

# Chez nous

MCH EMPLOYEE NEWSLETTER

March 24, 2011

*News*

## MCH Employee Marika Anthony-Shaw Wins Big at Grammys and BRIT Awards

By Pamela Toman

*Although many dream about it, only a handful of prominent artists and groups have the chance to savour a moment in the spotlight at the annual Grammy awards ceremony each year, while even fewer can say they've received an accolade from the same event.*

*On February 13, 2011, the MCH's own Marika Anthony-Shaw had the opportunity to cross both feats off her bucket list when her band, Arcade Fire won the award for Album of the Year. Just two days later, at the 2011 BRIT Awards, the group won Best International Album, and the Award for Best International Group, stirring up excitement and pride across the city of Montreal and throughout Canada.*

*Despite her busy schedule, Marika recently took some time to speak to us about working at The Children's, her commitment to healthcare and research and what it felt like to win the biggest prize in the business.*

**Q** Tell me about your time at the MCH. How did you end up working here and what did you do? Who did you work most closely with?

I first started working at The Children's as the Emergency Depart-

ment Research Coordinator in 2008. I was involved in coordinating all the research projects going on in the department from large cross-Canadian multi-centre studies through the Pediatric Emergency Research Canada (PERC) network to smaller local research projects and fellows projects, as well as hiring and training new research assistants. The Children's has one of the busiest emergency rooms in North America, and that can pose challenges to doing research; everyone is so busy all the time. But, on the flip side, it also allows incredible opportunities for research because there are so many patients coming through. I tried to expand on these opportunities and get nurses, faculty and department employees more involved.

I got to work primarily with Dr. Maala Bhatt and Dr. David McGillivray and they were both incredible mentors', I learned so much from them and their passion for strong evidence-based care. But the role itself really involved working with almost everybody in the department.

It was great to be involved in research that will have an impact on the future and can actually improve care, and I found it fascinating to be involved from the beginning of a project when an idea was on paper,



Photo: David Lichterman

through to the implementation phase. Now, I am still able to remain involved in certain capacities with Dr. Bhatt's research and I still stay in contact with the research team.

**Q** How did you first get involved with Arcade Fire?

I got involved with the group during the recording of *Neon Bible* (Arcade Fire's second album, released in 2007), but they had been friends of mine for a long time, so I'd been peripherally involved before. Since then, I have recorded and toured with them.

*(Continued on page 2)*

(Continued from page 1, MCH Employee Marika Anthony-Shaw...)

**Q** Tell me about the Grammys. I believe this was your first time at the event. How did it feel to be there? What was the atmosphere like?

The band had been to the Grammys before, but this was my first time. The experience definitely surpassed any expectations I had! It was a fun show and great to be there. For me, it was so surreal to be performing on stage and know that my lifelong idols like Bob Dylan and Neil Young were in the audience. That was very cool.

**Q** What was the best part of that night for you?

For me, it's always all about the music. To play and be part of something purposeful was amazing.

We were totally not expecting to win the award. After our performance, we couldn't go back to our seats just yet and we were huddled underneath the stage. When Barbara Streisand announced that we won, you could tell she had no idea who we were! It was so funny! Being a part of that moment and then getting to play again was a great part of the night for me. I also got fist-pumped by the karate kid himself (Jaden Smith) backstage after we played... does that count?

**Q** Two days later, you went to the BRIT Awards in London. How was that experience?

The day after the Grammys, we flew straight to Heathrow airport and from there went right to the BRIT Awards in London. We were

pretty tired, but there were a bunch of other bands and artists who were doing both awards shows who were there too. The format of the BRIT Awards is a bit different, you sit down at tables and you have dinner, so there's more of a social aspect to the night, which is great. It didn't even cross my mind that we had won a Grammy so when we ended up winning two other awards, it was shocking, it was so surreal.

