

Chez nous

MCH EMPLOYEE NEWSLETTER

October 21, 2009

News

The MCH Dialysis Program turns 20!

By Julia Asselstine

In 1964 The Montreal Children's Hospital became home to the first formal Pediatric Nephrology Division in Canada. "A Renal Lab was set up in the Service wing where Biomedical Engineering is now," said founder Dr. Keith Drummond in 1997. "To do this involved dismantling an employees' locker room—my office was actually the site of a washroom!"

And the rest, as they say, is history.

By 1989, under Dr. Lorraine Bell's continuous leadership, a first-class Peritoneal and Hemodialysis Program was established for children with acute and chronic kidney failure. Soon after, the youngest baby (one week old) with kidney disease in Canada received hemodialysis and was successfully carried through to a living-related donor transplant at age 16 months.

Pauline Espinosa, assistant head nurse of the Hemodialysis Unit today, was one of four nurses brought to the new unit from the PICU. "We started with one patient, and then in the first five years we skyrocketed from 100 up to 1,500 treatments per year at our peak. Often we were running 7 to 8 patients simultaneously, 3 to 5 times a week. Since 2004, when Quebec gave children priority status for kidney transplantation, we now have a much more manageable three to four patients at a time."

Nurses Sonia Champoux and Paule Comtois not only train families and staff to perform ever more refined peritoneal dialysis techniques, but also teach nurses province-wide. Over the past 20 years, many advances in treatment and technology have been implemented to which the MCH dialysis programs have contributed. The hemodialysis unit, along with nutritionist Lynn McCauley and dialysis technician Alexander Tom, was among the first to explore the benefits of intensive hemodialysis and rigorous nutritional support on the growth of children with endstage renal disease. The team also developed novel methods to calculate dialysis efficiency. Impressively, the infection rates of the MCH Peritoneal and Hemodialysis Programs are among the lowest internationally.



(l. to r.) Pauline Espinosa, Assistant Head Nurse Hemodialysis, Alex Stathopoulos, patient, Dr. Martin Bitzan, Director, Division of Pediatric Nephrology, Joan Eveleigh, Hemodialysis Nurse, Alexander Tom, Hemodialysis Technician, and Marissa Olegario, Hemodialysis Nurse.

Photo: Daniel Héon

Newer modalities have been added, notably continuous renal replacement therapy (CRRT), for critically ill intensive care unit patients, as well as therapeutic plasma exchange.

Today the Nephrology team, under the directorship of Dr. Martin Bitzan, includes a core of dedicated pediatric nephrologists (Drs. Lorraine Bell, Beth Foster, Paul Goodyer, Indra Gupta and Mike Zappitelli) and a devoted team of renal nurses, a hemodialysis technician, renal nutritionist, social worker, secretaries and Allied Health Professionals in Child Life, Psychology, Physio/Play/Music Therapy, Schooling and Biomedical Engineering.

Compared to 20 years ago, many more children with kidney failure are living well into adulthood. Dr. Bell has initiated a new program to support their transition from the MCH to adult care. This is yet another contribution to the excellence of care for pediatric nephrology patients that the team began two decades ago.

An historic coming together

A toast to collaboration Harvey J. Guyda, AED

A truly special event took place on Wednesday September 30. The senior administrative staff of CHU Saint-Justine accepted our invitation to join with the senior administration of The Montreal Children's Hospital of the McGill University Health Centre in a "5 à 7" get together, which was held at the Atwater Club. This evening signaled the new spirit of cooperation and collaboration between the two tertiary care pediatric institutions in Quebec. Dr. Fabrice Brunet, Director General CHU Sainte-Justine, and I introduced our team members and welcomed the personal exchanges between the almost 20 staff in attendance. There was a genuine expression of the need to work together and to partner in our common mission of improving child health care in Quebec. In addition to our working together on pandemic planning, we are working together on several more public events, and various team members have initiated ongoing collaborations.



