

Chez nous

MCH EMPLOYEE NEWSLETTER

March 14, 2013

Finding balance: one doctor's journey so far

— Page 2

*Also in this
publication:*

**Email overload: Top 10 tips
to tame the beast**

— Page 3

SPECIAL SEGMENT:

**MCH Strategic
Planning Process**

— Page 9



Published by
Public Relations and Communications

www.thechildren.com

Photo: Owen Egan

Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre



New doc on the block

One doctor's journey from resident to physician

— By *Stephanie Tsirgiotis*

Having recently started her medical career at the Montreal Children's Hospital, Dr. Lisa Anne Rasmussen seemed like the perfect person to ask, "So what's it like to finally be a doctor?"

Born in Saskatchewan, Dr. Rasmussen studied Pediatric Neurology in Vancouver and moved to Montreal in September 2011. She now holds a locum position (a temporary position covering maternity leaves and leaves of absence) in the Neurology department. She's also pursuing a master's degree in Biomedical Ethics and would eventually like to complete a fellowship in Palliative Care. "I have a strong emotional connection to palliative care," she says. "I like to think of it as 'medicine with your heart.' You're not only treating patients, you're also supporting them and their family during an extremely difficult time."

Besides moving to a new city and having to learn a new language, Dr. Rasmussen admits that the transition from resident to physician also had its ups and downs. She says the most difficult part about her first year on staff was learning to cope with an extra sense of responsibility. "Making decisions and being comfortable with those decisions was hard at first," she says. "I started taking my work home with me emotionally – it's hard when children are sick and things don't go the way you had hoped for." Another challenge Dr. Rasmussen faced early in her career was learning how to "read" families, that is to figure out how much information to give them during the first meeting. "It's really hard for parents when they hear a diagnosis for the first time," she says.

Over time, she's gotten better at letting go of these emotions by focusing on improving her work/life balance through yoga and meditation. "I'm currently working on my yoga certification," she says. "One day I would love to teach yoga and meditation in the hospital. I believe very strongly in holistic,

whole person care – for our patients and for us. I think our profession needs this."

Dr. Rasmussen has not only improved her work/life balance, but she has also worked hard at learning French. "I have come a long way," she says. "It's still challenging, but it's very important for me to connect with my patients and their families." And, she's definitely doing just that. During a recent appointment with a two-year-old boy with possible developmental delays, Dr. Rasmussen had no qualms about getting down on her hands and knees while playing with toy giraffes and piglets.

"Regarde le petit cochon," she smiled. "And, how about this little guy - a baby bear. Ourson? Is that masculine or feminine?" While watching her interact with families and residents, it's easy to see that the transition period is complete. Dr. Rasmussen's confidence and abundance of medical knowledge makes it seem like she's been practicing medicine for years and yet she remains humble and open to change.

"As physicians we are always learning and growing, so it's important to remain humble. We need to be humble enough to really listen to patients and parents, humble enough to ask for help when we need it and humble enough to realize that we are all working towards the same goal," she says. "I have learned so much since coming to the MCH and I am grateful for this opportunity and I hope I continue to grow here as the years go by."





Email etiquette:

It's time to delete those bad habits

— By Lisa Dutton

I don't know about you but my phone hardly rings anymore. Email has taken over as my main form of communication. I get 150 to 200 emails a day and I spend a good chunk of my time responding, forwarding and deleting. I'm sure I'm not alone. Someone asked me recently if I had any ideas to improve on email communication. 'I do,' was my reply. In fact, I've got 10.