*To learn more about how Marika began playing violin and viola, her other band, Silver Starling, as well as her plans for the future and her thoughts on being an MCH employee, visit our Facebook page at [facebook.com/hopitaldemontrealpourenfants](http://facebook.com/hopitaldemontrealpourenfants) under the 'Notes' section.*

## Do you know any patients with remarkable stories?

On Thursday, May 5, the broadcasters from Astral Radio's CHOM 97.7, CJAD 800 and Virgin Radio 96 will once again host the *Caring for Kids* Radiothon, aired live from the MCH cafeteria, between 5:30 a.m. and 7:00 p.m. Last year's one-day event raised \$1.6 million in funds for the Hospital's most urgent needs, purchased life-saving medical equipment and improved the quality of care offered at the MCH.

The success of the Radiothon depends on the dozens of brave

patients and their families who volunteer to share their remarkable personal stories with thousands of listeners, in the hopes that they will answer the appeal and join the Circle of Hugs. Finding these patients is no easy task and the Foundation counts on MCH staff to help obtain the names of potential interviewees. If you know any patient who you think might have a story to share, and who is comfortable speaking in English, please contact Luke Quin at the Foundation, at 29236.



Gracianne at the 2010 Caring for Kids Radiothon

**Chez nous is published by the MCH Public Relations and Communications office.**

**Contributors:** Lisa Dutton, Pamela Toman and Maureen McCarthy

**Translation:** Joanne Lavallée

**Graphic design:** Jean-Claude Tanguay

**Photography:** Daniel Héon and David Lichterman

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](mailto:info@thechildren.com).

**Logo  
FSC**

*This is the third and final part of our series on MCH Global Child Health Initiatives*

## **A fellowship in every sense of the word**

By Maureen McCarthy

What started out last March as a four-week rotation in Kenya for an MCH pediatric surgical trainee turned into much more than anyone in the MCH Division of Pediatric General Surgery ever expected. By the time the year came to a close, an African pediatric surgery fellow had come to Canada to complete an observership at the MCH, and lifelong friendships were formed with the MCH general surgery team, and a former patient and his family.

Just over a year ago the MCH's Dr. Robert Baird (right) went to Kijabe, Kenya, to train at the BethanyKids Pediatric Surgery Unit of Kijabe Hospital\*. Dr. Baird was the first MCH surgical fellow to take part in the MCH Division's Pediatric Surgery Fellowship International Rotation.

The International Rotation is an elective that's part of Dr. Sherif Emil's five-year plan for the Division. "I wanted to go a step beyond what had been done in the past," says Dr. Emil. During the rotation, instead of just being a visitor, the fellow functions as a pediatric surgery chief resident on the BethanyKids pediatric surgery service, and is integrated in the house staff team. Along with other African pediatric surgery fellows, the MCH fellow provides house staff leadership and teaching, and actively participates in surgical care, including pre-operative, operative, and post-operative components.

The program has several goals. "By working in Africa, the fellow gets an opportunity to see pathology they wouldn't see in North America. We want them to get an idea of working in a resource-restricted environment, and experience being an 'ex-pat' surgeon," says Dr. Emil. The pediatric surgery fellow is under the direct supervision of Dr. Dan Poenaru, a Canadian Royal College certified surgeon, who has been in Kenya for almost eight years and has privileges in Canada. "It's really an unusual opportunity for a Canadian fellow to go to an African hospital built on a Western model," says Dr. Emil.

### **A first for the MCH, a first in North America**

The rotation in Kenya is not a requirement. "In fact, it's the exact opposite," says Dr. Baird. "The opportunity is unique to the MCH. We managed to incorporate the one-month stay into the MCH training program." While in Kenya, Dr. Baird shared his expertise in areas in which the African surgeons have had less experience. However, the learning process was far from one-sided. "The African surgeons have their own areas of expertise based



Photo: Daniel Héon

on their own experiences. For example, in many cases, their knowledge of infectious diseases far surpasses ours."

Dr. Baird says he also saw first-hand what it means to work with limited resources. "They do a lot with a lot less," he says.

When Dr. Baird returned to Montreal he began work on both podium and poster presentations for the Canadian Association of Pediatric Surgeons (CAPS) conference. He also recommended an exchange for one of his African colleagues. By the summer, the plan was in place for Dr. Frehun Ayele to come to Montreal. Dr. Ayele is from Ethiopia and is receiving training under Dr. Poenaru in Kenya.