*Dr. Fabrice Brunet, Director General CHU
Sainte-Justine and Dr. Harvey J. Guyda,
Associate Executive Director, MCH*

Photo: Dan O'Leary



Photo: Dan O'Leary

MCH

Dr. Harvey Guyda, Associate Executive Director

Dr. Micheline Ste-Marie, Associate Director,

Professional Services and University Affairs

Barbara Izzard, Associate Director, Nursing

*Stephane Timothee, Associate Director, Hospital Services
and Program Support*

Dr. Jean-Pierre Farmer, Surgeon-in-Chief, MCH

Johanne Desrochers, Associate Director, Telehealth/ McGill RUIS

Dr. Aurore Côté, Director, MUHC Pediatric Network

Dr. Earl Rubin, President, CPDP

Danielle Lamy, Associate Director, Quality and Risk Management

Demetra Kafantaris, Senior Advisor, Corporate Affairs

Sébastien Dubé, Advisor, Senior Management

Virginia Porato, Financial Advisor

Lisa Dutton, Manager, Public Affairs and Strategic Planning

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Louise Boisvert, Communications and Public Relations

Dr. Isabelle Amyot, Medical and Academic Affairs

Renée Descôteaux, Director, Nursing

Marie-Suzanne Lavallée, Director, Quality and Risk

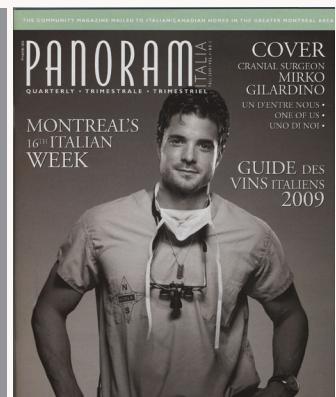
Dr. Marc Girard, Director, Department of Pediatrics

MCH in the news!

Exhibition of news coverage during the year

The Montreal Children's Hospital Division of Public Affairs and Strategic Planning is holding an exhibition on the news coverage the hospital has received during the last year. Drop by 2B on November 5 and 6 to take a look at the newspaper and magazine clippings and other activities undertaken by the division.

One example of tremendous coverage is the profile of Dr. Mirko Gilardino, co-director of the Craniofacial Surgery Program, in Panoram Italia, a magazine published by Montreal's Italian community.



Opening soon!

Café Vienne to open on 2B

The Auxiliary of the Montreal Children's Hospital is very pleased to announce that Café Vienne will open on the 2nd floor by late October. The family-friendly menu will include gourmet coffees, sandwiches, salads, and hot meals.

The 1st Halloween Office Decoration Contest

This new contest is open to all employees of the MCH, and the best-decorated office will receive the grand prize. The winner will be announced during the Halloween party on Friday, Oct. 30. Deadline for registration: **Oct. 27, 2009**.

For more information and/or registration, please contact Marie Belmonte (ext. 23191) or Angela Formica (ext. 24466). **Let's be creative!**

Trick-or-Treating for The Children's

Last year, nearly 25,000 young trick-or-treaters raised over \$75,000 for our Hospital while going door to door on Halloween. Nearly 80 schools participate in the Foundation's Halloween box collection program, offering all their students the opportunity to help our young patients.

Since 2004, the program has raised nearly \$320,000 for the MCHF. New this year, RBC bank has graciously agreed to count all the money raised by our trick-or-treaters.

To find out how your child or your child's school can participate, contact Michèle Le Fèvre, Special Event Coordinator at the Foundation, at extension 29226.



Chez nous is published by Public Affairs and Strategic Planning at the MCH

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To submit stories or ideas to Chez nous, contact Public Affairs and Strategic Planning at info@thechildren.com or ext. 24307.

La Fondation de l'Hôpital de Montréal pour enfants  The Montreal Children's Hospital Foundation

All information or announcements must be sent to Public Affairs and Strategic Planning no later than 5:00 p.m., Friday, Oct. 28. Remember: the texts must be in English and French, on diskette or sent by e-mail: info@thechildren.com. Info: ext. 24307



L'Hôpital de Montréal pour enfants
The Montreal Children's Hospital
Centre universitaire de santé McGill
McGill University Health Centre

Rollin', rollin', rollin, rollin', rollin, rollin'

By Lisa Dutton

It is a bit brisk out there, but there are still a number of Montreal Children's employees who brave the weather in order to cycle to work. Thirty-two bikes were crammed into the bike racks near the emergency department the day we took pictures. All of the cyclists interviewed clamoured for additional bike racks near the ER where they feel their bikes are safer under the watchful eye of the security guard.



