken prior to the procedure. But during brain surgery, the brain can actually shift as a result of a slight movement of the head, retraction of the brain, or the draining of cerebrospinal fluid. Thus the images the neurosurgeon is relying on are no longer as precise as the surgery proceeds. With the new MRI, we will have access to images of the brain in real time. This will allow us to be much more accurate at determining where the tumour begins and ends. Furthermore the three-Tesla technology of the new magnet allows us to identify eloquent areas that we need to avoid entering as we resect tumours or epileptic tissue.”

During Émilie’s 11-hour surgery, Dr. Farmer removed all visible traces of her tumour. Normally, this is when the surgery ends. However, thanks to the new intraoperative MRI, Émilie was wheeled out of the operating room and in to the adjacent MRI room. The child was still under anesthesia, was still in the same position as on the operating table. In fact, the portion of her skull removed to conduct the surgery was still missing.

The MRI indicated that roots of the tumour remained. So, Émilie was rolled back in to the OR and Dr. Farmer continued the surgery removing still more of the tumour with enhanced accuracy from updated navigational information.

“Having to operate a second time on Émilie would have been extremely traumatic for her and her parents,” says Dr. Farmer. “In most cases, with the new MRI, we’ll be able to avoid second surgeries. In the case of Émilie, by removing more of the tumour we stand a much greater chance of stopping her epileptic seizures.”

Installing the new MRI

To accommodate the new piece of machinery, the MCH built what is called a two-room solution. An operating room and new MRI suite were built side-by-side on the hospital’s third floor. This design allows the MRI to be used during surgery, but also makes it available for traditional imaging when the OR isn’t in use. This will enable The Montreal Children’s Hospital to reduce patient wait times for an MRI. Currently, the MCH has 600 to 700 patients waiting for an MRI. Some can wait up to a year for the scan.

Thanks to the two-room approach, the new MRI will also be made available to MCH researchers studying the brain. The new operating room and intraoperative MRI will also be used to perform epilepsy surgery, movement disorder surgery and some orthopedic procedures.

It is also important to note The Montreal Children’s Hospital will be able to move about 75% to 80% of the equipment to its new hospital which will open in four years on the Glen Campos.

This project cost more than $10 million and was made possible thanks to generous donors of The Montreal Children’s Hospital Foundation, including donations from Opération Enfant Soleil, The Sarah Cook Fund and Hydro-Québec.

You can download photos of the new operating room, video of Émilie’s surgery and an interview with Dr. Farmer at www.thechildren.com/en/medias.aspx.
Get the flu shot. Not the flu.

The Top 10 reasons for getting the flu shot

Adapted from the Canadian Coalition for Immunization Awareness & Promotion web site: www.influenza.cpha.ca

10 you have a chronic medical condition
9 you have a weakened immune system
8 you’re a senior citizen
7 you’re 6 to 23 months of age
6 you’re a health care provider
5 you provide essential community services
4 you can’t afford the time off work
3 you’re travelling to another country
2 you live with someone who has a chronic medical condition

AND THE #1 REASON YOU SHOULD GET THE FLU SHOT IS...

1 you care about your own health and the health of those around you!

Information on vaccination clinic hours and locations is available on the MUHC intranet site, MCH billboards or ask your supervisor.

If you call in sick

We are asking nurses, RNAa, PABs, and clerks who call in sick to inform their manager and the nursing office (24451) if you have a febrile respiratory illness, a new or worse cough and/or a fever. You must also call staff health at ext. 44FLU and indicate the site and area where you work.

For all other employees, you should notify your manager and call 44FLU indicating the site and the area where you work.

If there is no answer at 44FLU, please leave a message with the number where you can be reached.

The purpose of this is two-fold:

1) The Ministry of health is trying to keep track of the impact of the influenza on hospital personnel;

2) Staff must also call staff health so we can support them in getting proper guidelines about the symptoms to watch for and which approach to use when they have influenza symptoms.

