Department of Pediatrics
Department Acknowledgements
September 2012 – June 2013

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September 7, 2012

Hi Everyone

First off I hope everyone had a good summer and all of you had a chance to enjoy the not too unpleasant local effects of global warming.

It’s now after Labor Day and as promised the weekly Departmental Acknowledgments will start up again.

I have decided to give this week's acknowledgement to **Stephen Liben**.

Stephen is a Montreal/McGill/MCH lifer like a few of us around here (myself included). Raised in the city, he did his undergraduate and medical training at McGill as well as a residency in pediatrics, which included a stint as Chief Resident, at the MCH. Joining our staff in the early 1990s Stephen initially focused his clinical efforts for close to a decade in the Pediatric Intensive Care Unit (PICU).

However he felt another professional vocation calling him that was radically different in its orientation from the PICU. This vocation is of course Pediatric Palliative Care. While still an attending in the PICU, Stephen got actively involved in palliative care and since 1995 has been the Director of this service at the Children’s. He leads a remarkable multi-disciplinary team that aims to envelope in a network of comprehensive and individualized support children with significant life-limiting and life-threatening illnesses and their families. Much effort goes into establishing the specific needs of each child and their family to alleviate the challenges and burdens of illness that goes way beyond traditional medical efforts at symptom and pain management.

Aside from being a pioneer in pediatric palliative care, Stephen has to his credit some remarkable contributions to the field. He has extended the scope of palliative care beyond the traditional focus on dying children to children with significant chronic disorders that are life-threatening. He has edited a book on the discipline and for a while he has provided the lead for the pediatric palliative care component of the International Palliative Care Conference that is held every two years in Montreal. If these clinical and leadership efforts were not enough, Stephen is well-recognized as a excellent teacher, serving as an Osler Fellow, valued pediatric ward attending and key member of the McGill Centre for Whole Person care. He also generates a remarkable near weekly offering that is distributed electronically on mindfulness in Medicine that I would suggest to each of us.

On a personal note, I often envy Stephen’s Zen-calm and composure amidst the storm at times that can be academic medicine to which I can add this observation; Have you noticed there is no synonym for thesaurus?

Have a great weekend everyone

Michael
September 14, 2012

Hi Everyone

This week's Departmental Acknowledgement is my call and goes to Harley Eisman.

There are many reasons to acknowledge Harley. Energetic, innovative MER Department head could be one. Developer of the ER Fast Track and the daily Hospital Bed Huddle that have both addressed pressing operational issues is another. A key member of my Leadership team as Associate Chair (Operations). Well respected community pediatrician. A "do-er" who almost single-handedly set up the Hereditary Breast and Ovarian Cancer Foundation (their annual Red Carpet event every Spring is great and loads of fun - do yourself a favor and a good thing and get on the mailing list).

Actually the Acknowledgement is for Harley's doing both the talk and the walk when it comes to accountability. Harley is passionate about the Department and the hospital and long-ago realized that it's a team effort in which each piece is part of the whole. He has a thorough ethos of pitching in and never saying "pas ma job" that is critical to success. For the past 5 weekends Harley has done ER shifts to pitch in for fellow MER staff who were taking well-earned vacations. He does this without complaint leading by example. For simply being there when there was a need Harley gets the nod this week.

Have a great weekend everyone

Michael
Hi Everyone

This week's Departmental Acknowledgement is once again my call and goes to an old friend of mine, Mitchell Shiller.

Mitch is a long time community-based pediatrician in Pierrefonds. Since its inception he has been the driving force behind the Children's Care Clinic (CCC) which is a group pediatrics practice that brings together 7 pediatricians all of whom are affiliated with the MCH and the Department of Pediatrics. For over 20 years I would go out to the CCC one to two days a month to do neurology consultations and follow-up. It was an immensely pleasurable professional experience that gave this academic sub-specialist an understanding and appreciation of the challenges of the front-line care provider.

Mitch gets this week's acknowledgement for his dedication and accomplishments as Associate Chair-Finance and Informatics. He is the CFO of the PMG, the Department's group practice plan where he has brought a business approach that has enhanced member value and improved operations. Fiercely dedicated to transparency and communication he has also vastly increased the awareness by members of this plan. He is also heading up a Task Force on Remuneration that is seeking greater objectivity and fairness in how within the plan physicians are reimbursed. If this wasn't enough, on the informatics front he has championed increased IT through a soon to be implemented built to measure PMG billing system that will improve billing efficiency and recovery while lowering overhead costs and a medical informatics unit that will address many units' desire for increase data capability and retrieval that will improve clinical operations and facilitate clinical research opportunities.

I think Mitch deserves a collective thank you from the Department for these efforts.

Have a great weekend everyone

Michael
Hi Everyone!

Some weeks the choice for the Departmental Acknowledgement is an obvious one and such is the case for this week and next. The reasons for this is that two "living legends" of the Department are officially transitioning to retirement. Politeness necessitates that ladies go first so this week the Acknowledgement goes to Wendy MacDonald.

Its hard to believe but Wendy will be retiring from all her activities at the MCH and within the Department after a remarkable career of more than 35 years here. Wendy is synonymous with undergraduate medical education in pediatrics at McGill and for almost 4 decades she has poured her heart and soul into this effort. Long before medical education was a topic for discussion and serious consideration, Wendy fashioned a curriculum and evaluation standards that provided every medical graduate at McGill a core clerkship experience that gave them the basics in child health no matter what eventual career path in medicine they chose to pursue.

However it is more than just the basics, as for many of us this experience fashioned by Wendy was a key reason why we chose pediatrics or one of its sub-specialities. For a long time now McGill grads have disproportionately chosen pediatrics and any analysis would give Wendy the credit for this.

Her excellence in teaching is renowned as exemplified by her receipt of no less than 4 Osler Awards from the graduating class. This award is given to the Faculty member recognized by the class as their best teacher in the undergraduate medical curriculum. Her multiple Osler Awards are without peer at McGill. No less than her local recognition are her national awards in this field.

Within the Faculty, Wendy has always been appreciated for her lack of pretention and straight forward pragmatic approach to all issues. Her advice was constantly being sought out and frequently when there was a difficult task to undertake, the Faculty would turn to Wendy knowing that the job would get done fairly and efficiently with a minimum of fuss.

Wendy told me that she knew it was time to retire when both the Chair of Pediatrics and the Dean of the Faculty were former students of hers. Like all truly great leaders she knew that she would have to turn things over at some point and she identified and groomed her successor Preetha Krishnamoorthy and for this we are grateful.

Despite several attempts by myself, Wendy has refused that the Department undertake any formal recognition of this personal transition. This is in keeping with her personal modesty and her wish will be respected unless she changes her mind.

Please join me in wishing Wendy a retirement that is one of health and the pursuit and enjoyment of the things in life that matter to her. If you wish please take the time to email your best wishes personally to her.

Have a great weekend everyone!

Michael
Hi Everyone

After noting the retirement of two “living legends” of the Department and giving last week’s Departmental Acknowledgement to Wendy MacDonald, it’s no secret that this week’s nod will go to Harvey Guyda. Harvey officially retired from his position as AED of the MCH on September 30th.

Harvey spent over 40 years at the Montreal Children's Hospital in the Department of Pediatrics. Undergraduate and medical training was undertaken in his home province of Manitoba. Pediatrics training was at the Winnipeg Children's Hospital and post-doctoral training in pediatrics endocrinology at Johns Hopkins, the leading centre for this then emerging sub-specialty. Harvey joined our staff as a clinician scientist in 1971 and never left. He had an extra-ordinary career as a researcher, consistently securing external operating grants and becoming an internationally renowned expert on both the physiology of growth hormone and the endocrinologic control of fetal growth.

Harvey's leadership skills were evident early and he had a lengthy term as Director of the Division of Endocrinology before his appointment as Chair of the Department of Pediatrics and Physician-in-Chief of the Montreal Children's Hospital in 1996, positions he held until December 2010. It goes without saying that during this lengthy tenure as Chair, Harvey recruited many amongst us and fashioned much of the current Department. In 2007, at a very difficult time in our institution's history, Harvey stepped into the breach to assume a second full-time role as Associate Executive Director of the MCH with a responsibility for the Pediatric Mission within the MUHC. Over the past 5 years, Harvey has been instrumental in the planning of the new Children's on the Glen Site and securing our position within Quebec. He did two full time jobs at a time in their lives when most men have retired to golf games and sundowners. He did so with energy and gusto and indeed remarkably at times during which physical ailments gave him much personal pain.

As much as he was a giant on the local scene, Harvey frequently held leadership positions in provincial and national organizations. He was instrumental in the Pediatric Chairs of Canada and the Canadian Association of Pediatric Health Centres. His enormous contributions to Canadian pediatrics were recognized by his receipt of the Ross Award of the Canadian Pediatric Society. His local legacy has been secured by the Endowment of the Harvey Guyda Chair in Pediatrics which will be held by all future Chairs of our Department from myself forward.

No précis can do justice in capturing Harvey's remarkable career trajectory. As important as the "what" is the "how". Harvey was at all times forthright in where he stood on matters. He was consistent with his convictions. He was a passionate advocate for this institution at all levels. His passion was driven by his dedication to improving the health of all children. We will miss his daily presence amongst us. We will miss his ever present sense of humour that was often self-deprecating and challenged conventions of political correctness. Let's hope he will continue being our hospital Santa each Christmas Day to hospitalized children.

Please join me in wishing Harvey the very best in his retirement. May it be one of health and happiness and satisfaction amongst the people that really matter to him.

Have a great long weekend everyone

Michael
October 12, 2012

Hi Everyone

Not all of our “living legends” have retired fortunately and this week’s Departmental Acknowledgement goes to one such individual. The nomination and the text are provided by Drs. Guyda and Ste-Marie. I have reproduced what they wrote in its entirety. Blair really is a gem who has been a G-dsend to this institution in the past decade.

We have combined our efforts to submit the name of Dr. Blair Whittemore for the Department of Pediatrics weekly acknowledgement. Perhaps many in the Department have not recognized the significant impact that Blair has had at the Montreal Children’s since he accepted my initial offer to come supervise the MCH Hematology laboratory. His contributions toward the Division and hospital administration, organization of patient care, teaching, and research support have been manifold, and largely unsung. To rectify this, we wish to sing his praises.