- 1. Long, drawn-out messages.** Nothing is more frustrating than wading through an e-mail message that is twice as long as necessary. Stick to one subject per message whenever possible—and keep it short and simple. If you need to convey more information, pick up the phone.
- 2. Reply all when *all* need to know.** Please don't hit 'reply all' when invited to a meeting. The 12 people invited to the meeting don't need to know about your dentist appointment or upcoming vacation.
- 3. Chain letters, virus warnings, cute pictures, jokes.** We could all use a good laugh every now and again but with dozens of emails to sift through, it's better to stick to business during business hours.
- 4. E-mail isn't private.** Consider an email like a postcard. In other words, don't include anything that is confidential. Remember e-mail can be forwarded, so unintended audiences may see what you've written. You might also inadvertently send something to the wrong party, so always keep the content professional to avoid embarrassment. Yes, this has happened to me.
- 5. Use sentence case.** USING ALL CAPITAL LETTERS LOOKS AS IF YOU'RE SHOUTING AT ME, don't you think? On the flip side, using all lowercase letters looks lazy. If you want to emphasize a word, use underscore or **bold**.
- 6. No need to thank me.** It's okay, I won't be insulted. I often get questions by email and when I respond the recipient replies "Thank you". I know he's being polite, but it's just another email to open and delete.
- 7. Talk to me.** Don't use email to avoid speaking directly to me. Sometimes a two-minute phone conversation can solve an issue that otherwise would take all day to work through with back and forth—and back and forth—emails. I've been guilty of this too.

...Continued >>

CHEZ NOUS is published by the MCH Public Relations and Communications office

Editor-in-chief: Lisa Dutton
 Editor: Maureen McCarthy
 Managing Editor: Stephanie Tsirgiotis
 Contributors: Imma Gidaro
 Writers: Jennifer Charlebois
 Graphic design: Vincenzo Comm Design
 Photography: Owen Egan
 Ladislav Kadyszewski

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

Production of *Chez nous* is made possible thanks to funding from the Montreal Children's Hospital Foundation.



Join us on Facebook!



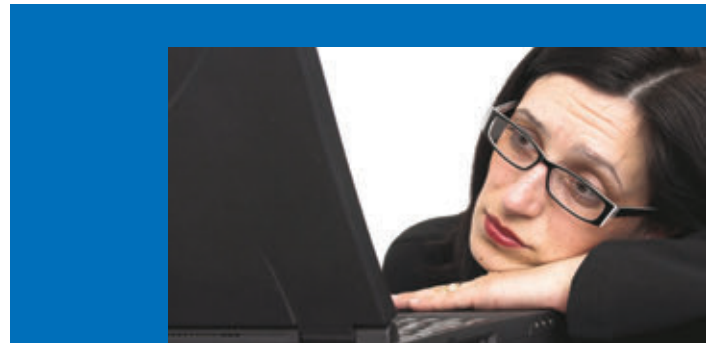
MCH employee at work



Marianna Taddeo, clinical nurse in hematology/oncology

“The best part of my job is being around the kids,” says Marianna Taddeo. “They have such a positive attitude.” Marianna has been at the Montreal Children’s Hospital for over six years and has worked as a clinical nurse in the hematology/oncology ward and now currently works in the day treatment centre. In her spare time, she enjoys traveling and trying new restaurants. In fact, she often combines the two while on vacation by taking cooking classes. “I’ve taken classes in Mexico and Vietnam,” she says. “I’m kind of obsessed with food!” •

Email etiquette (cont’d)



- 8. Use the subject field wisely.** Don’t simply write “Hi, from Tom”; tell me what it’s about so I can decide if your email is urgent or not.
- 9. Short and sweet.** Remember I can’t hear your tone of voice or read your body language via email. If your emails are too curt, I might think you’re annoyed with me. Also, don’t add a smiley face to soften the blow if you’re saying something strong.
- 10. Proofread your message.** We often send emails in a hurry and when it comes to our smart phone keyboards we can sometimes be all thumbs. Try to reread your message before you hit send. Typing ‘Green work!’ when you meant ‘Great work!’ will only generate another email from your correspondent – one with a big question mark!

And finally, remember that it works both ways. To paraphrase the Golden Rule: email unto others as you would have them email unto you!