Jocelyne Albert (22908)
The Pandemic Committee--MCH
Family-centered care: Are we walking the walk?

Dr. Harvey Guyda, Associate Executive Director
The Montreal Children’s Hospital of the MUHC

The Montreal Children’s Hospital supports the concept of system-wide patient or family-centered care, (thechildren.com/en/patients/care.aspx), but we need periodically to reflect on whether we are really practicing family-centered care consistently. Many of our staff and volunteers attended the recent Canadian Association of Pediatric Health Centres (CAPHC) annual meeting (caphc.org) in Halifax. This annual meeting has grown over the past 10 years to include a strong presence from a national parent organization (Canadian Family Advisory Network) and to include eloquent representation from youth. We need to hear what they are saying and to act upon their advice whenever we can. Several strong messages were delivered:

- Include children/youth and their parents in all decision-making that affects their person; do not make assumptions that they are neither mature or educated enough to participate in OUR decision making.

- Respect their privacy at all times, especially for significant invasive procedures that you may view as “routine”. Repeat exams do NOT provoke learning or easy acceptance; they do cause increasing anxiety and/or fear in our vulnerable patients.

- Finally, adolescent patients with chronic conditions plead not to be abandoned to adult care as though they are being ejected from YOUR “home”, which may have been THEIR “home” for a long period of time. This especially applies if they have mental health problems. Team members and the patients/family must plan a developmental-stage-appropriate transfer to a receptive adult program. At all times, we must be sensitive to all of their needs – social, emotional and not just medical.

Please advise our children and youth and their families of our internal support resources which include The Family Advisory Forum (thechildren.com/en/patients/committee.aspx) and The Family Resource Library in C-532.

Why do we need family-centered care?

- Because family-centered care improves and enhances clinical outcomes for children and provides more support for their families.

- Because family-centered approach improves health outcomes and leads to the better allocation of scarce resources.

- Because family-centered care requires that we recognize when our services are not family-centered and strive to make them as family-centered as possible.

As you develop new programs and services or as you examine how you are currently delivering these services please ask yourself: “What do our patients and parents think?” If the answer is “I don’t know” then you need to ASK THEM, because good health care can only be provided when we are working in partnership with those for whom we are caring.
Family-centered care (FCC) is alive and well at The Montreal Children’s Hospital. There are numerous examples of our commitment to partnering with patients and their families. In the Pediatric Intensive Care Unit (PICU) families take part in rounds, the change of shift is conducted at the bedside so families can listen and comment, and parents can be present during resuscitation. In fact, the PICU is encouraging patient/parent participation at whatever level the family chooses.

Across the MCH there are other examples of family-centered care in action: multidisciplinary team approach to care, cultural effectiveness, parents invited to stay with their child during invasive procedures, continuity of care from in-patient to out-patient, pet therapy, pastoral services and playrooms are just a sampling.

On October 13 and 14, family-centered care advocate Juliette Schluter presented a talk at grand rounds entitled Shall we dance? Advancing safety, quality and the experience of care through family and professional partnerships. Ms. Schluter’s visit was sponsored in part by our patient committee, the MCH Family Advisory Forum, (thechildren.com/en/patients/committee.aspx). She talked to an overflow crowd in the Amphitheatre and went on to give over six other presentations to various groups including nurses, residents and allied health professionals.

Ms. Schluter said family-centered care has to become part of the “very bone marrow of The Montreal Children’s Hospital.” She suggested one way to start making this practice ingrained is to take a moment to ask ourselves “What do patients and parents think?” before we make any decision. If we don’t know the answer, we need to consult with them before making any decisions.

Ms. Schluter points out that family-centered care is not only about customer service but it’s about creating trust in a very vulnerable environment. She reminded the healthcare professionals gathered that parents find a hospital setting very intimidating: they don’t readily know who makes medical decisions when their child is ill, they don’t know how to evaluate potential side effects, the cost of treatments, the best way to beat the disease. But what they do know, says Ms. Schluter, is their child, and how their child wants to be comforted, what scares them, and what their hopes and dreams are. The role of the health professional, she continued, is to help the patient and parent to be comfortable with uncertainty.