Blair initially came down the hill from the MGH in a FT (reduced load) position as of January 1, 2002. We were in the midst of a significant upheaval in the Division of Hematology-Oncology, with loss of critical staff and eventual departure of the recently hired Director (See below). Being friends and neighbours outside the hospital, I decided to approach Blair and ask him to help us out by taking the role of Interim Director of Hematology-Oncology at the MCH. As I recall, I picked up a choice single malt and, unannounced, knocked on his door on a Saturday evening in the spring of 2003 at 6 pm to make my pitch. After an intense hour, and half a bottle of scotch, Blair said he would think about the request/offer and that he would let me know on Monday morning. His most welcome positive response lifted a huge dark cloud and started the road to recovery of this critical Division, which is now fully staffed and thriving in all three domains of patient care, teaching and research under his superior administrative leadership.

Harvey Guyda, AED MCH-MUHC

In order to understand the impact Blair Whittemore has had on the Division of Hematology-Oncology, one has to look at where the Division was when he arrived, where it is now, and how this transformation occurred. Back in 2000, the Division was on the cusp of collapse due to an extreme physician shortage. Crisis meetings were held on a regular basis with the administration and the morale of a once world class unit was at an all-time low. There were some hirings, which, to be politically correct, didn’t work out and while those still in the Division were taking good care of patients, the Division itself had no direction and an uncertain future. While Harvey Guyda has been credited for doing a number of smart things in his life, in our opinion his true moment of epiphany occurred when he enticed Blair Whittemore from the Montreal General to guide our Division back on track as part of his “semi-retirement” (Harvey always knew the right way of putting things). According to Harvey, part of his sales-pitch involved a good bottle of Scotch (See above). To put it bluntly, Dr. Whittemore saved our Division.

Through his experience, diplomacy, and tactful ways, the Division has had a strong resurgence. Nurses, doctors, allied health personnel, lab technicians, and administrative personnel feel good about the Division again and reassured that at the helm, Dr. Blair Whittemore has their back. No Division can claim a stronger advocate for the staff and their
needs. He has allowed people to develop their strengths, and the Division has gone from one that was on the brink of collapse to one that has a brilliant future.

Some of the Division’s accomplishments that Blair has overseen since his arrival include: re-establishment of the clinical fellowship resulting in two fellows returning in 2013 as staff (Drs. Catherine Vézina and Christine Sabapathy); the welcome addition of Adam Fleming; renovation of 8D; accreditation of the bone marrow transplant program according to international standards - the Division being recognized by the Quebec government (Lutte contre le cancer) by giving it the highest grade it can give to a centre for cancer care, 4A.

On the research front Blair has provided support to allow Dr. Nada Jabado to conduct ground-breaking research on Pediatric brain tumours and has helped in the recruitment of Dr. Kolja Epert from Toronto who is interested in acute leukemia. Together with Dr. Janusz Rak (recipient of the Jack Cole Chair in Pediatric Oncology), the MCH is poised to become a major player in Pediatric cancer research.

Blair has provided leadership in the clinical labs, and, in his spare time, he becomes Micheline Ste-Marie when she is absent (see below). The Division and the hospital have not been the only beneficiaries of Dr. Whittemore’s tenure here. Each person who has worked with him has benefitted personally. His accomplishments are the result of wisdom, common sense, respect for individuals, and a good dose of humour. He has set an enviable standard for what it means to be a leader.

Sharon Abish, Nada Jabao, David Mitchell

Dr. Blair Whittemore has played important roles in supporting the MCH administration. He has been Medical Examiner for complaints (2002-2006), Director of Hematology Laboratories (2002-present); and replaces me as ADPS during my absences (2002-present). These contributions reflect the following attributes:

- He acts as a sage who is always available to listen and provide excellent advice on almost any subject that concerns administrative issues or ADPS issues (he was DPS at the MGH 1989-1996);
- He is a fabulous role model and relates very well with administrative and support staff alike;
- He has a no nonsense approach to problem solving;
- He has replaced the ADPS on many occasions and has the respect of physicians and health professional across all sites;
- He can problem solve issues in the lab and has been an invaluable collaborator providing direction of hospital services in that capacity;
- He has provided counsel and wise judgment in matters involving his role as medical examiner and he has helped medical examiners that followed him gain expertise;
- La sagesse et le soutien indéfectible de son équipe dans des moments très difficiles;
- Il est un gentilhomme and homme de renaissance!

Dr. Micheline Ste-Marie, Associate Director of Professional Services, MCH-MUHC

Have a great weekend.

Michael
October 19, 2012

Hi Everyone

One of my favourite aphorisms is that "Medicine is a team sport". If you want to deliver the best quality care you can’t do it on your own. As someone whose professional career has been spent in child neurology with a focus on neurodevelopmental disabilities I know that the real work is done by the rehabilitation specialists from occupational therapy, physiotherapy, speech-language pathology and psychology.

This month is OT month and I am going to invoke a little Chair’s prerogative and give this week’s acknowledgment to my very favourite OT Annette Majnemer.

Annette is a rather unique OT. After a short time as a clinical therapist she pursued graduate degrees here in the neurosciences earning a PhD. Indeed she was among the first of her profession to earn a PhD. She then embarked on an academic career at McGill in the School of Physical and Occupational Therapy (SPOT). Her research interests have been pursued at the MCH as an associate member of the Division of Pediatric Neurology and the Department of Pediatrics. She has focused her work on the outcomes of at risk children especially those who have spent time in our NICUs. Over the past few years she has emphasized factors affecting participation, activity and quality of life for these children throughout the pediatric years. She has also become an expert on knowledge translation. She has a remarkable record of continuous external funding going back to her arrival as a researcher here in the early 1990s. She is widely recognized as mentor for young academic therapists.

Annette is extensively recognized in her profession. She is currently Director of SPOT and accordingly an Associate Dean in the Faculty of Medicine. For her contributions to the field she has been awarded the highest honour of the Canadian Association of Occupational Therapy (the Muriel Driver Award) and has been granted a Fellowship of the prestigious Canadian Academy of Health Sciences.

Many of you know that she has also been my wife for 28 years of what we mutually describe as a “mostly terrific marriage”. Putting up with me on a daily basis ain’t easy I will admit and despite the challenge she has always kept a smile on her face that lights up a room. Plus she has nurtured two remarkable daughters (Allison and Meaghan) that are the light of my life.

Tonight I will be treating her to two tickets on the floor at the Springsteen concert in Ottawa to celebrate OT month.

Have a great weekend everyone.

Michael
October 26, 2012

Hi Everyone

A phrase I heard a long time ago is "the Professor is never known in his own house". The saying suggests that the accomplishments and capabilities of someone are often under-appreciated in their own local milieu.

I was reminded of this phrase last week. It came to me during the mandated standard Divisional leadership review of Ron Gottesman who gets this week's Departmental Acknowledgement.

I have known Ron since I was a junior resident in pediatrics and he was a senior resident. Quite frankly I was in awe of the guy back then. He always seemed to have the answer, knew what was going on with his team and most importantly made it seem effortless. He also made the juniors and students on his team look better than they were. He was the resident I wanted to be.

Ron entered the then emerging field of Pediatric Critical Care Medicine. After fellowship training at UCLA he came back to Montreal and very early on assumed the Directorship of our PICU. Indeed he has been the Director now for a remarkable 22 years. The PICU is an integral gear in the clinical operations of all facets of our institution. Without it we would simply be a good community hospital.

Ron's presentation for his review was all about his people. He has created a nucleus of renowned medical educators and this culture of educational excellence has disseminated itself through the Department. The Division has played a national and international leadership role in reformulating pediatric conceptions of brain death and improving organ donation. There is a culture of innovation (think Berlin heart, ECMO) and a dedication to inter-disciplinary patient and family centred care. International involvements in overseas PCCM programs have extended the McGill and MCH brands. Recent recruitments will introduce research expertise. At all times Ron has been an effective advocate for his patients and his people.

Of course Ron has been enormously successful himself. He is a pioneer in simulation education in medicine. The respect that he has amongst his peers is evident in his recent appointment as Chair of the Examining Committee in Critical Care medicine that covers both pediatrics and adult components.

Ron's leadership is a model that deserves emulation. We are indeed fortunate that it exists in our PCCM group and in many other sectors of our Department.

Have a great weekend everyone

Michael
November 2, 2012

Hi Everyone

Hearing a Code Orange called overhead is a stirring call for action. I can remember my heart skipping a beat when such a call went out after the Dawson College shooting. The need for preparedness was brought home very personally a few minutes later when I got a call from my daughter who was at that moment under a desk in her classroom adjacent to the atrium hearing the sound of repeated gunfire echoing outside.

After months and indeed years of preparation our institution participated in a Code Orange simulation last week. This involved an enormous amount of planning and from a departmental perspective the brunt of the action as expected was in our ER. Collectively those present; doctors, nurses, technical and administrative staff responded with the highest degree of professionalism and competency. Over a 3 hour period they handled over 40 complex simulated patients effectively triaging and responding to the challenge.

While this was a collective response for which credit belongs to the ER team I am sure that the ER group would agree in my singling out Elene Khalil and Ilana Bank. Elene has worked in a leadership capacity in disaster readiness in the ER and Ilana brought her content expertise so that the exercise has an educational and research component as well. In this way all elements of our academic mission are met. Congrats to Elene and Ilana on their leadership.

I would be remiss if I did not mention the dynamic passionate leadership of the ER by Harley Eisman that puts in place a team that is up to such challenges.

I urge in this context each of us to review our Divisional and personal responsibilities in case of a Code Orange call.

Have a good weekend everyone.

Michael
November 9, 2012

Hi Everyone

This week’s Departmental Acknowledgement was suggested by Larry Lands and goes to David Zielinski of Respirology.

Larry took the time and effort to write a short precis on why he was putting forward David Zielinski. I will reprint it below in its entirety as it really cannot be improved upon. I would add that David’s only weak point is his annual contribution to Movember which despite the best of intentions isn’t quite in the Tom Selleck class.