### **The best laid plans**

Over the summer, Dr. Emil and staff did everything required to arrange Dr. Ayele's travel to Canada for his observership at the MCH. "Everything was in place, but somehow the consulate in Kenya dropped the ball and Dr. Ayele almost didn't get on the plane," says Dr. Emil. "With less than three days to go, I called the Immigration Minister's office in Ottawa to make our case. It worked!"

When Dr. Ayele arrived in Canada on September 23, he headed straight to Saskatoon for the CAPS conference where Dr. Baird presented his poster "A Tale of Two Fellowships: A comparative analysis of a Canadian and an East-African pediatric surgery training experience". The poster and a podium presentation summarizing his experience both received awards, with the CAPS secretary stating that the travelling fellowship was "money well spent." CAPS had also supported Dr. Baird's training experience.

*(Continued on page 4)*



(Continued from page 3, A fellowship in every sense of the word)

Dr. Ayele was in Montreal until early November and observed neonatal, vascular access and minimally invasive procedures not commonly seen in Africa. He also attended clinics, consultations, and all teaching conferences. "A lot of attendings here at the MCH appreciated his expertise," says Dr. Baird. "It was an experience that benefited everyone involved." As the only pediatric surgeon in Ethiopia, Dr. Ayele will try to employ the same model in his practice there.

Dr. Ayele's Canadian experience went beyond the MCH: 17-year-old patient George Penney and his family invited Dr. Ayele to stay at their house while he completed his observership. "This is an amazing example of an MCH family who, as I got to know them, asked what they could do to help our Division," says Dr. Emil. "Their decision came about quite naturally, and it was a priceless gift to us and to Frehun."

The Division's plan to continue the rotation on an annual basis is being realized, as senior fellow Dr. Andrea Lo is currently in Kenya. If funds become available, one of the current staff members at BethanyKids, a surgeon from Tanzania, will come to the MCH in the fall.

This unique international relationship between the MCH and Kijabe Hospital was realized through a director's vision, a fellow's passion, an entire division's efforts, and a family's generosity – a true example of what can be achieved when there is a common purpose.

*Read more about Dr. Ayele's stay with George Penney and his family in 'Our heroes' on page 11 of this issue.*

*\*see "MCH Surgical Fellow heads to Kenya" in *Chez nous*, March 11, 2010, at [thechildren.com](http://thechildren.com)*

## Quebec's Health and Welfare Commissioner consults with RUIS McGill experts to improve prenatal and early childhood care

Dr. Robert Salois, the Quebec Health and Welfare Commissioner and members of his team visited The Montreal Children's Hospital in mid-February to consult with various groups including representatives from the MCH, *Sous-comité Mère, enfants et jeunes du RUIS McGill*, *Réseau de santé mères, enfants et jeunes*, and *Alliance des communautés culturelles pour l'égalité dans la santé et les services sociaux* regarding the quality of prenatal and early childhood health and social services available in Quebec. He has been working on this dossier since 2009 and plans to table a report summarizing his findings and recommendations for improvement by the end of 2011.

In order to prepare his final report, the Commissioner has visited numerous groups across Quebec. He came to meet with experts in Perinatology and Neonatology,

representing the *sous-table Mères enfants et jeunes* of the McGill RUIS, to gauge reactions and opinions on some of his preliminary findings. "We very much appreciated meeting with Dr. Salois and have an opportunity to express our appreciation of his work in studying the critical issue of prenatal and early childhood health and social services," says Dr. Harvey Guyda, Associate Executive Director of the MCH. "The health and welfare of this vulnerable group is not dependent on the quality of the health care system alone, but also hinges on the state of the economy and the province's educational system."

Dr. Guyda went on to say that the representative group was very supportive of many of Dr. Salois' suggestions, but that "we also put forward several additional concepts and recommendations to improve access to primary care for pregnant women, especially in

the first trimester, and children 0 to 5 years." The group stressed that it was essential to our multicultural society to ensure that all CSSS offer primary care services that include prenatal examinations from the onset of pregnancy, post-natal follow-up care of mothers and ongoing professional care of all newborn infants across all regions of Quebec, including the far North. "We thanked Dr. Salois for listening to our concerns and we indicated that he can count on our support. We all concluded that the health and welfare of our children must be a number one priority for our government and for every member of society," says Dr. Guyda.