Photo: Daniel Héon

Kevin Yee slides in to the bike bay in the late afternoon arriving for his shift as a coordinator in the Emergency Department. It takes him 20 minutes to bike in from N.D.G. When asked why he cycles he jokingly said, "Because I can't afford a bus pass." He also admitted there was also the benefit of less traffic and less hassle.

Erica Richardson, a self-professed 'outdoors girl', works in the Neonatal Follow-up Clinic. It takes her a good hour to bike in from her home in Brossard. She isn't even daunted about cycling over the Victoria Bridge or coming up Atwater Street. She cycles to and from work from May to October 31, and only stops because the city closes the bike path on the bridge. "When I cycle to work, I feel great. My mood is two times better. I cycle along the water and it is beautiful," she says. "I also cycle because it is better for the environment. I save on gas. Also, there is never any traffic on the bike path."

It takes **Daniel Héon**, from Multimedia Medical Services, a mere 50 minutes to cover the 20K from his home in Montreal North near the Pont Pie IX. He crosses over the mountain and says it is fun and a great form of physical activity. "It makes me less grumpy by the time I get to work," he says. He is one of the die-hard cyclists who try to bike to and from work all year long. He only gives it up when lousy snow removal slows him down.

Rollin', rollin', rollin, rollin', rollin, rollin'



Photo: Daniel Héon

The Montreal Children's Hospital Art Therapist **Sarah Brody** cycles in from Park and Van Horne. The drive takes her 20 minutes. She gets out the bike in March and will cycle for as long as possible. "I'll bike until it gets too icy, probably till mid-November. My bike is actually the fastest way to get to work. Cycling puts me in a good mood and it is my exercise for the day."

Jennifer Bourque, Pastoral Services, takes 15 minutes to get to the hospital from her home in N.D.G. "It's fast and it's cheaper than either the car or bus," she says. She bikes in from April to October.

"Use it or it will rust," is **Terry's Séguin's** motto. She works in Public Affairs and Strategic Planning and treks to and from work at least three times a week during the summer. It takes her about 40 minutes to cover the 12.8K between her condo in LaSalle and the hospital. Terry loves making the trip. "It's super peaceful in the morning," she says.

Lisa Massaro works in Speech and Language Pathology. She cycles in from Verdun. The 8K ride takes about 30 minutes. "It is a fabulous, healthy and peaceful way to get to work," she says. Lisa cycles in from May until the end of October.

MCH Emergency launches computer-assisted triage

The Pediatric Emergency Department at the MUHC-Montreal Children's Hospital reached another milestone by launching computer-assisted triage with the Siurge-EVAL-U product. Computer-assisted triage will improve the overall quality of care in the department by streamlining and standardizing the process, as well as making

communication of this important patient data clear and timely.

This project has become a reality due to the close collaboration of the software vendor, Information Services, the Admitting and Registration Team and the Pediatric Emergency Department Team. Kudos to both Denise Kudirka,

Pediatric Emergency Clinical Nurse Specialist, and Robert Rodrigues, Siurge Pilot and Data Manager for leading this effort. Much appreciation also goes to the Pediatric Emergency Department Nursing Team for their support of this important change.

Harley Eisman, MD

Visual pollution is the term given to unattractive and man-made visual elements of a vista, a landscape, or any other thing that a person does not feel comfortable looking at. Visual pollution is an aesthetic issue, referring to the impact of pollution that impair one's ability to enjoy a vista or view. Source: *Wikipedia*

Help reduce visual pollution at The Montreal Children's Hospital by removing out-dated or torn posters, signs or announcements from walls and bulletin boards in your area of the hospital. We have a tendency to tack items to the wall and then forget about them. Using your judgment, remove any non-essential signage that has passed its 'best before' date.

Also please remember that before putting any signs or posters on the wall you must obtain permission from Public Affairs and Strategic Planning (F-372). Any material without an approval stamp will be removed. As well, all signs must be bilingual. Remember that you can call Material Installations to request professional looking directional signs at a minimal cost, which are a vast improvement over hand-made signs.

Thank you for helping to keep our hospital tidy.



CONTINUING EDUCATION

Visit *Chez nous* online for a complete list of this month's Continuing Education events: www.thechildren.com/en/news

Blast from the MCH's past Did you know?