Dr. Zielinski joined the Respiratory Division a few years ago and assumed, in succession the Training Program Directorship and the Pediatric Directorship of the Programme National de Ventilation à Domicile (PNAVD). David has done a remarkable job in revamping and reinvigorating both these programs.

For the Training Program, David took a methodical approach to establishing, correcting, and otherwise re-organizing all the facets of the program to meet Royal College approval. He instituted new didactic sessions, and refreshed already established ones. He introduced joint Pediatric-Adult diadactic seminars related to multi-disciplinary care for Cystic Fibrosis and other chronic lung diseases of children, who go on to become adults and require care by physicians unfamiliar with these conditions. His hands-on and personal approach to training challenges has been especially appreciated by the trainees. He even knows how to keep the attending staff in line around our teaching goals. His dedication to the training program is exemplary and evident to everyone, and it is truly gratifying to be told by our trainees how supportive and accessible he is, how he is attentive to their needs, and how he seizes upon teaching opportunities whenever and wherever they present.

PNAVD is a true province-wide program, which provides leadership in setting goals, procedures, and equipment for patients requiring ventilatory support at home. David has been instrumental in making sure that excellent at-home services for children are available and meet pediatric needs, such as bringing volume recruitment and cough assist into mainstream therapy, and exploring new home ventilators. As many of these patients have neuromuscular disorders, David’s activities in PNAVD have ensured that children in the Neuromuscular Clinic which he attends are receiving optimal personalized therapies.

Dave lives happily with Dr. Vicky Scholten of our Department of Pediatrics and their super little guy, Carter. Dave trains avidly and is built like a truck under his quiet demeanor, in case you were thinking about going toe-to-toe.

Have a great weekend everyone!

Michael
November 16, 2012

Hi Everyone

"I desire no other epitaph than the statement that I taught medical students in the wards, as I regard this as the most useful work that I have been called upon to do"

These words by none other than Sir William Osler was glimpsed by myself on the back of a placeholder at the recent Osler Banquet. I was fortunate enough to attend this event with my daughter Allison who is herself a third year medical student at McGill. I honestly hope that this is the beginning of an annual father-daughter tradition that will join our regular attendance at Bob Dylan concerts.

The banquet gave me a couple of ideas. The first is to provide an Oslerism with each Departmental Acknowledgement, which may or may not be related to the Acknowledgement itself. There are so many it will be awhile before I repeat myself.

The second was this week's acknowledgement for Louise Auger directly prompted by the above quote.

Though slight of stature, Louise is a giant when it comes to being a ward attending and the teaching of the students she finds herself with. She is a stickler for a comprehensive physical exam that includes the measuring of the liver span, the exploration of all orifices, and the careful plotting of anthropometric measurements (including the head circumference) on growth charts. She enthusiastically imparts her pragmatic and encyclopedic knowledge of pediatric medicine and instills in the students the vibrant and essential difference that is the care of children and their families. She is a model for physicianship and professionalism that the students can strive for as an attainable paradigm of excellence. She has always strove to advocate for the most vulnerable amongst us.

Rather than I simply writing about Louise’s skill set in teaching attached below is a scanned copy of a recent photo of Louis out for lunch at the end of a rotation with her team and some very heartfelt and genuine comments from the medical students on her team that illustrate the above points.

Michael
Dear Dr. Auger,

Thank you so much for everything, the diversity of cases, the teaching sessions, the chocolates and candies at every morning rounds and sign-out. But especially, thank you for constant concern for us, your patience, your smile and your warmth. You made us feel right at home. This month has been a wonderful experience, and a very good learning environment. It was great to be part of such an amazing team.

Thank you, Dr. Auger, for the support you have provided us during this rotation. I don't think that we could have asked for a better mentor, nor a better attending to impart their experience upon us. The guidance you gave us allowed us to grow as medical students, both professionally and intellectually. I sincerely believe that you have been a wonderful role-model showing us what it means to be both a knowledgeable physician and a kind and wonderful person. We greatly appreciated your patience and generosity. Thank you for a great rotation.
Hi Everyone

This week's Departmental Acknowledgement goes to a fourth year pediatrics resident Elisa Ruano Cea who has received an MUHC Director General Award last weekend at a gala ceremony. She was nominated by Louise Auger, Evelyn Constantin and Claire Leblanc and I will reproduce what they wrote in their nomination letters. Elisa's award is for her truly incredible work in advocacy which is something the old and not so old can learn a few things about from the young and younger. I know that I have.

1. Elisa is an intelligent, hard-working, compassionate and selfless young physician who is always genuinely concerned about the welfare of all her patients. She is a strong advocate for those patients most in need, especially the poor and some of the most vulnerable members of our society, children and families newly arrived to Canada as refugees.

In April 2012, Jason Kenney, federal Minister of Immigration and Citizenship, decreed that as of June 30, 2012, over 120,000 refugees would no longer benefit from basic health care coverage provided by the Interim Federal Health Program. This draconian measure would allow only for emergency care and cover only services needed to ensure the safety and security of Canadians, such as the treatment of contagious tuberculosis or the treatment of psychotic patients dangerous to others. It deprived refugees of essential medications such as insulin for diabetics and anti-seizure medications, or treatment for depression and post-traumatic stress disorder. This came as a total shock to all health care providers across Canada and there was widespread objection to these measures, which harshly penalized this very vulnerable segment of society.

Dr. Ruano-Cea had the initiative to take on the task of leading the fight against these unfair measures at the Montreal Children’s Hospital. She participated in the writing of a letter which was used by the administration at the MCH to send to the Minister and the other leaders of the federal political parties, voicing strong objection to the measures. She rallied all the other residents in participating in activities to support the refugees by educating them and keeping them updated on all the issues and developments. She suggested to the administration that we prepare a petition for MCH staff and patients to sign. She prepared posters of information to educate personnel and patients about the issues which were kept at the main entrance as well as flyers which were posted at key locations in the hospital. Over 900 people, patients and personnel, signed the petition in less than a week. They were mailed to Minister Kenney in an event which attracted the major Quebec media. She also voluntarily gave interviews to the media pointing out the serious repercussions the decree would have on the health of refugees. The result of her efforts led to a keen awareness of the issues that were previously not well understood at the MCH or its clientele.


Dr. Ruano-Cea is a kind and committed humanitarian totally devoted to the care of the disadvantaged and spares no effort or her own personal time to achieve her goals. She is a wonderful role model not only for her juniors and her peers but for all people who come in contact with her. I think she is most deserving of this prestigious Director General Award.

2. Elisa is an exceptionally caring, ambitious and outstanding pediatric resident who has shown exemplary commitment to pediatrics as well as child advocacy initiatives at our institution and beyond.

I first met Elisa as a medical student when I was on service on the in-patient wards. It was clear early on that she was intelligent, hard-working and driven. Even as a medical student, I remember her to be an excellent clinician and a true patient and family advocate. I was pleased when Elisa started as a pediatric resident at the Montreal Children’s Hospital. During her residency, Elisa’s goal as a pediatrician-in-training was to make a difference for children and families. She and one of her resident colleagues (Dr. Reem Al-Khalifah) developed an initiative with their resident colleagues called the Residents for Healthy Active Living In Youth (RHALY). This resident-led initiative is unique, innovative and inter-disciplinary. They wished to evaluate formally (as a research study) the impact of the RHALY initiative. I have been working very closely with Elisa and Reem over the last few years and have been very impressed with their outstanding achievements to date.

As Co-President of this initiative, Elisa has been successfully “RHALY”-ing to promote healthy active living at the Montreal Children’s Hospital. Elisa is definitely a leader and her devoted and strong leadership skills have shown through all of her work with RHALY and her other advocacy work.

To evaluate the impact of the RHALY initiative, Elisa has developed research projects aiming to evaluate the impact of the RHALY initiative. Elisa’s research work (supervisors: Dr. Mylene Dandavino, Dr. Evelyn Constantin) is focussed on evaluating the impact of the RHALY intervention on pediatric residents behavioural intentions around healthy active living counselling. Elisa has a clear vision for the future of the RHALY Initiative and is currently working on the RHALY-Outreach program, which will target children of all ages and focuses on branching out to the Montreal Community and Provincial health centres.

In summary, Elisa is a dedicated, passionate and hard-working resident. She is proactive and possesses excellent leadership skills, as is evident by the success of the RHALY initiative. She has led a cohesive and motivated group of residents for this RHALY Initiative with the utmost grace and respect for all. Elisa’s perseverance and enthusiasm has led her to expand the RHALY Initiative by pursuing and leading the RHALY Outreach program.

Elisa has done an amazing job at balancing her rigorous clinical workload, with her research program and her advocacy work and she does it all with passion, with a smile and with all of her heart. Elisa’s ambition and commitment to pediatrics and the improvement of education for trainees and the community is very admirable. Her ultimate goal is to improve the care of children in the hospital and the community. I am confident that Elisa will continue to be an exemplary advocate for children’s health and well-being.
The good news is that Elisa will be joining our Division of General pediatrics as an attending staff upon completion of her formation complementaire.

Have a great weekend everyone

Michael
November 30, 2012

"One finger in the throat and one in the rectum makes a good diagnostician"

Sir William Osler

(Chair's note - hopefully he didn't mean the same finger....it was the pre-surgical glove era when he said it....)

Hi Everyone

Just recently I had the privilege of travelling to Bangalore, India to give some talks at a Neurodevelopmental Disabilities and Cerebral Palsy symposia targeting local practitioners. Bangalore is in southern India and is the country's "silicon valley", hence a remarkable contrast between contemporary wealth /technology and grinding endemic poverty. It has a 24 hour work schedule to match its status as the premier world call centre. If you have had a software or hardware problem and called a 1-800 number chances are you were talking to someone in Bangalore.

The above is a preface is this week's acknowledgment. Everywhere I went at the St John's Medical College where the symposia was held, I heard mention of our very own pediatric nephrologists. On the other side of the world they have fostered and nurtured a remarkable program of interaction with the local Department of Pediatrics. Building on the seed of a research collaboration (Paul Goodyer [McGill] and Kishore Phaedke [SJMC]) that began ten years ago due a high local frequency of cystinuria, a relationship has evolved. With the support of the International Society of Nephrology (ISN) these two centers have been twinned with the goal of utilizing expertise from a resource rich setting to enhance the practice of nephrology and medical capacity in an emerging setting.