## A northern perspective

By **Sandy Bradford-Macalanda**

MCH Pediatric Nursing Coordinator for Healthy Workplaces, Recruitment and Retention

In August 2009 I was offered a one-year contract to work as Director of Primary Care for Athabasca Health Authority (AHA). The AHA is located in northern Saskatchewan, and provides health care services to five main communities in the north.

The hospital is located in Stony Rapids, SK, which is a small town of only 350 people, mostly Métis and some Cree. Professionals are hired on annual contracts and have a schedule of two weeks in the north (working) and then two weeks back at home (commuting by plane). While I enjoyed this same schedule, modern technology meant I was just as busy while at home as I was in Stony Rapids.

I loved the work, the people and my new responsibilities. I had three main goals for the year: to further develop a palliative care program; to help write a business plan for a midwifery program with the objective of keeping pregnant women in the community (all pregnant women were being sent to Saskatoon to give birth); and to help AHA go through accreditation for the first time.

I was able to complete all three goals within the year. We improved palliative care by using best practice guidelines and involving the client and their families in the planning. The midwifery business plan was submitted and approved by the provincial government in April 2010, and AHA received their Accreditation with no recommendations in June of last year.

### Coordination of services

One thing the province does very well is the coordination of its 13



Health Authorities, which meet monthly on all major priorities either by teleconference, Webinars or face to face. They are more than willing to share their work. They also have healthcare Collaboratives on issues such as depression, COPD, and diabetes where everyone in the province is following the exact same guidelines. The Collaboratives include pharmacists, nurses, NPs, and MDs. It was wonderful to see that the people in the north were getting the same care as the people in the southern part of the province.

Many of the social situations however are very sad and there is a need for improved housing, women's shelters, social workers and daycares. Teenage pregnancy, alcohol abuse, spousal abuse and high school dropouts are a reality. I'll always remember the day when a young teenage mother got off the plane I was boarding, handed me her baby and then ran away. She was too young and too distraught after giving

birth alone in a Saskatoon hospital, then travelling back on a four-hour plane ride to Stony Rapids with a crying baby. She was overwhelmed, scared and did not know how she was going to manage on her own with the baby.

### Working 14 days straight

Most staff are hired on yearly contracts. The nurses work 7 x 12 hour days and then 7 x 12 hour nights. Imagine 14 days in a row! The workload however is not comparable to ours at the MCH, but the professionals work autonomously and can depend on advanced paramedics to assist them in patient care on both the emergency room and on the ward. I actually had a waiting list of nurses who wanted contracts; there were no vacant positions and no bed management issues!

I am grateful for having the one-year Leave of Absence so I could accept the challenge and achieve one of my goals to work in the north at some point in my nursing career. Being granted the leave made it easier to return to a job that I love.

At the MCH, I continue to work on recruitment and retention, healthy workplaces, support and mentorship for nurses, transforming care at the bedside, and many other special projects. I am excited to be part of the MCH, part of the MUHC initiatives, and ensuring quality care for our patients and families.

*You can reach Sandy at 22907 or [sandy.bradford-macalanda@muhc.mcgill.ca](mailto:sandy.bradford-macalanda@muhc.mcgill.ca).*

## Are there Barriers to Health Equity for Black communities in Quebec?

Dr. Wanda Thomas Bernard, Director of the School of Social Work and Adjunct Professor in Nursing at Dalhousie University, spoke on Race and Well-Being at the MCH Black Heritage event in February.

Emerging research in Canada identifies racism as a health risk with implications for cardiovascular and mental health among other illnesses. Dr. Bernard is a key author of a study conducted in Calgary, Halifax and Toronto which examines the far-reaching implications of racism with the resulting negative effects on individual and collective self-esteem. These studies examine strategies of empowerment and recommend that racism be recognized as a health determinant.