A profession is born

Many of the specialized healthcare professions that exist today were undreamed of a century ago. A clinical perfusionist, for instance, gets children onto the heart-lung bypass machine during heart surgery. This ensures that adequate oxygen is delivered to all organs, including the brain, since the heart and lungs must be stopped during the operation. The hospital's first perfusionist in the 1950s was not a trained professional, but a 17-year-old German immigrant named Wolfgang Schroeder who was employed as an orderly. He later went on to medical school.

An excerpt from Building on a Century of Caring: The Montreal Children's Hospital 1904-2004.

Important Message: Mandatory Training On Pandemic Influenza

The Training Program on Pandemic Influenza, elaborated by the MSSS, is available online in French and English at www.formationpandemie.qc.ca/. This training is mandatory for all MUHC staff. By using your computer at work, on an MUHC site, or your home computer, you will be able to access the website above by entering the username: formation and the password: m3s. The computer used to access the website must fulfill the following minimal requirements: Windows 98, Internet Explorer version 6, Adobe Acrobat Reader version 6, Flash

Player version 8 and soundcard. If required, the MUHC Service Desk, Information Services (extension 48484), can answer any questions about your MUHC computer. Your training must be completed no later than 31 October 2009.

The training program contains several modules and the training can last a few hours. Nevertheless, the flexibility of the program allows you to do the training over more than a session and may be continued at a later time. In addition, the navigation is executed using several tabs,

helping to reduce the required time to finish the program if you already have knowledge on the subject.

For those unable to complete the web-based training, public sessions, as well as printed documentation summarizing the essentials material will also be offered shortly. Further communication on the subject will follow.

Important: For tracking purposes, it is essential that you inform your manager when you have completed the training.

Continuing Education

PEDIATRIC MEDICAL GRAND ROUNDS

Wednesdays
8:00 to 9:00 a.m.
MCH Amphitheatre

October 28

Teenage Sexuality Then and Now—Has Anything Really Changed?

Dr. Franziska Baltzer
Assistant Professor, Department of Pediatrics
Director, Division of Adolescent Medicine
McGill University – The Montreal Children's Hospital

RESEARCH INSTITUTE SEMINARS

Mondays
12:00 noon
C-417

October 26

Does Obesity Risk Begin in the Womb? Early Life Origins of Obesity and Diabetes

Dr. Elvira Isganaitis
Division of Molecular and Cell Physiology
Joslin Diabetes Center and Massachusetts General Hospital
Boston, Massachusetts

November 2

Lung Development, Injury, and Mesenchymal Stem Cells

Dr. Paul Waszak
Division of Neonatology, Department of Pediatrics
University of Alberta
Edmonton, Alberta

@ Work

MCH Staff @ work



Demetra Kafantaris
Senior Advisor, Corporate Affairs
General Administration, 8 years at the MCH



Lisa Dutton
Manager
Public Affairs and Strategic Planning, 5 years at the MCH

Photo: Daniel Héon

"Forever fascinated by words and the emotions they evoke, writing poetry has been a passion of mine, and getting some of my material published was a dream come true. Now, of course, a person can't live life stimulated by words alone, so to balance things out I let off a bit of steam and bring out my competitive side by being an ardent sports fan: hockey, football (CFL), tennis, golf, you name it, I follow it. You know what they say, once a tomboy, always a tomboy!"

On working at the MCH: "What struck me right away when I joined the Children's is that people here, from clinician to support staff, take care of the kids and families as if they were their own. We have made it our mission to be a 'caring' organization, and it's not just a word, we really do. You never forget why you're here."

Creativity is Lisa's middle name. She spends her free time doing stained glass, pottery and quilting. She also spends a lot of time walking her two dogs.

On working at the MCH: "I enjoy the people. You really feel like you're part of a team, a family."

Pets for Depression and Health

Can your depression problems improve when you interact with your pet?