This twinning has resulted in positive and sustained interactions across the spectrum of the academic mission including; local CME activities in Bangalore utilizing our staff, monthly tele-nephrology conferences bringing together physicians and allied health professionals from Bangalore and Montreal, joint research efforts that has included the training of Bangalore-based investigators and technicians here, and the training of Bangalore based health professionals (physicians and nurses) through observerships here. There have been joint presentations at international meetings and multiple publications generated. Indeed staff from SJMC and McGill are collaborating on a book project entitled the "International Manual of Pediatric Nephrology".

It is my understanding that Paul Goodyer, Martin Bitzan, Michele Zappitelli and Indra Gupta from our Department have travelled to Bangalore. I also am aware that JP Capolicchio from the Department of Pediatric Surgery has also journeyed to Bangalore and Chantal Barnard from Pathology will be going shortly. In addition Sonia Champoux of the MCH nursing staff and Nikki Rink, as a pediatric nephrology fellow, have gone to Bangalore for knowledge dissemination.

It was clear from my visit to SJMC how much the interaction of pediatric nephrology was appreciated and how much it had made a difference in the care of children with renal disorders. This program represents what we can do to make a difference in areas remote and so vastly different from our own. I am quite frankly in awe of what has been accomplished by our group. It would be wonderful to see this involvement extend to other sectors of our academic community. Indeed it is one of my dreams as Chair to create a MCH/McGill Global Child Health Initiative that twins our expertise and capacity with two or three centres in the emerging world that are less fortunate than ours in a collaborative, sustained and innovative way
that makes a difference in child health. I know that I can count on many members of our community in realizing this dream.

Have a great weekend

Michael
December 7, 2012

“One special advantage of the skeptical attitude of mind is that a man is never vexed to find that after all he has been in the wrong.”

Sir William Osler Lancet

Hi Everyone

This week's Departmental Acknowledgement goes to a relatively recent addition to our Faculty from the Division of Respirology - Adam Shapiro.

I first got to know Adam personally earlier this year at a Super Bowl party hosted by my neurology colleague Maryam Oskoui. Not only as a long standing NY Giants fan (for the sports fans amongst you it goes back to the 2-10-2 season of 1964 with coach Allie Sherman and quarterback YA Tittle-I really suffered during the 60s and 70s on this one but it was compensated by our beloved Habs) did I enjoy another Giants SuperBowl victory (#4), but I also got to sample some of Adam's fabulous down home southern cooking which he brought along.

I got Larry Lands to write a few words about Adam and I have placed what he wrote below as it contains one of the funniest visual references I have read in a while.

"On a warm Southern breeze, Adam Shapiro joined the Division of Pediatric Respiratory Medicine just over one year ago. Since arriving, this good ol’ boy from the fair city of Richmond, Virginia, has been busier than a one-armed paperhanger with a case of the hives. Adam brought with him from UNC-Chapel Hill an in depth experience in primary ciliary dyskinesia. This is a rapidly expanding field with the recognition that many diseases are associated with or caused by ciliopathies, including primary ciliary dyskinesia, congenital heart disease, polycystic kidney disease, Leber congenital amaurosis, and the list continues to grow. Adam is establishing Quebec’s first Ciliopathy Clinic. Once accredited, we will join the network of 7 US and 2 Toronto (adult and pediatric) centres. Adam has strengthened our bonds with the ORL service, where we now do many combined endoscopy exams. He genuinely loves teaching and his enthusiasm is contagious. Adam is working closely with Sam Daniel in developing new ORL CME programs. Adam has the most fantastic anecdotes, and when encouraged, will let his Southern drawl hang out. And Adam is one of those unusual Americans who speaks French, gained during an undergraduate degree and a year in France (Adam vehemently denies those nasty whisperings that his language skills were gained during a misspent youth in the hospitality suites of No’Orleans). Adam fulfilled every Jewish mother’s dream-he married a dentist. He and Sarah and their two children and two dogs (and a possum) are enjoying the pleasures of a new home in Montreal. And contrary to those mendacious waggin’ tongues, Honey Boo Boo is not his daughter."

"Busier than a one-arm paper-hanger with a case of the hives"?? Think about it....

Adam is hard at work preparing for his specialty exams in Respirology. There is no doubt he will do great. Please join me in wishing him good luck on this necessary hurdle to becoming a Canadian physician.

Have a great weekend everyone.

Michael
December 14, 2012

“To confess ignorance is often wiser than to beat about the bush with a hypothetical diagnosis”
Sir William Osler Lancet

Hi everyone!

As 2012 draws near to its end, I would like to give the final Departmental Acknowledgement of the year to a group of unsung heroes.

One thing I have learned since becoming Chair is how much administrative work it takes to run what is both the second biggest Department in the Faculty of Medicine and the second largest Department of Pediatrics in Canada.

This work only gets done because of the hard work day-in and day-out of the staff of the Chair’s office; Sylvie Sahyon, Marlene Davis, the two Fil’s (Filomena Goncalves and Filomena Cirella) and Juliet-Ann McArthur. In PGME, we have Alessandra Tedeschi and Olga Dolghi, and Judy Browning in UGME and across the street in PMG and MSSA, Patti Fontaine, Anna Grafton and Willow Scobie, together with the billing staff. It is these folks that take care of the paperwork (and it’s a mountain) at the university, hospital and RAMQ levels that enable us to focus on the academic mission. They also are the ones that respond to what is an almost continuous stream of questions and requests and yes complaints. They do so efficiently and with what is often grace under pressure. They have also in the past year dealt with the challenge of getting use to a new “boss” who comes with his own schtick (just ask…) and quirks. I can only do what I do with their enablement. I am also well aware that for many of the staff, frequently these women offer a sympathetic ear of comfort and source of solutions at times of personal stress and hardship.

We all have administrative staff that helps us to succeed. Take the time, not just in the holiday season, to show your gratitude; “please” and “thank you” go a long way to smoothing the path forward.
As noted we will take a hiatus over the holidays and begin again in 2013 with an initial acknowledgment on January 11th.

Happy Chanukah! Merry Christmas! Joyous Kwanza! Festive Diwali! Happy Holidays!

Have a great weekend and all the best for the New Year.

Michael
January 11, 2013

“We are here to add what we can to life, not to get what we can from it.”

Sir William Osler

Hi Everyone

First let me wish everyone all the best for 2013—may it be a healthy and happy year for all of us. I do hope that everyone was able to take some time off during the holidays to enjoy the company of those we care about and recharge our batteries for what no doubt will be a challenging year ahead. As I see, our major challenge will be staying true to our Mission in the face of what had become alarming fiscal and capacity restraints at multiple levels that are beyond our control. Only collectively and collaboratively can solutions that are needed be found.

Perhaps fittingly the opening Departmental Acknowledgement for 2013 is not for an individual. It is for something that is exceptional within the scope of things yet is routine within the confines of our Department and hospital. It is also the product of my own experience recently. I would like to single out the PICU (9D) and NICU (9C) teams over the holidays—attendings, house staff, nursing together with palliative care, social work and pastoral services amongst others. I don't want to single out individuals for fear of missing someone. It also truly was a team effort.

I was on service for neurology for a week over Christmas. In over 20 years of attending, quite frankly I have never encountered such a concentrated level of substantial mortality and morbidity as a result of neurological illness. On average each day over that week we diagnosed and prognosticated and discussed with team members and parents dreadful disorders for which from a purely medical perspective we could not offer hope for any outcome that would be considered desirable by any amongst us. This during a “festive” holiday season that no doubt only served to aggravate the enormous pain that these families were experiencing.

As difficult as it was from a professional perspective for myself and my residents, I knew that we had it “easy”. The challenge fell upon those in the ICUs who provided direct ongoing and supportive care to these children and their families as disease played itself out over the coming days and weeks. The science of medicine is perhaps no more evident than in the technological bells and whistles of an ICU, but it’s there you will also find the art of medicine. When the two come together and the needs of children and their families come to the fore it’s an amazing sight to behold. It’s something that budgetary and administrative difficulties simply cannot influence or take away.

As an example of what happened I will reprint below a message sent by Stephen Liben regarding but one of the cases I was aware of.

The PICU team performed at a very high level of compassion in the care of the infant with SMA who died today.

Nurses held that baby for two days while the mother was unable to be here—an invaluable act of care and caring that made all the difference to that infant. The MD’s thoughtfully and carefully managed symptoms and maintained open communication in an emotionally charged family situation. Also thanks to S. who somehow managed to keep the patient in the PICU for the weekend—it would have been
"technically correct" but practically less than ideal to have transferred him to the wards on Friday night once he was extubated.

Whoever says that "there is nothing we can do" is always, always, wrong (and I do mean always). The doing and caring even (and perhaps especially) when death is certain, makes all the difference to the kids, parents, and also, I think, to us as caregivers.

Similar acts of kindness were evident in the other cases as well.

I would like the members of the Department to keep in mind the foregoing as our ship sails on rough seas.

Have a great weekend everyone.

Michael
Hi Everyone

This week’s Departmental Acknowledgement was all set to go when it was displaced by something I read this morning which has a pressing timeliness to it. This week’s acknowledgement goes to our surgical colleague Sherif Emil.

I had already made the decision when I received this email from Rick Haber which is copied below and is self-explanatory for this selection.

“I would like to suggest Sherif Emil for departmental acknowledgement for his excellent op-ed piece in the Gazette this morning opposing the legalization of euthanasia. As you know both Sherif and I presented briefs at the Commission, Mourir dans la dignite, arguing against the legalization of euthanasia from a pediatric perspective. Our briefs, along with all those against legalization, were ignored. The commissioners had obviously made up their minds before hearing the briefs. Stephen Liben and I also presented a workshop at the CPS AGM two years ago which was very well attended, especially with young trainees obviously deeply interested in the topic. I think this issue is a watershed moral issue for physicians and has vast implications for those of us involved with trainees. What will be the impact of legalized euthanasia on the profession as a whole which is supposed to heal often and cure always. Are we going to start teaching pediatric residents and medical students the way in which one kills a child? Clearly euthanasia is very different from humane, caring, end-of-life care with palliation for pain and suffering. As an Osler Fellow involved with the Physician Apprenticeship program where the total emphasis is on healing and compassion, I think legalizing euthanasia will have a very serious impact on our ability to honestly teach those values which have been at the heart of medicine since Hippocrates.”