If you have email pet peeves to share, email me at:
>> lisa.dutton@muhc.mcgill.ca

In order to help you better prepare for our big move to the new Montreal Children's Hospital, Chez nous will be running a special series on adapting to change. It will include tips and advice on how to deal with stress, the power of positivity, and finding balance when everything around you is in flux. •



EVENTS

The Ball for The Children's

On May 23, 2013, the Ball for The Children's returns to Windsor Station, where Co-Patrons of Honour Isabelle Marcoux, François Olivier, Roland Lescure and Susie O'Reilly, host an enchanted journey through an imaginary world, redolent of dreamlike possibilities.

One of The Montreal Children's Hospital Foundation's most important fundraising events, proceeds from this year's ball will go to support the Hospital's most precious resource: its talented medical staff. To reserve your tickets, contact Margaux Watine at extension 29204. ●



Le Phare Enfants et famille online newsletter

Visit *Le Phare's* website to read their latest newsletter complete with video footage from 'Second regard', a Radio-Canada broadcast that featured visits to both *Le Phare* and the home of a family that has benefited from their services. ●



www.phare-lighthouse.com/medias_infolettres.php

Calling all budding artists!



The MCH Auxiliary is holding its annual Christmas card contest, and once again we would like the children of hospital employees to participate. We are looking for original drawings, bright, colourful winter or holiday scenes. Winning entries are printed on our cards and winners receive a plaque as well as a cash prize. This would appeal to children in grades 4-11.

Contest rules and entry forms are available from the Auxiliary Administrator, Lucette Bennett, at Lucette.Bennett@muhc.mcgill.ca or (514) 412-4400 ext. 22384. **Deadline is April 30, 2013.** ●



Awards of Excellence – Last call for nominations!

The Montreal Children's Hospital Foundation invites you to nominate your colleagues and volunteers for their outstanding work at the MCH. There are nine categories to be filled and fabulous prizes to be won. Each Award winner will receive \$1,000 to use at his or her discretion and two tickets to attend the Ball for The Children's on May 23 at Windsor Station.

PRIX D'EXCELLENCE
AWARDS OF EXCELLENCE 2013

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

Winners will also direct \$9,000 to an area of need in the Hospital of his or her choice and another \$15,000 will go to meet the hospital's most urgent needs. Brochures and nomination forms are available at the MCH Information Desk or online at www.childrenfoundation.com. Deadline is **March 22, 2013**.

Awards and Nominations

The Ingram School of Nursing at McGill University is recognizing nurse preceptors and advisors who act as positive role models, demonstrate excellence in teaching, provide students with a supportive learning environment and encourage students to achieve their personal best.

Janet Rennick and **Margaret Powell** have both been selected to receive a 2011-2012 Ingram School of Nursing Award for Excellence in Preceptorship/Advising.

Qmentum (Accreditation) information session on April 5



An information session for all staff members about the MCH accreditation process will take place on **Friday, April 5, from 1:00 to 2:00 p.m.** in the Amphitheatre (D-182). The session will

help clarify and prepare staff for the Accreditation process which will be held at the MCH in September 2013. Please try to attend.

Saturday, April 13
La TOHU
dancingwiththedocs.ca
 ext. 23622

Dancing with the Docs

Thank you to our sponsors



One day at a time

After a lengthy hospitalization and a grueling rehabilitation, Nathan is on the road to recovery — *By Jennifer Charlebois*

One August evening in 2011, Nathan Colantonio said no to an after-dinner bike ride.

“He said he was feeling tired. He didn’t want to go,” says his mother, Diana Devito. “I thought that was strange because my son loves to go bike riding, especially with his dad. Looking back, that should have been a red flag.”

What Diana and her husband Ralph Colantonio couldn't have known was that Nathan was beginning to experience the first manifestations of a serious autoimmune disease called Guillain-Barré syndrome.

The next morning, August 16, Nathan told his mother that he had trouble getting out of bed. Later in the morning, he started falling down.

“It was the way he fell,” she says. “It was just like he dropped. Like a pile of sticks...But, the worst thing was, he couldn’t get up. Then I knew something was wrong.”

From bad to worse

By the time they reached the Montreal Children’s Hospital, Nathan could barely walk. “Everything started happening very quickly,” she says.