By Kathleen Doheny, Source: WebMD

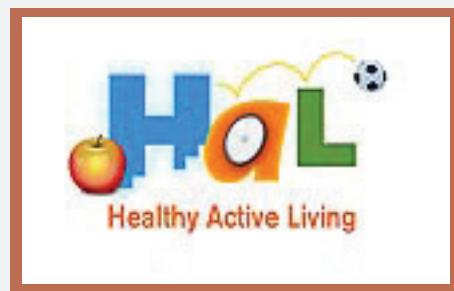
Traffic was unbearable, the workday was long, and the boss unreasonable. But minutes later, as your pet dog wags his tail and yips his welcome, your symptoms of depression lift.

It's not a coincidence, according to psychologists, veterinarians, and researchers, who concur that pets can be good for our mental and physical health. A pet can't cure symptoms of depression, of course, nor is a pet a substitute for medication or talk therapy. But a pet can help to improve mild or moderate depression in many people, experts agree, as well as provide other benefits, such as better sleep and overall health.

Pets and depression: what therapists say

Pets offer psychological and physical comfort, says Teri Wright, PhD, a psychologist in Santa Ana, Calif., who keeps a parakeet and two hamsters in her office to break the ice with children she treats -- but finds that adults like them, too.

Pets, she says, "just feel good to hold on to." Psychologically, she says, "they make you feel important, like you matter." How, for instance, could you not feel better when your dog wags his tail and pants upon your



return, even if you've just returned from a half-hour errand?

Wright has two guinea pigs, Dex (for Dexadrin, the ADHD drug) and Zac (short for Prozac), and feels pretty important when they squeal upon her return home. "No one else gives them parsley," she says of their favorite snack.

The power of pets for improving your mood and health

The power of pets in improving mood can be summed up in two words, says Alan Entin, PhD, a psychologist in Richmond, Va.: "Unconditional love."

Dogs, in particular, are always glad to see you, he notes. "When you are feeling down and out, the puppy just starts licking you, being with you, saying with his eyes, 'You are the greatest.' When an animal is giving you that kind of attention, you can't help but respond by improving your mood and playing with it."

Besides unconditional love, a pet relieves loneliness, Entin points out. Depression and loneliness can go together as people withdraw. "For many people pets are the only relatives they have. It relieves their loneliness. People with animals tend to relate to them and they feel better."

Having a pet takes the focus off the owner's problems, Entin says, since having a pet is a commitment--you need to feed and care for the pet. "When people have a pet in the house, it forces them to take care of another life," Entin says. With the focus outward, he says, the pet owner may not dwell on their depressed mood as much.

The pet doesn't have to be a dog or a cat. British psychiatrist Camilla Haw, in fact, recommends pet parrots as ideal pets for some patients with symptoms of depression. "I have kept pet parrots for 20 years and can recommend them for the house bound, the lonely and patients with depression, especially middle-aged women suffering from the 'empty nest syndrome,'" she writes in *Psychiatric Bulletin*. The birds can be loyal, loving, and provide good companionship, she says.

Events

Auxiliary sales events

October 26: miscellaneous items and garage sale

October 27 and 28: Jo-Lynn Malfara handmade and costume jewelry, and an assortment of clothing and handbags

All sales take place on 2B

Don't miss the MCH Halloween Party!

It's time to conjure up your best costume and head to the cafeteria on **Friday, October 30**, for our **Annual MCH Halloween Party**. There'll be music, dancing, and refreshments, as well as distinguished guests and prizes for best individual and runner-up costumes, and best group and runner-up costumes.

Friday, October 30
12:00 to 2:00 p.m.

Best costume contest will be held at **12:45 p.m.**

Quality of Life at Work Committee

Recruitment Initiative for Healthcare Professionals

MUHC Career Day: are you interested in taking part?

On Saturday November 14 the MUHC will be hosting a career day across 6 sites as a recruitment initiative for healthcare professionals. Medical technologists, nurses, occupational therapists, perfusionists, pharmacists, physiotherapists, radio diagnostic technologists and respiratory therapists will give presentations and answer questions about the wonderful career opportunities within the MUHC.

There will be kiosks representing the 6 sites located at the MGH Livingston Hall, Lachine Campus, MNI and here at The Montreal Children's Hospital.

From 11:00 a.m. to 4:00 p.m. the Montreal Children's Hospital will be providing presentations, department tours and mock scenarios to inform interested visitors of the exciting pediatric services we provide. This event will be held in the area around the Amphitheatre and D162. Refreshments will be provided as well as a free shuttle service between sites.