The legalization of euthanasia is a difficult moral issue. I applaud the efforts of Sherif, Rick and Stephen to get involved in this debate and provide their own medical perspectives. Health professionals should be willing to assume an advocacy role in health issues when it comes to their expertise as it relates to vulnerable populations. Our experience should count. We should be willing to speak out on those issues which matter and which we care about. There are indeed times when we should leave our cocoon of practice and climb on the soap box. There may be some amongst us who disagree with the position taken by Sherif, Rick and Stephen. That should be respected and their voices should also be heard. What we cannot disagree with is that the health professional does have a rightful place in our society as an advocate and I encourage each of you to speak out when so moved. I much prefer a noisy room filled with discussion about topics that matter than a room of silence and acquiescence.

There is a quote attributed to Edmund Burke; “All that is necessary for the triumph of evil is for good men to do nothing.”
Here is a link to Sherif's piece in today's Gazette; 

Have a great weekend everyone.

Michael
January 25, 2013

“It cannot be too often or too forcibly brought home to us that the hope of the profession is with the men who do its daily work in general practice.”

Sir William Osler

Note to reader: If Osler was alive now I hope he would amend his quote to “....with the men and women.....”

Hi Everyone

This week's individual Departmental Acknowledgement was suggested by Kent Saylor. Not only does it allow us to reflect on the extra-ordinary and steadfast clinical work of one of our members, it also enables me to highlight a longstanding unique Departmental and hospital program.

You don’t have to spend much time on our wards, in our OPD or in our ER to realize the large number of First Nations (e.g. Cree and Inuit) children and their families that we directly care for. This observation leads to two conclusions; 1. That these children and their families incur a disproportionate burden of health issues in our population reflecting the incredible influence of social determinants on child health and well-being, and 2. We have evolved a longstanding and special relationship with these peoples and the far-away regions they inhabit.

This week's Departmental Acknowledgement goes to Dr. Margaret Berry. I will quote from Gary Pekeles to introduce Margaret.

"After completing her pediatric residency at McGill in the late 70s, Margaret worked as a pediatric consultant in Rouyn Noranda for a decade, She returned to do a fellowship in Neonatology at a time in her career when most of us would be daunted by that prospect. She completed an Msc in Epidemiology. She worked as a neonatologist here until she joined the Northern and Native Child Health Program in 2005. Her dedication to the health and welfare of the people she cares for is outstanding. She will always go the extra mile, never taking a short cut. She is held in the highest regard by the family physicians and nurse practitioners on the Hudson Bay Coast with whom she collaborates. When Margaret is following a patient, we are all reassured.”

An example of this dedication was the impetus for Kent's welcomed suggestion. I will quote Kent's email to me to do full justice to his suggestion. Not only do Kent's words highlight Margaret's good work, it also pays tribute to the co-operative spirit that permeates the various services of the Children's in getting things done for the good of our patients. In these challenging times this co-operative spirit will be essential in preserving our Mission.

"At the end of November 2012 one of my patients from the north was here in Montreal for some follow-up visits. He is a very large (over 100 kg) 13 year-old boy with severe autism. Due to some of the findings during that visit it was decided that he needed a CT scan of the head and a lumbar puncture. I found this out on a Thursday afternoon and I was scheduled to be away at a conference the following day. It is hard enough to try and arrange these studies on a non-autistic child but we all know this is a major challenge for an autistic child who requires general anaesthesia. Luckily he was scheduled for a dental
exam under GA for the following day. I went to see Margaret for help. She did not hesitate for one second. Together we made a plan with radiology, dentistry and anaesthesia to coordinate the dental exam, CT scan and LP under general anaesthesia all at the same time. This was no small task. When I left on Thursday we had a plan but I knew there was a lot of room for error. I received a call from Margaret on Friday at 1 pm that all the procedures were done and he was packaged and ready to go back home! I saw the family up north the following week and they were very happy with the service they received from everyone that day. I owe a great deal of thanks to Margaret Berry for taking charge of this case and also a great deal of thanks to our colleagues in radiology, dentistry and anaesthesia for their help and understanding."

Kent's suggestion also gives us an opportunity to consider the history and present status of our Northern Program. Once again I will quote from words written by Gary Pekeles.

"The Northern and Native Child Health Program of MCH/McGill has existed with a variety of names and administrative arrangements for over forty years. Over the years, it has been guided by the likes of the late Jack Charters, Mike Moffatt, Alan Coates and Nick Steinmetz. It started with contracts with the federal gov't, the provincial gov't and was the first University based program to engage directly in agreements with First Nations and Inuit autonomous Health Authorities. We are their partners.

Every year about 300 First Nations and Inuit children are hospitalised at the MCH. By and large they are sicker, more complex and more challenging than our typical patient. We all learn a lot from them, medically, culturally and personally. There are about 750 children seen in our outpatient clinics, most having 5 or more visits when they are here. But most important are the patients who do not come south. Our pediatricians are in constant contact with practitioners in northern communities, providing advice and directing care from a distance. They each visit their communities on a regular basis, spending typically a week each month away from their homes and families. All told, every year about 2200 kids referred by northern clinicians are seen by MCH pediatricians in their own villages and towns. This represents 15% of all children living in the areas we serve."

Toques off (not for long in this frigid weather though) to all those who make this Program the vital success it is.

Have a great weekend everyone.

Michael
Hi Everyone

We all know that caring for ill children and their families is stressful for any involved health professional. It can take its toll emotionally on anyone as ultimately there is no rationale answer to the fundamental question of "why?".

Humour and laughter is a natural way to deal with this stress. That is why this week's Departmental Acknowledgement goes to Mher Barbarian, Samantha Dankoff, Juan Iraheta, Alicia Lambrinakos-Raymond, Maya Leitner and Nina Nouraeyen-residents in our Pediatrics Training program who organized yet another successful Annual MCH Skit Night last week.

The origins of Skit Night are lost in the mists of time, but I remember attending (never participating though as I was stage shy in my youth) as a resident close to 30 years ago. It's an opportunity for the MCH community to get together outside of work hours and share laughter, a laughter that is largely generated by making fun at local Departmental personalities and hospital foibles. It's a great way to let off steam and more importantly a great way to cement our collective identity and inter-relationships amongst what is our 'second' family. I was delighted to participate for a second year as the nominal host and channel my now not so suppressed desire to be a stand-up comic. I suspect as a neurologist that my "stage shyness' of youth has yielded to the "frontal lobe" disinhibition of age.

In the midst of demanding call schedules the above residents stepped up and took it upon themselves to organize the event, writing scripts, performing music and assembling video clips. Its take energy and time. For this we owe them our appreciation.

Following skit night, there was a terrific after-party organized by our social mavens Holly Agostino and Brett Burstein. Once again the social vibe allows us to come together as a group (the alcohol helps too I imagine) though it is a bit dispiriting personally to be yet again the oldest person in a high energy room.

Finally it needs to be noted that through these efforts, the very nice sum of $1000 was raised for our favourite local charity, the MCH Foundation.

I will be away in South Africa, literally in the bush at N'gala, on my way to a conference presentation in Cape Town next week. I have asked my Associate Chair Bruce Mazer to handle the Departmental Acknowledgement next Friday. I look forward to seeing who he picks and what he writes.

Have a great weekend everyone.

Michael
February 8, 2013

Christine Lejtenyi has been a member of the Division of Allergy and Immunology since the early eighties, when it was a division that held clinics only two days per week, and the staff consisted of one full time immunologist one FT allergist and a group of community practitioners who would see patients one day per week. In the late eighties, the allergist retired and the immunologist left for the US. Richard Hamilton asked Christine if she would consider a full-time hospital position and the rest is history.

Christine has worked tirelessly as a clinician, shouldering the largest clinical load in a division that slowly grew to our current size. She continues to be the consummate clinician educator. Her calm, reassuring manner with patients, her encyclopedic knowledge of the allergy literature (sometimes we wonder if there is anything she hasn’t read!) and her extremely practical common sense approach to problems makes her a tremendous colleague and role model for all. She has long been the Clinical Director of the division of Allergy and Immunology, and took over as training program director in 2009. This new challenge was handled with the same grace and calm as her work with patients.

Although she may be the division member with the longest association with MCH, she is also the one with the most energy! She is a biking enthusiast, and in good weather (and maybe bad as well) regularly bikes in from Nun’s Island. She was a regular contributor to the Medical Emergency Department up until very recently, doing 3-4 shifts per month, staying late into the night so as not to transfer too much to the next shift. She travels and enjoys her grandchildren and visiting her family in exotic places. Above all, Dr. Lejtenyi has provided us with an impressive physician role model and a gold standard for team player and academic clinician educator. She is always positive, always thoughtful and above all, always contributing, with a smile. Thank you Chris and keep it up!

Dr. Emmett Francoeur
Hi Everyone

I often note that if you have a technical problem, simply look around the room, locate the youngest person and they are probably the person most likely to be able to fix it. If they are under 12, you have hit the jackpot. Just yesterday I was marvelling at a toddler still in diapers and a stroller drinking from a sippy cup while playing games on a smartphone. A visual symbol for our age and I suspect what we ask regarding developmental milestones needs to be altered; from first steps to first texts....

No single aspect of human endeavour has been more impacted by advances in technology than communication. Social media provides a powerful new knowledge translation and exchange tool to impart health information. This week's Departmental Acknowledgement goes to Holly Agostino who this week participated in the very first Canadian pediatric hospital-based tweet chat. I learned about this from Pamela Toman and I reprint below what she wrote to me.

"I wanted to let you know that I have been working with Dr. Holly Agostino, who deserves a big round of applause. I contacted Holly in the fall about whether or not she would be interested in participating in the hospital's first ever tweet chat: a conversation/event on Twitter about any given topic - in our case, menstruation for teen girls and parents with daughters.

Not only did Holly accept enthusiastically, she gave up some of her valuable time to do media interviews before the event, which was yesterday from noon to 1pm.