The family met with neurologist Dr. Chantal Poulin, who immediately began a series of medical tests, including Magnetic Resonance Imaging (MRI) and an electromyogram (EMG). By that night, Nathan could barely sit up, and was quickly losing function of all of his muscles. “It was really scary,” says Diana. “All I could do was watch him getting weaker and weaker, hour by hour.”



Nathan in August 2012, back home after a year of treatment and rehabilitation for Guillain-Barré syndrome

A spinal tap confirmed the diagnosis - Guillain-Barré syndrome. Guillain-Barré, or GBS, is a rare and serious disorder that occurs when the body's immune system mistakenly attacks part of the nervous system. In Nathan’s case, the disease primarily attacked the base of his spinal cord.

While the attack can be temporary and most patients recover, it can take weeks, months, or years for patients to regain full muscle function.

Nathan’s case had a rare variant called Miller-Fisher, which affected all of his facial muscles. This compromised his ability to chew, swallow, and cough. Nathan therefore had to have a tube inserted down his throat shortly after he was admitted to keep his airways open. He was also treated with immunoglobulin therapy (IVIG) treatments to help block the proteins

...Continued >>



IT'S YOUR CALL: make telephone communication a positive experience for everyone



— *By Imma Gidaro,*
MCH Coordinator for Patient-
and Family-Centered Care

Sometimes when we're dealing with calls from parents, it can be a real juggling act: trying to provide the information they need, booking their child's appointment, and answering their questions as well.

But it's important to keep in mind that parents might be calling from work—and might be under pressure to keep their calls to a minimum, which can make it challenging for them to make appointments.

Try putting yourself in their shoes and think about what it's like to be on hold for a long time. If at all possible, ask if you can call them back once you track down the info they need. If they're easy to reach by phone, then it might be easier and less stressful for you and for them.

There's also a little trick that has been known to work: try smiling when you talk to people over the phone. It's amazing how a smile goes a long way to improving communications – even if they can't see you!

Office hours:

Tuesdays and Thursdays
from 9:00 a.m. - 3:00 p.m.
or by appointment (F-249)

Telephone:

MCH: 23992 / Cell: 514-880-4038

Email:

imma.gidaro@muhc.mcgill.ca
igidaro@sympatico.ca

One day at a time (cont'd)

(or antibodies) that were attacking his nerve cells. Physical and occupational therapy began immediately.

Months of rehabilitation, then finally home

Nathan spent a total of 29 days at the Children's. He battled two bouts of pneumonia, spent three weeks in ICU, and one week on 6C. But it wasn't over yet. After leaving the MCH, Nathan spent the next ten and a half months at Marie Enfant Rehabilitation Centre, undergoing intensive physical therapy, and many months battling extreme neurological pain as his nerves began to heal. He slowly moved from paralysis, to a wheelchair, to a walker, and finally, after months of rehabilitation and a lot of hard work, Nathan was ready to go home on July 26, 2012. Coming home, says his mother, was the best therapy of all.

Nathan is now fully recovered. He continues to get stronger day by day, and not only is he back to school full-time, he is also back to snowboarding again. "We're very, very thankful," Diana says. "Patience has been the one big word we've really had to learn. And, living day by day. But, we're very thankful he can get back to being a kid again." •

New MCH PowerPoint template available

NEW MCH POWERPOINT TEMPLATE

MCH administration is encouraging all employees to start using our new corporate MCH powerpoint template for all internal and external presentations. The new look was created by our Medical Multimedia department and approved by Public Relations and Communications.

Please contact Jo-Anne Trempe at 22368 if you would like to receive a free copy of the template.

MCH maps out its future

Five projects launched



The Montreal Children's Hospital's strategic planning process has moved into phase four. The planning process known as SERVE has determined six strategic goals for the hospital. To achieve each of those six goals, five initial projects will be launched in the coming weeks.

Frédéric De Civita and Sharon Taylor-Ducharme are managing the strategic planning process and are working in collaboration with many partners. In order to provide a better understanding they've answered the following questions:

What is SERVE?