If you or your department would like to participate in this event or have any questions please contact Stephane Timothee at 22225 or Sharon Taylor at 22907.

In Focus

MCH Pathologists = Disease Detectives

A look inside the department located on D-4

By Lisa Dutton

"Pathology is like a box of chocolates, you never know what you are going to get." Dr. Chantal Bernard, Director of MCH Pathology, quotes the famous line from the movie Forrest Gump.

Tucked away on the 4th floor of the D-Wing is the MCH Pathology Department. The dimly lit hallway is crowded with filing cabinets. The walls haven't seen a lick of paint in a long time and the floor is well worn. Despite the rather gloomy décor, the staff is vibrant and upbeat. Dr. Chantal Bernard, Director of MCH Pathology since 1999, is particularly welcoming and eager to give me a tour to explain the work done in the department.

Thanks to the plethora of crime shows on TV, folks (myself included) usually equate pathology with autopsies. While this is one aspect of the work done on D-4, it is by far not the bulk of the team's workload.

In fact, the five MCH pathologists spend more time helping the living than anything else.

"Pathologists are like detectives. We figure out what is wrong with a patient," says Dr. Bernard. "The medical team has a hypothesis. It's the job of a pathologist to confirm the diagnosis, and we do this by examining tissue and organ samples removed during biopsies and surgery."

In fact, MCH pathologists examine about 5000 tissue and organ samples each year. Everything removed from a patient--from tonsils to appendices and to tiny parts of a patient's kidney--are sent to D-4 to be carefully examined under a microscope.

As she talks, Dr. Bernard shows off a plastic vial somewhat like a prescription bottle filled with formalin. Inside is a piece of skin.



Dr. Chantal Bernard

Photo: Claudio Calligaris

It was removed from behind a patient's ear. Dr. Bernard explains why it is so important to examine every piece of tissue removed from a patient. She tells me about a child who was rushed to the OR with a burst appendix.

(Continued on page 10)

Dr. Chantal Bernard and Dr. Myriam Chevarie-Davis



Photo: Claudio Calligaris

The doctor diagnosed acute appendicitis. However, upon examination of the removed organ the pathologist discovers a tumour actually caused the rupture. Two completely different diagnoses requiring drastically different follow-up care.

Pathologists also play an important role during surgery where tumours are being removed. It is often difficult for a surgeon to know if they have removed the entire mass. In order to be certain, the tissue removed is whisked down to Pathology where it is examined STAT. Within 15 to 20

minutes, the pathologist is able to tell the surgeon whether they have removed the entire mass or if there is still some tumour remaining.

And as mentioned above, performing autopsies is part of the department's mandate with 150 to 200 done per year. Autopsies are generally performed on children who have passed away in the MCH NICU or PICU. The goal is to make sure the child was properly diagnosed and that the treating team did not miss any underlying cause of illness or injury. The department also performs about 50 coroner's cases per year. These

are autopsies on children who died for no apparent reason, for example, a 12-year old who collapses and dies while playing hockey, or a baby who dies at home of Sudden Infant Death Syndrome (SIDS).

Standing outside the autopsy room, the sign indicates an autopsy is in progress. Dr. Bernard opens the door a crack and peaks inside. Dr. Moy-Fong Chen is about to examine a fetus to determine why it was spontaneously aborted.

The autopsy room is much like what is depicted on TV shows like *Crime Scene Investigation (CSI)* or *Law and Order*, but it is much smaller. A steel table takes up most of the space in the approximately 16' by 10' room. There is a table of tissue samples awaiting Dr. Bernard's keen eye. Donning gloves she opens a plastic bucket the size of an ice cream container. She dips her hand in and fishes out slices of a child's liver. She explains that during a recent surgery half of the organ was removed in order to eradicate a tumour. Dr. Bernard's job is to determine if the entire malignant mass was removed. She says, during her examination, she discovered a second much smaller tumour in a lymph node that would have been undetectable to the surgeon. The cancer had metastasized, something the clinicians would have been unaware of if not for the work done by pathologists.