Sociocultural Consultation and Interpretation Services (SCIS) at the MCH is partnering with the Black Community Resource Centre to explore barriers to health for diverse Black communities in Quebec. A committee recently established to seek funding for this purpose **invites interested clinicians and others to join.**

Dr. Bernard was invited to speak at the MCH by Dr. Dorothy Williams, a Montreal historian involved with the proposed Québec project. Dr. Bernard has agreed to maintain links so that we may benefit from the 'Race and Well-Being' experience.



Seeta Ramdas, Marie Serdynska, Dr. Wanda Bernard, Hadi Barkak, and Dr. Dorothy Williams at Dr. Bernard's lecture at the MCH on 'Race and Well-Being'

*SCIS is dedicated to both responding to and sharing knowledge about the complex issues arising from different cultural and social health perspectives including ethnicity, race, religion, language, disability, gender, sexual orientation, socioeconomic factors and their impact on equality of health access for patients and families.*

*SCIS is celebrating its 25<sup>th</sup> anniversary this year. Check the MCH website ([www.thechildren.com](http://www.thechildren.com)) and Chez Nous for news about upcoming events including a special Grand Rounds presentation planned for October 12, 2011.*

## Child Life Services Celebrates 75 Years at The Montreal Children's Hospital

By Pamela Toman

When it was first introduced seventy five years ago, it was the first of its kind. Child Life Services has been identified by many other names, but was introduced at the MCH in 1936, pioneering the way for many other pediatric hospitals across North America.

Established under Miss Alice Burkhardt, the earliest approaches to Child Life Services followed a concept that is still used by Child Life Specialists today: that play can be used as a tool for socialization, preparation, expression of feelings, normalization and learning.

"The needs of a child growing up in the 1940s were very much like those of a child growing up today," Professional Coordinator and Certified Child Life Specialist, Marie-France Haineault

says. "We have continued to use play as a meaningful tool to help relieve stress, discomfort and to promote a positive outlet for our patients."

As outlined by the Child Life Council in 1997, play is an essential, natural part of childhood, important in its own right. Play facilitates coping, mastery, self-expression, creativity, achievement and learning, and is vital to a child's optimal growth and development. Play is an integral aspect of the child life practice with infants, children and youth of all ages.

When asked about the biggest changes her department has experienced over the past three quarters of a century, Ms. Haineault underlines the professionalization of Child Life. This includes the establishment of the

Child life council in 1982, along with a method of professional certification which assured a standard of child life specialist practice.

"With a strong focus on family-centered care, the child and his or her family are at the heart of all child life interventions," says Ms. Haineault. Child Life specialists work in partnership with patients, families and professionals in order to improve the quality of their healthcare experience. Today, the Child Life Services department boasts 14 active employees, working both full-time and part-time schedules throughout the hospital; Ms. Haineault hopes to see the department continue to evolve and adapt to the changing needs and environments of the patients they serve.



## Start your day on the right foot!

Lunch at work or at school doesn't need to be dull or unhealthy, it just takes some planning. Here are a few tips for a healthy and easy lunch box menu:

1. Make sure to include at least one serving of each of the four food groups: vegetables and fruits; grain products; milk and alternatives; meat and alternatives.
  2. Keep it colourful: The more colours - natural, of course! - in your lunch bag, the healthier it is. Include at least one fruit and fresh veggies or a salad with a healthy dip/seasoning on the side.
  3. Make a better sandwich: use low-fat cold cuts (turkey or chicken breast); sardines, mackerel, tuna, hard-boiled eggs, or peanut butter. Replace the mayo with hummus; fill your sandwich with fresh veggies; forget that white sliced bread and use whole-grain sandwich bread, a pita or a tortilla for wraps.
  4. Add a soup: replace your cream-based soup with a broth-based version (homemade if possible, so it will have less salt) that includes, for example, beans, lentils, or chickpeas.
  5. Have dessert: leave out the cookies, but have a yogourt, a soy-based dessert, or a glass of milk; stir in some granola, muesli, or a few almonds and nuts.
  6. Don't forget to drink: steer clear of sodas or sugary fruit drinks; water is the best choice; add a few drops of lemon, lime or orange juice to your water if you find it dull.
  7. Check SOS Cuisine.com regularly for seasonal suggestions and good grocery store buys of the week.
- \*Visit [www.soscuisine.com](http://www.soscuisine.com) to find the right measurements for the number of servings you need.