SERVE stands for Stratégie en route vers l'excellence. It is the name given to the MCH strategic planning process. Strategic planning is an organizational process of defining its future direction, goals and objectives. Strategic planning is a structured approach used to help the organization move from where it is today to where it wants to be in the future.

What is the goal of SERVE?

The strategic planning process allows the hospital to determine its goals for the next five years and develop a strategy to achieve these goals. This process will make sure the hospital is fulfilling its mission within the MUHC and its vision to be a world-renowned academic pediatric hospital where everyone is devoted to putting the needs of children and their families first.

What are the hospital's strategic goals?

After a half-day retreat, and consultation with over 100 MCH employees including physicians, families and MUHC partners, the Montreal Children's Hospital has identified six strategic goals:

- Integrate culturally inclusive patient- and family-centered care (PFCC)
- Increase access and performance of tertiary health care delivery
- Optimize partnerships
- Ensure a culture of continuous quality improvement and safety
- Capitalize on innovation, technology and research
- Align, develop and efficiently utilize our resources

What are the next steps?

In order to accomplish these strategic goals, over the short term,

we will launch five initial projects. The success of these projects will bring us one step closer to achieving our strategic goals.

The organization is also committed to taking part in an annual planning exercise in order to set clear objectives, as well as launching other key projects.

What are the five initial projects?

Our first five projects are described in more detail on the following pages, but here is the list:

- Develop patient- and family-centered care (PFCC) educational opportunities for MCH community
- Review processes – patient flow, medical and surgical
- Implement the MCH clinical plan
- Develop strategies for data management system
- Plan and coordinate our transition to the new Montreal Children's Hospital

Why were these specific projects chosen?

After consulting with over 100 people throughout the MCH, including parents, a number of extremely good ideas and projects were suggested.

The projects which received the greatest support from those consulted were selected. These projects will help the hospital address some of its most pressing current needs such as respecting the MCH's mandate to provide tertiary care, the organization's performance and the transition to the new Montreal Children's Hospital.

What does this mean for me?

Moving forward, as the work groups begin planning, diverse groups and individuals will be solicited to participate in and give their feedback with regard to the different goals.

How will we follow the progress of SERVE?

We will be closely tracking our five initial projects and performance indicators throughout the process and will keep you up-to-date on a regular basis via meetings, presentations and articles in *Chez nous* and on the intranet.

If you have questions about the strategic planning process, feel free to call Frédéric De Civita at x23148 who will be able to answer your questions.

MCH Strategic Planning Process

STRATEGIC GOALS

Integrate culturally inclusive patient- and family-centered care

Increase access and performance of tertiary health care delivery

Optimize partnerships

Ensure a culture of continuous quality improvement and safety

Capitalize on innovation, technology and research

Align, develop and efficiently utilize our resources

Vision:

World-renowned academic pediatric hospital where everyone is devoted to the needs of families and children

OBJECTIVES

INITIAL PROJECTS

- Increase information sharing and communication effectiveness
- Integrate patients and families in planning and decision-making

PFCC educational opportunities for MCH community

- Optimize navigation and coordination of patient in health care system
- Increase tertiary care prioritizing capacity and referral system

Review processes—patient flow, medical and surgical

- Collaborate with external partners to strengthen continuum of care and to build their capacity
- Increase MCH’s visibility and recognition
- Explore creative partnerships to support organizational priorities

Implement the MCH clinical plan

- Proactively manage quality, patient safety and high risk activities
- Implementation and sustainability of evidence informed clinical practices
- Develop continuous improvement knowledge and awareness
- Strengthen organizational management system and create accountability