Ms. Schluter went on to mention that when she first started working with the Children’s Hospital of Philadelphia (CHOP) to implement family-centered care the first thing she did was to survey parents and health professionals. When asked if the hospital practiced family-centered care only about 45% of parents said ‘yes’. However, when staff and doctors were asked the same question 95% said ‘yes’. Obviously, she notes, we may thing we’re doing it right, but that isn’t always the case.

She concluded by saying that “everyone in the hospital has to own family-centered care everywhere - every time - every person.”

Tell us how you or your department practices family-centered care by writing to us at Chez Nous: info@thechildren.com.
“Ask the Expert”

Dr. Richard Haber answers parents’ questions in monthly MCH e-newsletter

In October, Dr. Richard Haber started a new Q&A which addresses general questions from anxious parents about their child’s health. Subscribers to the MCH e-newsletter, Where Kids Come First, send their questions by email and Dr. Haber’s answers are published in the following edition. A big thank-you to Dr. Haber for offering his expertise to our avid readers!

You can subscribe to the MCH e-newsletter by visiting www.thechildren.com, or visit the archives section to read October’s edition.

Penning for Parkhurst Exchange too!
The MCH website will also publish Dr Haber’s articles from Parkhurst Exchange, a clinical journal geared towards the practical concerns of general practitioners in Canada. While it’s very popular with its targeted audience, many other medical experts look forward to flipping through its pages each month. Along with articles on conditions a GP frequently encounters in daily practice, the journal features responses to questions sent in by readers, as well as a relevant group of columns. Dr. Richard Haber is a regular contributor with an on-going column that focuses on current pediatric issues.

Many Canadians don’t live in big city centres where they can easily bring their children in to see specialists; instead they take their children to family doctors. Dr. Haber’s information is as helpful to these physicians as other healthcare professionals dealing with children. He covers a vast array of topics, from healthy growing patterns to specific ailments such as ADHD and acute gastroenteritis.

A new Café Vienne opens on 2B

Starting in early November, the new Café Vienne on 2B will open its doors in the space once occupied by the Tiny Tim. The new café will be run by the team which manages the café counter on the main floor, which will continue to offer its current menu of coffees, sandwiches, etc.

On 2B, breakfast eggs, omelettes, and pancakes will be offered in the morning, and hot meals such as pastas, savoury pastries, and quiches for lunch. A variety of sandwiches, soups, and salads as well as gourmet coffees will be available at all times, and the Café also has a catering service and delivery service. Jeannine from Café Vienne points out that they are offering “more variety but always products that are fresh and healthy.”

Renovations were done to the area that was previously managed by the Auxiliary; Café Vienne continues to support the Auxiliary through donations. The ambiance and layout are welcoming, and the bench seating, photos and plants will make the entire place welcoming for staff, patients, and parents.

“We decided to open the café on the second level because clients really appreciate our menu items,” says Jeannine. She enjoys working here, and says, “It’s very different to other venues. There’s stress of course, but there are also touching moments, patients who become regulars at the café. Because they’re here often, we develop relationships with them…”

Bon appétit!

**Café Vienne – 2B**

opening hours:
Monday to Friday: 7:00 a.m. to 3:00 p.m.

**Café Vienne – 1st floor near Emergency**

opening hours:
Monday to Saturday: 7:00 a.m. to 9:00 p.m.
Sunday: 8:00 a.m. to 8:00 p.m.

*Thanks to the 11 departments who entered the 1st MCH Halloween Office Decoration Contest! The Medical Records team (basement level) took first prize for the Record Family and their three children Me, Di, and Cal!*
From Beyoncé….to Sinéad!