The tweet chat went very well, and we received many messages from parents and teens and members of the media who were not only impressed that we were reaching out to teens and parents directly through this new media platform, but that a doctor would be willing to make herself available for this type of initiative despite her busy schedule.

I think Holly deserves a sincere pat of the back for being such a good sport, and so ready to offer her expertise. Her willingness to jump on board in turn helps our department better showcase how our doctors and staff are innovative and resourceful.

Because of the success of yesterday's event, we are looking forward to hosting a second tweet-chat on April 3rd from 4-5:00 p.m."

Holly was featured in both La Presse and on the Journal de Montréal's websites yesterday, as well as in 24 heures:

http://www.journaldemontreal.com/2013/02/12/une-specialiste-repond-aux-questions-sur-twitter

Holly should be commended for her initiative and her willingness to use novel means to reach out to youth who are often indifferent to traditional modes of communication. Feel free to contact Pamela if you would like to offer up your expertise for a tweet chat.

Michael
Hi Everyone

Researchers are like the folks who work in call centres. They get used to rejection yet despite the frequency of being refused a grant application or a paper submission, they soldier on confident that their luck will change the very next go around. Indeed a Chair I served under presciently told me early in my career that a scientist is someone who is resubmitting for the fifth time a paper or a grant.

The current research funding environment is quite simply brutal. Grant application success at the CIHR, our national health research funding agency, has hovered at 16-18% for a few years now. That is why this week’s Departmental Acknowledgement goes to **Genevieve Bernard, Nancy Braverman, Indra Gupta and Nada Jabado** for their recent success as Principal Investigators on the CIHR's most recent operational grant competition. For some this was their first kick at the can, for some its yet another feather in a crowded cap, and for some it was the product of dogged persistence and their belief in having something to add.

Genevieve is a former trainee of mine in pediatric neurology who is very quickly establishing herself as a national, and dare I say international, authority in the leukodystrophies. Already a Chercheur-Boursier Clinicien she has secured a grant that will enable her to further delineate the phenotypic and genotypic spectrum of the leukodystrophies. With roughly 40% of these disorders now of “unknown” cause she has much work to be done and no doubt future grant applications to make.

Nancy, a biochemical geneticist has distinguished herself as an international authority on disorders of peroxisomal biogenesis. Her CIHR grant application is designed to utilize animal models to identify novel molecules for therapeutic intervention in these rare disorders and expedite their application to affected patients. The work in this grant truly is an example of an innovative bedside-bench-bedside approach to scientific discovery.

Indra, a pediatric nephrologist, in her successful grant application had applied advanced molecular genetic techniques and adapted mouse models to further our understanding of a common problem in pediatrics; urinary tract infections and their relationship to vesico-ureteric reflux. Indra’s work will further our understanding of the pathogenensis of this disorder. It might also answer the critical question of why some children are afflicted by this disorder which can result in irreparable kidney damage.

Nada, a hematologist-oncologist with a focus on brain tumours, has leveraged her involvement in an international collaborative network to investigate the genome, epigenome and transcriptome of an extensive collection of astrocytoma tumor specimens to hopefully identify future therapeutic targets for our interventional efforts. This gives hope where at present little hope exists unfortunately. Nada has enjoyed a quite remarkable recent run of scientific and personal success. What is re-assuring is that she gives no sign of easing up.

Research is a vital and indeed essential part of our academic mission. The talented women above and their recent success embody this vitality. Like a tide, successful research raises all the ships in the harbour, including the quality of clinical care and the innovativeness of our pedagogy. Please join me in congratulating this group and acknowledging the efforts of all those who submitted a grant application and made the effort.

Michael
March 1, 2013

Hi Everyone

There is an immense body of knowledge contained within the Department of Pediatrics. This knowledge may be factual, it may be instinctual, it may be the product of experience and the wisdom that comes with practice. However the knowledge cannot be contained as if locked in a vault, available only to those children and their families fortunate enough to find themselves under our direct care. We have an obligation to leverage this knowledge outside our direct reach. External presentations whether they be done locally, regionally, nationally or internationally, are a tangible way to improve health care and well-being. This is what knowledge translation and exchange is all about.

This week's Departmental Acknowledgement was suggested to me by Catherine Henin and goes to Anne-Marie Sbrocchi and her team. I have reprinted below the words behind Catherine's most enthusiastic suggestion.

"I have a suggestion for this week’s Departmental Acknowledgement. I just returned from the Practical Problems in Pediatrics Annual Specialty Day on the care of children with complex medical needs and it was absolutely phenomenal!!! Annie Sbrocchi and Isabelle St-Sauveur from the Complex Care Service did an exceptional job of planning and organizing the conference and all of the presenters (Annie Sbrocchi, Johanne Boyer, Sylvie Canizares, Clelia Coccia, Louise Colacci, Sam Daniel, Linda Masse, France Paquet, Helene Pelletier, Geraldine Schaad, Ken Shaw and David Zielinski) were amazing. There was a plenary session with an inspiring patient and family panel, informative and fun pre-and post-quizzes (with prizes!), and multiple concurrent workshop groups on trachs, G-tubes and central lines with mannequins, equipment, slideshows, posters, etc. There were so many "moving parts" that it could have been disastrous but it all went off perfectly. It was truly an impressive demonstration of multidisciplinary collaboration (surgeons and non-surgeon physicians, nurses, RTs) and professionalism. The conference participants were honestly blown away by the quality of the sessions and I really feel that everyone involved deserves to be recognized for how hard they worked on this and how well they represented the Children's to the community."

Catherine's capsule summary highlights the passion of those involved that was brought to the effort. Building on their desire to improve the health of kids with complex care needs they created an educational session that was innovative, engaging, fun and informative. No doubt these efforts will make a lasting difference. I would encourage all members of the Department to engage in similar outreach efforts to benefit their patient populations.

Michael
March 8, 2013

Hi Everyone

This week’s Departmental Acknowledgement goes to Evelyn Constantin and is the first in what will be a series of three that will highlight recent successes in promotion to Associate Professor in the Faculty of Medicine.

A graduate of McGill and our residency training program Evelyn represents a true academic “triple threat”. Evelyn is a respected clinician with advanced expertise in pediatric sleep disorders who attends on the wards, in the clinics and the sleep lab. Evelyn exemplifies in every way the core values of physician-ship and professionalism serving as a role model to learners and colleagues.

Evelyn also is an accomplished researcher. She has a solid record of academic productivity advancing a clinical research program targeting sleep disorders. She has made some seminal observations in this under-appreciated area and I am personally pleased to see that she is now directing some of her efforts to delineating the scope of these problems in children with neurodevelopmental disabilities. She has a track record of funding success and has received external salary support awards from the FRSQ and now holds a Chercheur-Boursier Clinicien Award (Junior 2). She has also been admitted to membership in the highly competitive Society for Pediatric Research.

Evelyn is also extremely vested in pedagogic activities at a number of levels and in some novel and innovative ways. She has co-ordinated the Department’s key ongoing CME activity of Grand Rounds since November 2011. At the PGME level she has contributed to our training program as a member of the Residency Selection Committee and the Residency Training Committee. She is a ready and willing mentor to trainees engaged in their own research efforts. Particularly noteworthy contributions of Evelyn’s were her key involvement in the Residents for Healthy Living (RHALY) initiative and in the Canadian Child Health Clinician Scientist Program as the McGill site Director. Through this latter participation she has developed a now nationally available curriculum in academic skills and research training entitled the Pediatric Health Research Epidemiology Statistics CurriculA (PHRESCA). For this extensive commitment to education, Evelyn was selected to the Faculty Honour Roll for Educational Excellence last year.

Throughout the multiplicity of activities described above, Evelyn always conducts herself with grace, charm, warmth and a sense of humor. Please join me in congratulating Evelyn on her personal accomplishment, which is a significant milestone on her professional journey.

Have a great weekend

Michael
Hi Everyone

This week's Departmental Acknowledgement goes to Preetha Krishnamoorthy and is the second in the series of three to highlight recent Departmental Faculty promotions to Associate Professor.

Quite simply Preetha is an educational superstar. She is a natural-born teacher with an incredible innate skill set. She currently heads up the Department of Pediatrics UGME program which brings her in contact with each McGill 3rd year student during their pediatrics clerkship. She does so with passion, commitment, warmth and unwavering excellence. She does so following in the footsteps of her mentor the remarkable Wendy MacDonald who served as Pediatrics UGME Director for three decades. She not only follows in Wendy's footsteps, but is creating her own path making her own distinctive mark. She has continued the tradition of pediatrics being the most highly rated clerkship experience in teh Faculty of Medicine.

Preetha's teaching excellence has been recognized by learners and peers at multiple levels in a very short interval since coming on staff. This recognition speaks volumes regarding her excellence. She has received the Paige and Bernard Kaplan Teaching Award from the pediatrics residents (2005), the Osler Award from the graduating medical school class (2012), and the Faculty Honour List for Educational Excellence (2012). She is emerging as a force nationally and internationally in UGME.

In addition, Preetha is a valued member of our Division of Pediatric Endocrinology. She is a superb clinician who embodies at all times the highest values of physicianship, professionalism and patient/family centred care. As if this wasn't enough she is often the social sparkplug for our Department, voluntarily organizing the extra-curricular events that are so vital to maintaining the sense of community that is our most valued and enduring asset.

Preetha brings it all together with a smile, a sense of humor, and her wide-eyed enthusiasm that thankfully shows no signs of diminishing. She is a role model to all the learners that come through our Department and perhaps my daughter Allison (a third year medical student-a Dad can be proud cant he?) said it best when she told me during her recent peds clerkship; "We all want to be just like Preetha".

So please join me in congratulating Preetha on this well-earned step in her academic career.

Have a great weekend

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA
March 22, 2013

“The successful teacher is no longer on a height, pumping knowledge at high pressure into passive receptacles.”

Sir William Osler

Hi Everyone

This particular Departmental Acknowledgement has been a long time in coming but I wanted to schedule it appropriately. It goes to Richard Gosselin for the collective accomplishment of full accreditation of the Pediatrics PGME program as a result of this week's Royal College review and for his singular individual accomplishment of being selected to the Faculty Honor Roll for Educational Excellence.