### Quinoa and Lentil Salad

Preparation: 15 min; Cooking: 30 min;

Total: 45 min

470 calories/serving; yield: 4 servings

- 2/3 cup (110 g) green-brown lentils (dried)
- 1 cup (180 g) quinoa\*
- 1 yellow or red sweet pepper (200 g), finely diced
- 1 shallot (40 g), finely chopped
- 1/2 bunch (80 g) arugula, coarsely chopped
- 1/4 cup (65 ml) extra virgin olive oil
- 1/4 cup (65 ml) lemon juice
- 2 tsp (10 ml) Dijon mustard
- salt and pepper to taste
- 80 g feta cheese, crumbled
- 4 tbsp (10 g) fresh mint, finely chopped



✓ Rinse the lentils and cook them in a saucepan of boiling salted water, about 30 minutes until tender but still somewhat firm. Drain, discard the liquid and set aside the lentils.

✓ Meanwhile, rinse the quinoa well, then put it in a pan with 2 cups of water. Bring to a boil, then reduce to a simmer. Cover and cook until the grains are translucent and the germ has spiralled out from each grain, about 15 minutes.

✓ Place the vegetables in a large bowl. Add the lentils and quinoa. In a small bowl, whisk together the oil, lemon juice, mustard, salt, and pepper. Pour over the salad then gently toss to combine. Coarsely crumble the feta cheese and add it on top. Sprinkle with the finely chopped mint then serve.

\* Quinoa may be found in the organic section of your grocery store.



# Kilimanjaro Climb reaches new heights for MCH fundraiser

By **Dr. Sharon Abish** , MCH Division of Hematology-Oncology



On January 17 this year, along with 10 other people, my husband and I left the winter in Montreal and headed for Africa. After many months of preparation and anticipation, we were on our way to climb Kilimanjaro. We had met as a group only briefly before this, but we had all spent much time thinking about this journey, trying to improve our fitness level, making sure we had all the right gear, and dedicating ourselves to raising funds for the Montreal Children's Hospital Foundation.

Arriving in Tanzania after a long trip, tired and a bit disoriented, we were boosted by our first glimpse of the mountain through the night sky. We felt more confident after meeting our three guides, Elias, Shabani and Pastori, as well as the group of over 50 porters who would help carry our gear, prepare our meals and tents, and ensure our safety. Over the next eight days, we climbed via the Lemosho Route from the African rainforest up through heath, moorland, desert plateau and

volcanic rock until the final push for the summit on the eighth day. As we climbed, we experienced a major drop in temperature, saw unique plant life and dramatic changing landscapes. The effect of altitude was readily apparent, as we were short of breath after very little exertion. The key to success, our guides kept telling us, was to go "pole pole" – slow and steady.

Shivering in my -15° C sleeping bag on rocky terrain, I admit there were moments when I wondered why I had chosen this over a week at the beach for my winter vacation! The physical discomfort, however, was greatly overshadowed by the amazing experiences along the way: the camaraderie and mutual support of a wonderful group of fellow climbers, glimpses of the many cultures and people of Tanzania, and of course, the thrill of reaching the summit at 5895 meters (19,340 feet)! Most important, our team raised close to \$400,000, which will go towards the creation of a new Family Resource Centre. A sincere thanks go to all those who supported us with generous donations, with baking and cooking, as well as with words of support and encouragement. Asante sana!

*Dr. Abish climbed Kilimanjaro for the MCH Foundation fundraiser 'One million kilometers, one million dollars'. Visit [www.1millionkm.com](http://www.1millionkm.com) to learn more.*





# CONTEST

"It's a Cold Snap"

Winter Scene

Andréanne et une mésange



Missed the plane to Florida



Congratulations to **Jimmy Chavez** from Architectural Services for his winning entry 'Winter Scene' in our recent 'It's a cold snap!' contest. Jimmy wins a \$50 gift certificate good at any Alexis Nihon Plaza retailer.