By Denisse Campos

On October 20, Josée Melançon spent her lunch hour doing something a little out of the ordinary. In room E-303, surrounded by her husband and colleagues who came to support her, Josée participated in the Virgin Radio 96 Shave to Save 2009 campaign. Josée, who is an MRI technician, decided to sacrifice her amazing locks for the benefit of the Quebec Breast Cancer Foundation. What makes it even more of a feat is that Josée hadn’t cut her hair since she was 15 years old!

In a matter of just two weeks, thanks to her colleagues’ generosity, Josée managed to raise $2,450. Up until the last moment when the scissors were brought out, people were still making donations.

This generous gesture began over a little joke between her and her husband. “I said that I wanted to cut my pigtails and my husband said, ‘you’d be better off to just shave it all off.’” She laughed, and then her husband started talking about Shave to Save, and well, “here I am.” Everyone waited anxiously for the stylist; there was a sense of nervousness in the air, but funnily enough, it came from Josée’s colleagues. Josée herself was pretty happy and not nervous at all. “It grows back,” she reminded us. “I’m going from Beyoncé to Sinéad!” When the stylist started clipping, the room was quite silent and everyone watched Josée’s locks fall to the floor bit by bit. In less than 10 minutes, it was done and Josée proudly sported a new look. She then gave us a little piece of advice about the burn mark on her scalp: Spray Net from the 1980s and shampoo – bad combination...

The change is dramatic. Before coming to work, Josée took the time to explain to her two-year-old daughter, “When I come home today, I won’t have any hair.” Her little girl responded, “Bzzzzzzz like daddy?”

Congratulations to Josée for her generosity and daring! Not only did she raise a significant donation, but her hair will be used to make wigs for children. What’s more, her initiative garnered us a very special mention on the Virgin Radio web site: “What an amazing bunch of people at the Montreal Children’s Hospital! They were so supportive of their friend and colleague.”

MCH Music Therapists launch collection of lullabies

MUHC Innovation Bursary Award winners Pascal Comeau and Christelle Jacquet, both music therapists at the MCH, have used their bursary to develop a CD with lullabies from various corners of the world. Lullabies of the World features 12 songs in a number of languages, all of which will be a soothing addition to bedtime. And in time for the holidays, the album will be available online through Zik.ca, iTunes.ca and Puretracks.ca. The CD will be on sale at the MCH Boutique on 2B, through the MCH Foundation web site, and at various Archambault locations.

This winter, my choice is public transit
You could win $200!

The winter months are already difficult for driving conditions and the traffic problems are only becoming worse. Why not avoid such stress and try public transport? Participate in the draw “This winter, my choice is public transit”. Return your permit for a minimum of 4 consecutive months this winter and register for the draw of a $200 prize per site. For more information about the draw please contact your parking office or call 32911. The draw will take place on December 1, 2009.

Reminder: don’t send mass emails

The use of the e-muhc email system is designed to communicate announcements of news and events that pertain to the entire MCH, or MUHC community. For more information, please read the policy guidelines at: www.intranet.muhc.mcgill.ca/The_MUHC/Policies/policy_ADM220_assets_intranet_acceptable_use.pdf
Dental clinic open to staff

The MCH dental clinic is a multidisciplinary dental centre that caters to all aspects of dentistry. This is why adults who need crowns or bridges (prosthodontics), root canal treatments (endodontics), gum treatment (periodontics), implants, oral surgery or just dental restorations or cosmetic dentistry are welcome to our clinic. We offer this service only to adults that work at the MCH because of the proximity, and the fact that we work in the same network offers numerous advantages.

To make an appointment, please call 514-412-4479.

Blast from the MCH’s past — Did you know?

In 1977, Dr. Jack Aranda pioneered the use of caffeine to treat apnea, the temporary suspension or absence of breathing in premature infants. These unpredictable episodes rob the newborn’s brain and vital organs of oxygen, threatening the development of higher brain functions.


@ Work

MCH Staff @ work

Sébastien Dubé
Advisor
Senior Management
6 years at the MCH
Outside work, Sébastien likes to kite ski and play the piano.

Regarding his work at the MCH, Sébastien likes the people here and creating strong links with various teams.