Develop strategies for data management system

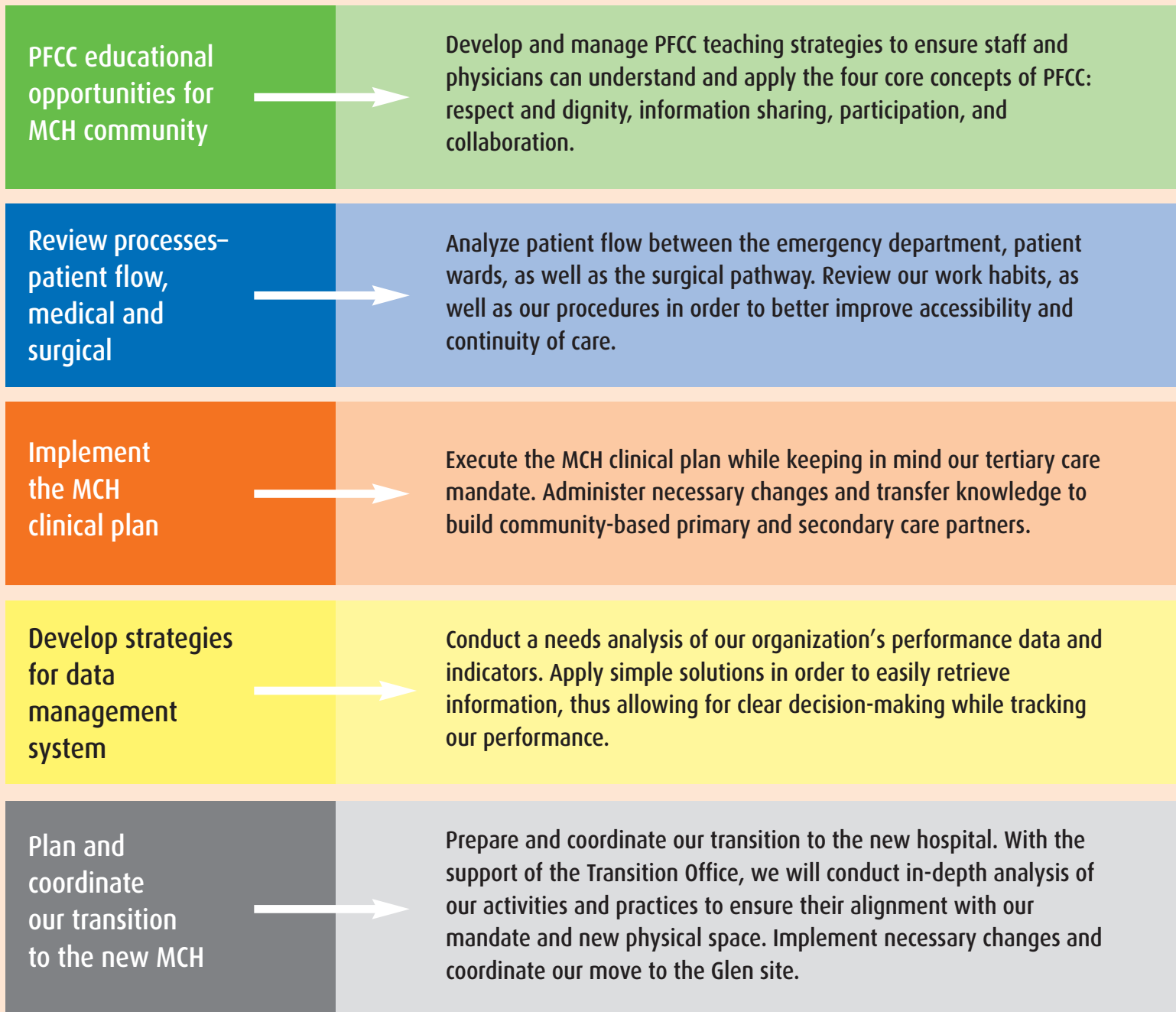
- Support innovative pediatric research and make a difference in clinical activities
- Develop and sustain a culture of continuous learning
- Improve IS systems to support clinical, research activities and decision-making

- Recruit, develop and retain highly skilled human resources
- Plan the physical move and transition to the GLEN
- Ensure budget equilibrium

Plan and coordinate our transition to the new MCH

MCH Strategic Planning Process (Cont'd)

INITIAL PROJECTS



If you have questions about the strategic planning process, feel free to call Frédéric De Civita at x23148 who will be able to answer your questions.