The tour of the Pathology Department includes a visit to the laboratory, where three technicians are busily preparing tissue samples for pathologists. Dr. Bernard explains the elaborate procedure which may involve flash freezing the tissue or encasing it in wax. Both methods make it easier for a technician to literally slice the tissue paper thin. The sample is then encased on a glass slide to be examined under a

(Continued from page 10)

microscope. To give an example of how thin the tissue is that's being sliced, Dr. Bernard says that a blood cell, which measures seven microns, (invisible to the naked eye) is cut in half. Clearly, the technicians have to be extremely meticulous ensuring all samples are correctly processed and labeled.

Having spent about an hour and a half with Dr. Bernard, it's obvious she loves her job and is proud of her team. So I was rather surprised to learn pathology wasn't her first career choice. As a resident, she was seriously interested in pursuing a career as a nephrologist (kidney specialist) but she found the work lacked the variety she needed. Her father-in-law, a pathologist, suggested she follow in his footsteps. "From the very first minute I started, I loved it," she says. "Each day is different, you can't predict what will happen and you are constantly learning."

Becoming a pathologist is not an easy task. It entails one of the lengthiest educational and training tracks of all physicians: four to five years of medical school, plus a minimum of five years of post-graduate training in pathology residency. And if

you want to specialize in pediatric pathology, add at least an extra year of training.

Walking in to the last room in the department, we are greeted by three residents, two in nephrology and one in pathology. Dr. Myriam Chevarie-Davis is a third-year pathology resident. Dr. Bernard is a fan and is hoping the young woman will decide to work at the MUHC once her residency is completed.

The residents were examining a piece of a kidney under a huge microscope that can be used by five people at one time. They invite me to take a look.

After moving my head first one way and then the other, I can see the specimen on the slide. I'm looking at a number of irregular shaped circles. Some are bright pink and others are whitish, and dotting this landscape are hundreds of blue dots. They explain what I'm looking at. Baffled I repeat what they said, or at least, what I think they said; everyone but me starts laughing.

But apparently, I'm not the only one baffled by the colours and swirls on the slides. Dr. Bernard admits

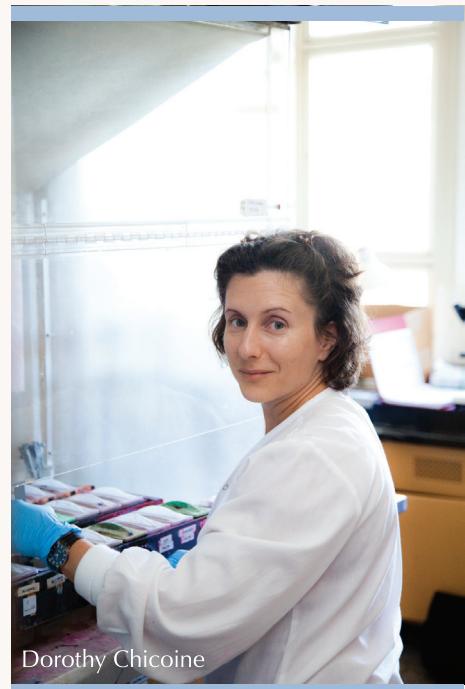


Photo: Claudio Calligaris

that pathology is 'like a foreign language' to most physicians. In fact, most physicians simply know how to read a pathology report and ask appropriate questions to ensure protocol was followed.

Just before my interview ends, Dr. Bernard turns to one of her colleagues Dr. Blumenkrantz. "We're a good team, aren't we?" Dr. Blumenkrantz confirms the statement by playfully responding, "Yes, I have to admit I like you...a bit," at which Dr. Bernard smiles and rolls her eyes.