Renato De Castello
Planning, Programming and Research Officer
MUHC Telehealth Projects
1½ years at the MCH
In his free time, Renato does abstract acrylic painting.

On working at the MCH: He really enjoys working with the people in his area and appreciates their diversity. He finds it very satisfying working here with his colleagues and facing challenges together.

(Continued on page 9)
Three ways to relieve stress

By Angela Pirisi

Managing stress benefits health. Vancouver family physician Dr. Kenford Nedd realized that crucial truth 20 years ago. “About 90 percent of my patients came to me with something precipitated or aggravated by stress,” he says. The author of Power Over Stress teaches people how to dial down their anxiety and relieve stress symptoms such as heart palpitations, pain and headaches. But a busy practice and international speaking engagements mean that even Nedd isn’t immune to tension. “Stress can sneak up on you, but daily diligence can help keep it at bay,” he says. Here’s how:

Start the day right
“I meditate on something positive for the first 10 minutes of the day.” A calming start can pave the way for a less stressful day. “Read something rich and beautiful, take a minute to appreciate your body, greet everyone in the household, or exercise,” Nedd suggests. Here’s another tactic that he preaches and practises: taking a brief, daily mental inventory of your body. Think about the sensations in your knees, neck, arms and body—what feels good and what feels off? Better awareness can build inner harmony and help you take preventive health steps.

Create positive exchanges
“I shut up and listen.” Nedd uses a system called EAR—explore, acknowledge and hold back response—that helps him and his patients change the way they handle interactions with others. (The more positive your interactions are, the less tense your day will be.) Start by “exploring”: ask your child/partner/friend what happened in their day, and say, “Tell me more.” Then “acknowledge”: compliment them for something they did. The final and most important step is to “hold back your response.” Says Nedd: “Just let them talk. That person will feel they have had a great conversation, even though you didn’t say much.” Listening more reduces miscommunication, which can trigger stress.

Relieve stress in your body
“I identify physical tension and dissolve it instantly.” When Nedd feels tightness in the trapezius muscles at the base of his neck and across his shoulders—a common place for tension to occur and a source of tension headaches—he raises the tops of his shoulders up to his ears while breathing in through his nose. Then he relaxes and lowers his shoulders as far down as possible while exhaling out of his mouth.

Reprinted from: besthealth.com

Awards and Nominations

Dr. Harvey Guyda honoured by the Canadian Association of Pediatric Health Centres

Dr. Harvey Guyda, AED of The Montreal Children’s Hospital of the MUHC and Chairman of the Department of Pediatrics at McGill University and Pediatrician-in-Chief, received the Contribution to Child Health Award 2009 from the Board of Directors of the Canadian Association of Pediatric Health Centres (www.caphc.org). The award was presented during CAPHC’s annual Meeting held in Halifax October 18 to 21, 2009. The citation noted Dr. Guyda’s significant contributions to child and youth health in Canada and internationally over four decades. He has been a member of the Board of CAPHC since 2001, initially representing the Pediatric Chairs of Canada (PCC) from 1996 to 2006, and since 2007 representing the MCH as AED. He served on the Annual Program and Poster Committees for many years. As a representative of CAPHC, Dr Guyda was an inaugural member of the Steering Committee for the development of the Canadian Child & Youth Health Coalition (www.ccyhc.org).

Dr. Jean-Martin Laberge was recently elected President of the Canadian Association of Paediatric Surgeons at the annual meeting of the Association in Halifax this month. His term is for two years.
To add a special touch to the festive season, Place Alexis Nihon is joining hands with Espace Urbain, a Montreal photo studio, to lend their support to the fundraising drive Say Cheese!, a photo event designed to raise funds for The Best Care for Children Campaign.

All proceeds from the event will go towards purchasing a piece of equipment for the Neonatal Intensive Care Unit of the new MCH. For as little as $40, the full amount of which will be turned over to our Foundation, family and friends will be entitled to a personalized photo session at Espace Urbain (espaceurbain.com), as they give to a worthy cause.