We were impressed by the beauty and even the humour of your entries! Honourable mentions go to **Daniel Leclerc** from the Research Institute for 'Andréanne et une mésange' and to **Chantal Perpète** from the department of Infectious Diseases for 'Missed the plane to Florida'

## Awards and Nominations

**Dr. Nada Jabado** (MCH) is among the top researchers from across Canada participating in two initiatives that were awarded \$4.5 million by the Canadian Government in February. The Canadian Pediatric Cancer Genome Consortium and the Finding of Rare Disease Genes in Canada (FORGE Canada) team both aim to identify the genes that cause the most challenging types of cancer and rare disease in children, and find new treatments.



**Nicole Piggott** has been named Chair of the Family Advisory Forum (FAF) for the Montreal Children's Hospital. The FAF has a mandate to collaborate with hospital administration to integrate patient and family centered care to hospital policies, practices and services. Ms. Piggott was formerly on the executive of the Montreal Children's Hospital Auxiliary from 2007 to 2009. She is currently Director, Employee Engagement at Rio Tinto Iron Ore of Canada Ltd.

## Pilates for employees – Spring session

Classes have started and run until mid-May. You can sign up for either session. Rates will be prorated based on number of sessions remaining.

**Mondays or Wednesdays**  
**5:00-5:55 pm**  
**D-292**

- ▶ Men and women are welcome
- ▶ \$110 for 1 x per week (11 classes),  
or \$200 for 2 x per week (22 classes total)
- ▶ Registration: contact Karen at 514 489-7717  
or email [karenkunigis@hotmail.com](mailto:karenkunigis@hotmail.com)

## Step Up for a Good Cause!

The Mount Royal Stair Climb is going into its sixth year raising money for the MCH. In five years this unique event has raised close to \$133,000. The 2011 edition will be held at the stairs on Pine Avenue, just east of McGill's McIntyre Medical Building on April 30, at 8:00 a.m. All proceeds will benefit the MCH Insulin Pump Centre.

We are looking for more participants to meet our goal of climbing 200,000 steps and raising \$30,000. If you would like to participate as an individual or as a team please visit [www.thestairclimb.com](http://www.thestairclimb.com) or contact event organizer Dean Whalen at [deanwhalen@sympatico.ca](mailto:deanwhalen@sympatico.ca) for more information.

## Sign up today to take part Pedal for Kids

The 20<sup>th</sup> edition of Pedal for Kids will take place June 13 to 17, 2011. To plan the number of bikes needed for hospital staff, we need **all registrations by April 29**. A minimum of \$350 in pledges is required to reserve each seat. If you're not able to raise that amount on your own, get together with your colleagues and decide who will pedal for you.

Send your name, department name and telephone number to either:

### **The Happy Gang Team**

Terry Séguin, 24307  
([terry.seguin@muhc.mcgill.ca](mailto:terry.seguin@muhc.mcgill.ca)), or  
Louise Martin, 22332  
([louise.martin@muhc.mcgill.ca](mailto:louise.martin@muhc.mcgill.ca))

or

### **The Multi-Disciplinary Group Team**

Antoinette Angelini, 22280  
([antoinette.angelini@muhc.mcgill.ca](mailto:antoinette.angelini@muhc.mcgill.ca)), or  
Nathalie St-Pierre, 22215  
([nathalie.st-pierre@muhc.mcgill.ca](mailto:nathalie.st-pierre@muhc.mcgill.ca))