I would like to reproduce below what I wrote in my letter of nomination of Richard to the Faculty Honor Roll earlier this year.

“The Department of Pediatrics has a long tradition of educational excellence. Richard as our Program Director for the Pediatrics Residency is a vital reason why this tradition continues in the present day. Richard is an educational superstar. He has an enormous commitment to the educational mission bringing to it commitment, passion, dedication, devotion and excellence. He lives this mission 24/7, 365 days a year. He takes the residents' professional development to heart and is a major reason for both their satisfaction and success.

Richard has a longstanding commitment to medical education. Prior to becoming the Program Director for Pediatrics in 2008 he was the Program Director for neonatology. He has completed the Teaching Scholars Program at McGill and has shown leadership in medical education provincially amongst his colleagues and nationally at the Royal College level. In his role as Program Director, Richard has manifested a steadfast and resolute commitment to ensuring a respectful learning and work environment. He is among our local champions in this important Faculty-wide endeavour. Indeed this has led to some difficult but necessary moments with attendings, that Richard has consistently handled with tact and diplomacy without ever compromising his basic principles.

Richard has steered the program through changes that include the adjustment to the new contract that saw significant changes in work rules. Richard managed these changes in an innovative way coming up with solutions that respected the negotiated contract, preserved clinical coverage and ensured our educational commitments.

Richard has also led the introduction of a didactic curriculum in pediatrics that has enhanced the valorization and role of the general pediatrician in our changing health care landscape. He has also fostered novel experiences for the residents in emerging needs such as social pediatrics and in the regions (i.e. Gatineau, Ste-Hyacinthe) that has extended the McGill 'brand' and most importantly sensitized the residents to both challenges and opportunities outside of the traditional ivory tower.

A final innovation of Richard's is his modification of the annual Residents' Retreat. He has empowered the residents' to utilize this event as an opportunity to focus on a
Department-wide Residents’ led initiative that will impact on child health. These have included efforts within the community to promote active and healthy living choices by children and youth and efforts to enhance patient safety while under medical care. Indeed these initiatives have been leveraged at the Department level and our forthcoming Departmental wide retreat will be built around the residents’ prior work on patient safety. These initiatives have both increased learner-faculty engagement and have also shown the residents’ most importantly that they can make a difference beyond the traditional patient-doctor role interaction as advocates for child health and well-being.”

A Royal College review is never an easy thing. The analogy I envision is that it’s like someone snooping around in your house opening drawers, peeking into the medicine cabinet and checking for dust on high surfaces. I am sure that Richard is enormously relieved that this is now behind him. Please join me in congratulating Richard on his substantial recent accomplishments.

Have a great weekend and for my co-religionists Chag Shameach and Happy Pesach.

Michael
March 29, 2013

“Taking a lady’s hand gives her confidence in her physician.”

Sir William Osler

NB: It appears that Sir William may have been a bit of a misogynist and could have appeared before licensing authorities if he had practiced in the 21st century....

Hi Everyone

This week’s Departmental Acknowledgement goes to John Mitchell and is the final one in a series of three highlighting’s this year’s promotions to Associate Professor.

Originally from British Columbia, John originally came to Montreal for his MSc in Genetic Counselling. He then stayed put and worked as a genetic counsellor at the MCH. Indeed he was the genetic counsellor in my Neurogenetics clinic in the early ‘90s (when I had a full head of jet black hair...) where-in he asked me for a letter of recommendation for medical school. In spite of what I wrote (perhaps the one from Charles Scriver was the clincher), he went on to a medical degree at UBC followed by a residency in Pediatrics at the MCH and fellowships both here and at the Westmead Children's Hospital in Sydney, Australia.

The Department was fortunate to recruit John back to Montreal in 2004 where he has held appointments in both pediatric endocrinology and medical genetics. John's profile is that of a clinical-researcher and educator focusing on population screening for genetic disorders and the treatment of rare genetic disorders. Both of these topics are ones for which the Department and hospital can take pride in being historical pioneers. John has held a number of external grants from both governmental and pharmaceutical sources evaluating in a rigorous and often novel way treatments for various clinical populations (eg PKU, mucopolysaccharidosis). In addition to these clinical efforts John has been active in UGME in the pre-clerkship years and as well he has had a regular involvement in both undergraduate and postgraduate teaching in both the Faculty of Science and Medicine.

John also has developed fairly rapidly a national and international profile in his chosen area of expertise. He is currently President of the Garrod Society of Canada, involved in Guidelines Development for PKU for the NIH and the American College of Medical Genetics and on the Advisory Committee for population screening for Ashkenazi Disorders (American Society of Human Genetics) and sickle cell (Institut National de Sante Publique du Quebec).

Though now almost 15 years removed from living on the West Coast, John always gives off that relaxed easy-going vibe that comes with having lived in lotus land (must be something in the water???). As a fellow clinician, its always a delight to interact with him.

Please join me in congratulating John on this significant personal accomplishment. As for all those promoted, its so well deserved and one more step on a successful professional career.

Have a great weekend.

Michael
Hi Everyone

This week's Departmental Acknowledgment goes to Shuvo Ghosh. There are many things to acknowledge Shuvo for, but this is specifically attributed for his seminal work on a recent effort of successful advocacy in the realm of human rights. Advocacy is part and parcel of our Departmental mission and is a CanMEDS competency for all physicians now.

Shuvo played a vital role in recent passage on March 20th of the only amendment thus far to Canada's Human Rights Act. This amendment, formulated in private member's bill C-279 (An Act to amend the Canadian Human Rights Act and the Criminal Code) specifically includes transgendered Canadians under the protection of the Human Rights Act.

An essential part of how we identify ourselves is our gender identity. Just imagine the pain a young person experiences if the biology (male or female) they are born with does not align with how they feel on the inside. This misalignment is something over which they have no control and cannot be held responsible for. That they can be discriminated against on this basis is akin to discrimination over any aspect of our identity such as gender, ethnicity, religion or disability. It is in my view simply unacceptable in an enlightened society that has as its bedrock the fundamental value of equality before the law for all persons.

A developmental pediatrician, Shuvo has long had an interest in gender identity issues in the pediatric population. This interest has led to the emergence of a Gender Variance Program at the Children's which addresses this vital issue in children as young as 4 in a collaborative multi-disciplinary approach that is so necessary with such a complex issue. Shuvo has emerged as an acknowledged world leader in this topic. His involvement in Bill C-279 is but a natural extension of his clinical passion and commitment to this issue and those affected.

Shuvo was where he should be when the Bill was passed: in the gallery of our national parliament. Indeed prior to the vote one of the members of the house read into the record a letter Shuvo had written to the NDP caucus on this matter. I am proud to say that the letter received a standing ovation from some members of the House (www.youtube.com/watch?v=GS-IkESJ03c).

Please join me in congratulating Shuvo on doing the walk for others in human rights. Consider too in this context the following quote from Pastor Martin Niemoller (1892-1984) who lived through the horrors of the Third Reich. I can never read it without a shiver going down my spine.

First they came for the socialists
and I didn't speak out because I wasn't a socialist.

Then they came for the trade unionists
and I didn't speak out because I wasn't a trade unionist.
Then they came for the Jews, 
and I didn't speak out because I wasn't a Jew.

Then they came for the Catholics, 
and I didn't speak out because I wasn't a Catholic.

Then they came for me, 
and there was no one left to speak for me.

Have a great weekend everyone.

Michael
Hi Everyone

There has been a number of pedagogic oriented acknowledgments recently and this week's will follow suit and goes to Laurie Plotnick for her formative work in the design and implementation of the Faculty's "new" medical school curriculum that gets rolled out this Fall with the incoming Class of 2017.

There are several obvious fundamental challenges in medical school curriculum;1) the duration of medical school has remained fixed at 4 years (since before the time of Sir Wiliam!) despite an exponential growth of knowledge related to the practice of medicine, 2) the density of synaptic connectivity in the human cranium will not change, 3) there has been a revolution in how information is stored, retrieved and delivered, 4) the lifespan of correct information and "current" technology is shrinking creating a field in ever-increasing dynamic flux, 5) physicianship and professionalism are bedrock values of a meaningful therapeutic relationship, and 6) medicine now exists within a matrix of publicly driven health priorities.

McGill's MD CM curriculum was last altered in 1994 (before many of us had an internet address just to put it in perspective) and brought in unit based teaching, small groups and physicianship initiatives. Of course it was brought in to howls of protest from traditionalists (some of whom are still protesting over this change) yet to this graduate of the Class of 1984, I have observed with pedagogic envy the journey of my daughter Allison in the Class of 2014. She will be so much better prepared as a physician for a lifetime of learning than I was.

The incoming "new" curriculum will build on this excellence and innovation that is McGill's forte. It reflects well on the entire Department Laurie's important role in this process. Laurie is a highly respected and valued clinician in our Department where she practices as an ER specialist. She is also a natural teacher who has devoted herself to improving the learning experience for students, residents and practicing physicians, the latter through her longstanding involvement in the CME of the Pediatric Advanced Life Support (PALS) offered regularly by the Department that has elevated well beyond our hospital the level of "on the spot" emergent care of a critically ill child.

Laurie will assume leadership of the Transition to Clinical Practice (TCP) segment of the undergraduate curriculum. This roughly six month long interval at the end of second year forms a bridge between learning the fundamentals of disease to its application to patients as part of the clerkship experience. TCP has been revamped to emphasize more patient contact with an integral incorporation of components related to physicianship and health promotion and disease prevention. There will be a substantially enhanced pediatric component as well that should lead to a profession-wide increased awareness of child health issues.

Please join me in congratulating Laurie on this leadership role. To quote the great observer of our age Bob Dylan;

Come mothers and fathers
Throughout the land
And don't criticize
What you can't understand
Your sons and your daughters
Are beyond your command
Your old road is
Rapidly agin'
Please get out of the new one
If you can't lend your hand
For the times they are a-changin'.

Have a great weekend.

Michael
April 19, 2013

Hi Everyone

Some weeks the Departmental Acknowledgement is a slam-dunk. For me it became apparent on Saturday night when I watched Claudette Bardin and Chris Karatzios participate in the MUHC’s Dancing with the Docs fundraiser. It was a really fun event and I was glad to see, and be part of, a large turnout from our Children’s community to root on ‘our’ Docs.