Bring your children, your partner, your parents, relatives, colleagues or best friend to Place Alexis Nihon, from November 26 to December 13, and get natural studio portraits set against a white backdrop that will capture the very essence of your personality... Say Cheese, please!

Space is limited; reserve yours now by calling 514 797-DONS. Information at souriezdon.com.

A new session of Pilates at the MCH begins the week of November 30. Do something good for yourself and enroll today!

Sign up for one or both of the following classes:
**Mondays** starting November 30 or **Wednesdays** starting December 2
5:00-5:55 p.m.
Rm. D-292

**11 weeks**
- Men and women are welcome
- $110 for one session/week
  (special price of $200 for two sessions/week)
- REGISTRATION: Contact Karen @ 514 489-7717
  before November 27 or
  email karenkunigis@hotmail.com
  Please note that there will be no classes during the Christmas and New Year’s weeks.

**Lunch & Learn** Presented by the Quality of Life at Work Committee

**What’s up, Doc?**
Did you know that MCH pharmacist **Jessika Truong** decorates the medication bags for our patients in Hematology/Oncology? Join Jessika for a relaxing Lunch & Learn session where you can explore your artistic side and help her design a new batch of cartoons and illustrations.
**Wednesday, November 18**
12:00 noon to 1:00 p.m.
C-509
rsvp: terry.seguin@muhc.mcgill.ca or 24307

**Tired of feeling tired? Focus not too good?**
Eating the right food at the right time of day can make a real difference! Educational consultant and special ed teacher Gail Ham will teach us how we can use food to increase our energy, sharpen our minds, elevate our mood, and beat stress. In fact, you can control your energy levels and mood in as little as 20 minutes.
**Tuesday, November 24**
12:00 noon
D-162
rsvp: terry.seguin@muhc.mcgill.ca or 24307
December 3 is Holiday Safety Awareness Day at the MCH

As a trauma centre, our primary responsibility is to provide excellence in pediatric and adolescent trauma care to the children and teens of Quebec. We also have an important role in injury prevention, which is truly the desired treatment of choice for trauma.

On December 3 members of MCH Trauma will be in the 2B clinic area, from 9:30 am to 2:00 pm, to answer questions about various holiday safety topics. We will distribute our “Holiday Safety” and “Safe Fall and Winter fun” pamphlets, as well as “Le guide des jouets 2009” from Protégez-Vous. We will also provide information about new regulations and recommendations for ski helmets and other winter sports equipment. Participants will have an opportunity to take part in interactive activities and games and will have the chance to enter a draw for exciting prizes. Get in the holiday spirit and come join us for an informative and fun-filled activity.

December 3
9:30 a.m. to 2:00 p.m.
2B clinic area

Catch up with Chez nous any time, anywhere

Don’t forget that whether you’re at home or at work, you can read Chez nous any time on The MCH web site. Just visit www.thechildren.com, and select Chez nous under <News & Events> During the fall can you rerun the article about now you can download Chez Nous from home and the please don’t wear perfume.

Mini-Med session on H1N1 available online

Dr. Earl Rubin spoke to a packed house at last week’s Mini-Med session on the facts behind the H1N1 virus. A video of his presentation is now available on the MCH web site at www.thechildren.com/en/influenza_h1n1.aspx?slg=1.

“Shout-outs” on Facebook to the staff at the MCH!

A quick visit to the MCH web site Facebook page reveals some heartfelt messages from current and former patients. Here are just some of the recent postings:

My daughter was born with an incomplete cleft palette and the pierre robin syndrome. The neonatal intensive care unit (nicu) was absolutely amazing. She gets follow ups with the neonatal clinic and they are just as good. They saved my angel’s life, they are forever in my debt!

My daughter was treated from May 1994 till she turned 18 in 2006. She was treated in the Rhumatology Dept. with Dr. Duffy. The best place to get treated, they were like a true family to us. The nurses and the whole staff were incredible. Now she is treated at the General Hospital. The Montreal Children’s is the best place for children.