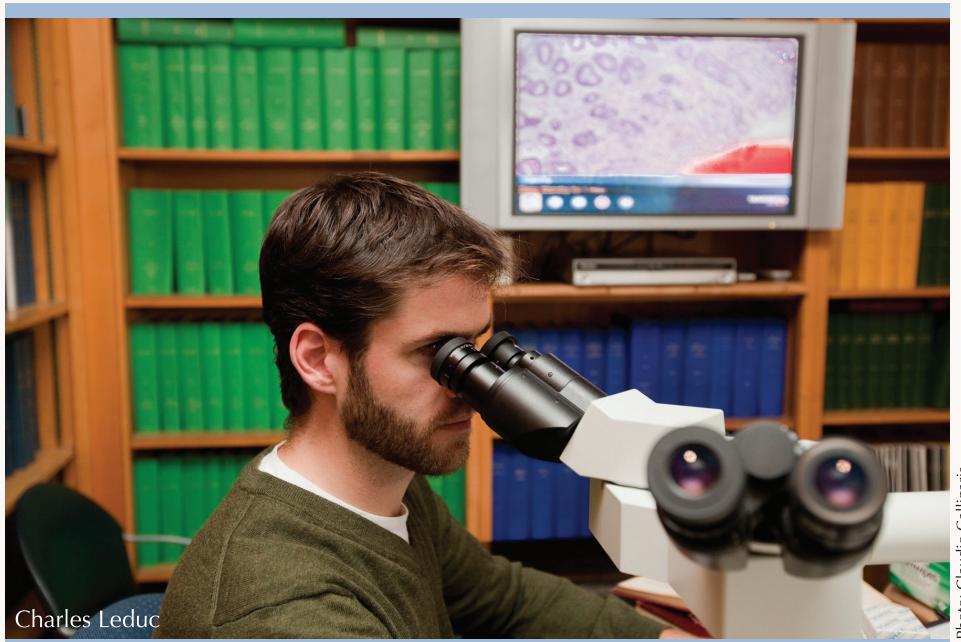


Photo: Claudio Calligaris

C

Dr. Rak improving the face of cancer care for children

By Julia Asselstine

"Well, my story is rather boring," says Dr. Janusz Rak, MUHC scientist in cancer and angiogenesis research at the MCH, when asked about his career. But to hear it, is anything but.

Dr. Rak graduated from medical school and obtained his PhD in Poland. "Early on I wanted to get involved in oncology but this was in the early 80s and at that time medical oncology was a relatively depressing field," he recalls. "I vividly remember doing my medical rotation in this area and witnessing medical professionals providing palliative care and prescribing toxic chemicals that almost never worked."

With a sour taste in his mouth for the current state of oncology and treatments, Dr. Rak eventually met somebody from the Academy of Sciences in Poland who happened to be the head of the Tumour Immunology department.

"He said to me, 'Look, you can take two approaches in medicine. You either see someone drowning in the water and you jump in to pull the person out, or you go up the stream and fix the problem that is causing the people to fall in the water. You create a bridge.'"



Following this philosophical moment, Dr. Rak decided that he would make a difference by pursuing research rather than clinical care. From Poland to Michigan to Toronto to Hamilton, Dr. Rak gathered and studied information about tumour cells finally bringing this healthy wealth of knowledge to the Montreal Children's in 2006.

"My hope is that some of the knowledge that we have contributed will make a positive impact on medical care worldwide," says Dr. Rak. "For example, the knowledge we have gained about oncosomes. These are bubble-like structures that cancer cells make, which contain

cancer causing proteins and can merge into healthy cells and turn them into cancer-like cells. They also float in blood so we might be able to develop a blood test out of this, something that would guide therapeutic approaches."

Another major focus of his is how age impacts cancer processes. "Children have a very different susceptibility to cancer than adults, yet they are being treated most of the time with similar agents," says Dr. Rak. "I think in this area there is a lot of room for improvement."

And just as he thinks his career path has been boring, he also thinks his personal life is boring. "The problem is the busier you are the less time you have," he says. "I like to travel, read, sail, but really, I can talk for hours about all kinds of hobbies, but at the end of the day I probably spend more time talking about them than doing. Still, the ordinary guy I am, I can't believe that I get to be in the most extraordinary and exciting line of work there is."

Regardless of how boring he thinks he is, Dr. Rak is working hard at pursuing the best care for life for children with cancer, so if this is how boring people live, well Dr. Rak we accept you fully and unconditionally!



ERRATUM

Several errors were made in the profile of Lyne St-Martin in the previous issue of *Chez nous*. The article should have read: Lyne has been a nurse for 21 years, 20 of which have been at the MCH, where she worked for 14 years in Pediatric Intensive Care and Emergency... Lyne has specialized in infection prevention and control since 2003 and has occupied the post of Infection Prevention and Control Manager since December 2008. The author sincerely regrets the error. We invite you to read the corrected version of Lyne's profile online at www.thechildren.com (News and Events – Chez nous).