## Wellness – Lunch & Learn event

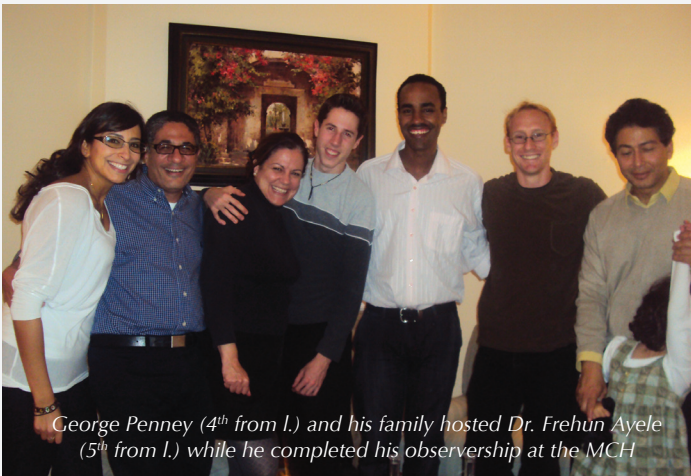
### SOS Cuisine

With our hectic lifestyle it isn't always easy to eat properly and maintain a healthy diet, regardless of how important we know it is for our well-being. The key is to plan in advance, get all the groceries and cook easy and healthy meals that please the whole family. To the rescue: [www.SOSCuisine.com](http://www.SOSCuisine.com), a website dedicated to creating easy meal plans for any lifestyle. Nutritional information is provided by a registered dietitian to maintain accuracy and the ingredients are easily found in your neighborhood grocer.

**Wednesday, March 30**  
**12:00 to 1:00 p.m.**  
**E-303**

*Brought to you by the Quality of Life at Work committee*

**PEDALEZ**  
for kids pour les enfants



George Penney (4<sup>th</sup> from l.) and his family hosted Dr. Frehun Ayele (5<sup>th</sup> from l.) while he completed his observership at the MCH

# Our Heroes

## Seeing the glass half full

By Maureen McCarthy

When George Penney went to the Montreal Children's Hospital Emergency Room on January 5, 2010, he wasn't expecting the news he got. In fact, he wasn't expecting to stay very long. George, who is now 17, had been having trouble breathing but he wasn't too worried. There was no pain to speak of so he thought he'd just be in and out of the ER once he was seen by a doctor.

But it wasn't that simple. It turned out that George had an acute pneumothorax resulting in his right lung collapsing. It's normally a routine surgery, but George suffered some complications and had to stay in hospital for 17 days. During that time, he had a total of five procedures, one of which was a blood patch procedure performed by Dr. Sherif Emil, head of Pediatric General Surgery at the MCH. George has a huge fear of needles, so it was tough to undergo some of the tests that filled his days at the MCH.

George's family had a lot of time to get to know the staff at the MCH while he was at the hospital. "My parents had lots of discussions with Dr. Emil, and by the time I went home, they had come up with the idea that we could help out by hosting an international student." By September, they were welcoming Dr. Frehun Ayele, a pediatric surgery fellow from Kenya, to their home.

Dr. Ayele spent six weeks in Montreal and lived with George's family the entire time. "It was great having Frehun here," says George. "He missed his family a lot but he loved the experience."

### A LIFE-CHANGING EXPERIENCE, A NEW PERSPECTIVE

When George was back in the comfort of his home, he was watching television one night and, in his own words, feeling a little sorry for himself. But then the "Artists for Haiti" fundraiser came on. "I looked at these celebrities who had pulled it together so quickly to do this telethon and I was struck by a sense of hope – that people will do what they can to help those in need. Since that day, there have been a few scares, but my optimism is so much greater than it was before... my situation is not the most tragic, but I hope it can help open a few people's eyes."

He also says he gained a real sense of perspective. "When every breath hurt for 17 days, I came to realize that a lot of little things don't really matter." He says it's hard to hear people complaining about small things. "You don't want to impose on other people's lives but sometimes you want them to see that some of their troubles aren't that big."

If it weren't for his hospitalization, George might never have met

Dr. Ayele. "I feel like I have a friend for life," he says. Getting to know Dr. Ayele also made George much more interested in geography. "I'd like to travel like Frehun did, so I hope that I can visit him one day and see what his everyday life is like."

They stay in touch via Facebook, something that was completely new to Dr. Ayele when he came to Montreal. George's younger sister Taya especially enjoyed Dr. Ayele's visit. "Frehun took me out trick-or-treating," she says. "They don't have Halloween where he lives!"

After a handful of check-ups since his hospital stay, George doesn't have any follow-up visits now. When I ask if he plans to pursue a career in health care he tells me he's really more of an artsy guy. Besides, he's still not crazy about needles.

*Read more about Dr. Ayele's observership at the MCH on page 3 of this issue.*