My daughter was treated from May 1994 till she turned 18 in 2006. She was treated in the Rhumatology Dept. with Dr. Duffy. The best place to get treated, they were like a true family to us. The nurses and the whole staff were incredible. Now she is treated at the General Hospital. The Montreal Children’s is the best place for children.

Don’t forget that whether you’re at home or at work, you can read Chez nous any time on The MCH web site. Just visit www.thechildren.com, and select Chez nous under <News & Events> During the fall can you rerun the article about now you can download Chez Nous from home and the please don’t wear perfume.
You’ve no doubt noticed her huge smile as you walk through the corridors at the MCH, more precisely on 7C. I have – and when I passed her in the hall I thought, “Now here’s someone who is happy to be here.”

It’s definitely the case. Helen Magdalinos is one of our Child Life specialists, and she has worked at the MCH for eight years. It seems like this position was tailor-made for Helen, who armed with a Bachelor of Education decided she wanted to work with children but not be in a classroom all day.

So what does a child life specialist do? If you didn’t know any better, you might think they just spend time playing with patients. “Certain people might consider us lucky to play with children all day long, but our role is much more than that. Play is just a tool we use to help hospitalized children; those who know our work know to what degree our interventions have a positive impact.”

Child Life Services supports patients through play, education and self-expression in order to promote psychological well-being, and the development of children and adolescents who are hospitalized or who need follow-up care.

The children Helen works with have a lot of need for support. She splits her time between patients who have cystic fibrosis and those who are admitted to Trauma after a serious accident. The children who have cystic fibrosis are living with a chronic disease; so it’s necessary to help them accept the disease. For the latter group—children who have suffered a trauma—they often see their life change in an instant; as a result they must learn to live with a handicap or a changed appearance. Physical trauma can also have psychological consequences.

It was actually in Trauma that Helen got her start at the MCH. She was a research assistant in injury prevention for Dr. Barry Pless, her mentor. “It was then that I knew I wanted to work in this field. I had an opportunity to write an article for Kathy Moffat and the World Health Organization, and this allowed me to learn more about the work done in Child Life. I decided to do the 14-week stage required to work in this area.”

It’s evident that Helen found her calling. “Working with children is extremely motivating,” she says. “They touch us in a way that makes us feel lucky—lucky that they let us enter their world. We’re not threatening in their eyes; in fact, we’re probably the only people in the hospital that they have a choice about whether or not to see.” Helen spends 90 per cent of her time working with the patients. “You spend so much time with the children so as a result you get closer to them.” It’s the side of her work that’s very gratifying: the specialists can develop real relationships with certain children, and these relationships are extremely enriching. There are also difficult moments though, often because of this closeness. “The hardest part is when we lose a child… that’s when it’s necessary for the team to have support.”

Helen’s colleagues have some pretty nice things to say about her. “What first comes to my mind is her dynamic nature, her positive outlook and her leadership,” says Bertrand Dupuis. “Helen is able to reassure parents and children; she has a way that comforts them. She is a positive role model for teenagers—that of a well-balanced adult who’s confident about what she does. She has a lot of compassion, and she’s passionate about her work, passionate about the well-being of the children.” Helen returns the compliment. “I’m really lucky to be surrounded by extraordinary people; I learn every day and I’m constantly inspired by the people on my team.”

We’re also inspired by Helen. And not just at work. Six days a week, she works with the women’s basketball team at McGill as their assistant coach! “I couldn’t imagine a life without basketball,” she says. “The girls on the team are like a second family to me.” Helen really is inspiring, because when you talk to her, you really see how passionate she is about her work, the children... and basketball!

Helen Magdalinos--passionate about life

By Denisse Campos

Helen is proud of her Greek heritage (her parents both originated from the island of Zakynthos), and shares an “insider’s” tip for those of us who love good food: “The best place to eat Greek food in Montreal (aside from my mother’s house, of course!) is Orexi on Bernard Avenue.”