Alas I could find no Oslerian words of wisdom on dance... however a better dancer named Mikhail Baryshnikov once said: "I do not try to dance better than anyone else. I only try to dance better than myself". These words ring true for both Claudette and Chris that evening.

Claudette, at an age when I expect to be dancing with my walker, danced a wonderful tango replete with attitude, classicism and as expected a certain “je ne sais quoi”. Claudette is among our most well respected clinicians and teachers and has served our community in a variety of roles over the years too numerous to mention. Her dancing was an inspiration to all of us couch potatoes (and I am among the worst offenders) suggesting that with effort and passion our bodies are indeed capable of much more than we give it credit for.

Chris danced a powerfully sensual samba-salsa. His hips appear to do more rotations than a blender in overdrive. He was totally in the moment and appeared to be having so much fun. His joy in his performance was palpable. Clearly if he ever gets tired of his gig as a ID specialist with a particular focus on HIV infections and a key role in UGME Basics of Medicine (Infection & Immunology), he would enjoy an equally successful (and perhaps as lucrative career given the squeals from the female members of the audience) as a ballroom dancer. Not surprisingly Chris took home the top prize continuing what has now become a tradition of MCH winners. As we like to say; "Pediatrics rocks"

Events like Dancing with Docs give us a chance to celebrate and socialize away from the hospital. We work hard and we have all well earned the right to play and kick back or just savor the moment in a way that gives us pleasure. These are also important moments to cement our ties as a community working for a common good. In this spirit I encourage each of you to join the fun at the upcoming CPDP’s Spring Fling and the MCHF’s ABC Ball. I look forward to sharing those moments with you.

Have a great weekend!

Michael
April 26, 2013

Hi Everyone

Don’t be concerned if a feeling of “déjà vu” is encountered as you read this week’s Departmental Acknowledgement for Nada Jabado given on the occasion of yet another stupendous research accomplishment and granting success. It’s one the Department simply cannot ignore.

Nada, a member of our Hematology-Oncology Division and Research Institute, currently holds a FRS Senior salary support award and was last year’s Faculty of Medicine’s Maud Abbot Award recipient. She follows this up with what I believe is the single largest dollar value research grant ever awarded to the MCH from Genome Canada with partnership from CIHR and the Canadian Stem Cell Consortium. Nada’s award is one of 17 projects funded in the 2012 Large-Scale Applied Research Project Competition in Genomics and Personalized Health. Her McGill co-investigators include Jacek Majewski and Tomi Pastinen.

Nada's projects start with the clinical problem of high grade astrocytomas which is a particularly lethal variant of brain cancer for which there has been little in the way of substantive survival improvements despite the heroic work of surgeons, oncologists and radiation oncologists over the years. In a seminal paper published last year, Nada and her colleagues have identified mutations in a particular gene in a significant fraction of children and young adults with this brain tumour. These mutations partly explain why this cancer remains stubbornly unresponsive to treatments. With this grant funding, Nada and her collaborators will develop new tools that will help health care providers identify these mutations in brain tumours, allowing children to receive the best individualized treatment strategy that optimizes the crucial balance between survival and toxicity. Using next-generation genomic technologies, they are looking for potential targets for drug treatment that hopefully will make a difference for these children and their families.

Please join me in congratulating Nada on this accomplishment.

Have a great weekend everyone

Michael
Hi Everyone

For clinicians to willingly choose an academic career focused on research is to expose oneself to the sting of rejection. That is why this week's Departmental Acknowledgement goes to Moshe Ben-Shosan, Patricia Li and Maryam Oskoui. We can join them in celebrating their initial success in receiving a salary support award as Chercheur Boursier Cliniciens at the Junior 1 level from the FRQ-S. This is an extremely important early step in the pathway of academic success for those dedicating themselves to research pursuits.

Moshe is a member of the Division of Allergy and Immunology. From Israel, Moshe is a graduate of the Sackler School of Medicine at Tel Aviv University and a veteran medical officer in Zahal, the Israeli Defence Forces in both the Armored Corps and the Air Force. Moshe completed an allergy and immunology fellowship here at the MCH as well as an MSc in Clinical Epidemiology at McGill. Moshe has already received significant extra-mural funding support from the Allergen National Centres of Excellence in the form of an Emerging Clinician Scientist Award and operating grant support from the Public Health Agency of Canada and the Canadian Allergy, Asthma and Immunology Foundation. Moshe already has an impressive publication record totalling more than 30 peer reviewed publications. His FRQ-S salary award is meant to support his research program into food allergies and anaphylaxis providing basic epidemiologic information and improved management for affected children.

Patricia is a member of the Division of General Pediatrics. A medical graduate of McMaster (where she was class valedictorian) and our pediatric residency program, Patricia pursued an academic fellowship at HSC that included a Master's degree in Clinical Epidemiology and research in child health services delivery which is an emerging field of scientific enquiry that has important policy implications and relevance. Patricia already has a significant record of peer-reviewed publication success and her research excellence has already been recognized by awards from the Canadian Pediatric Society and the Montreal General Hospital Foundation. Patricia's FRQ-S salary award is given to support a program that will critically evaluate community based first-line health service delivery to children. This is a vitally important issue as we witness a sea change in health care delivery provincially.

Maryam is a colleague from the Division of Pediatric Neurology. She has a remarkable personal family story of fleeing as a young child the chaos and tyranny of the Iranian revolution and arriving in Canada knowing only Farsi. A medical graduate of McGill and our pediatric neurology training program, Maryam pursued fellowship training in neuromuscular disorders at Columbia University in NYC and at the MNI. In a recurring theme for this week, she completed an MSc in Epidemiology at McGill. She too already has external operating grant success from the CIHR/HSC Foundation New Investigator Program and the Public Health Agency of Canada. Together with yours truly she is the Co-Director of the Canadian Cerebral Palsy Registry that is based within the Department and the MCH-RI. Her FRQ-S salary support award is meant to provide support for her research program that will cross-link databases to flesh out health services utilization provincially by children with cerebral palsy.

I would like to close by making several points. The first is that all of these young success stories chose to make their careers here and reflect the wonderful ethno-cultural diversity that is the Canadian matrix. All are clinician investigators utilizing epidemiologic and population based approaches. Together with more senior investigators clearly this is an area of Departmental strength. Indeed I have given Michael Kramer a specific mandate to nurture and mentor this young cadre to emulate his remarkable career. Also with
these salary support awards, they each go Hors-PEM enabling their respective Divisions to additionally recruit. Finally Patricia's and Maryam's success come during maternity leaves indicating the incredible multi-tasking capability of the adult woman.

Have a great weekend everyone.

Michael
May 10, 2013

Hi Everyone

If you hang around me long enough you will hear me say that "medicine is a team sport.... and there is no 'I' in team". This week is National Nurse's Week and this week, and any week, is a great time to acknowledge these vital partners in providing humane health care to children and their families. As a representative of our entire nursing community this week's Departmental Acknowledgment goes to Janet Rennick.

Janet's achievements come in a domain that has only emerged in the past generation as a part of nursing endeavours; research. Research enables nurses to ground their practice in evidence. This is particularly challenging as much of what nurses do is focused on aspects of care and outcomes that often cannot be easily numerically quantified. Beginning with Celeste Johnston who did pioneering work in pain in infants, the MCH has been the scene of the efforts of innovative nursing researchers. Janet is part of this tradition and indeed Celeste was her PhD supervisor. I am proud to note that Janet has a Medical Scientist appointment in the Department of Pediatrics.

Originally from Big Nickle (ie Sudbury) in Northern Ontario, Janet received her university degree in Nursing from the University of Western Ontario and progressed to a Master's degree in Nursing undertaken both at UCLA and the University of Toronto. She came to Montreal to be a Clinical Nurse Specialist in our PICU and Bone Marrow Transplant Unit in 1987. Her PhD was done at McGill and focused on the psychological responses of children to critical illness and invasive procedures. This was followed by dual roles within the Faculty of Medicine at the School of Nursing and as a Nurse Scientist at the MCH. Janet has pursued a vigorous independent investigator effort with multiple external grants and graduate students supervised that is largely devoted to exploring the care experience of children and their parents dealing with chronic disease, technology dependence and critical illness. Her findings have led to modifications in care practices and it is this knowledge translation that to me represents the true value of health related research, rather than the impact factor of the journal in which a paper is published. Especially important and noteworthy is that Janet has secured external salary support awards for her work and last month received her FRQ-S Chercheur Boursier Clinicien Award at the Junior 2 level for her ongoing work to prevent the psychological sequelae often encountered by gravely ill children. Janet has also had a remarkable impact locally in fostering a culture of enquiry and research efforts amongst MCH nursing staff. She truly is an example that 'a rising tide raises all ships'.

Please join me in congratulating Janet on her personal achievement at the FRQ-S. Also please take the time to thank your nursing staff who enable you to provide quality care every day of the year.

Have a great weekend

Michael
May 17, 2013

Hi Everyone

This week's Departmental Acknowledgement goes to Meranda Nakhla, yet another one of our rising research stars.

Meranda is a member of our Division of Pediatric Endocrinology, just back from maternity leave. A graduate of McMaster's Medical School, she remained there for a residency in pediatrics. Meranda came to the Montreal Children's for a fellowship in pediatric endocrinology and metabolism during which she concurrently completed a MSc in Epidemiology focusing on transition issues in adolescents and young adults with diabetes mellitus. She followed this with further training at the Hospital for Sick Children and the Institute for Clinical Evaluative Sciences where she was co-supervised by my compadre Denis Daneman, the Chair of Pediatrics at the University of Toronto and Pediatrician-in-Chief at HSC. During this she acquired special skills in the evaluation of health services delivery, focusing on health outcomes, processes of care and the utilization of large administrative databases. After a brief stop in Ottawa, we were quite fortunate to recruit Meranda to Montreal and McGill in 2010.

Meranda is among a group of young clinically oriented researchers emerging here who are critically evaluating what we do in health care to provide the evidence of what truly makes a difference in improving health. In this era of rising health care costs and the need for fiscal restraints, this is of vital importance to provide the most effective use of the resources, monetary and human, that we have available. This is indeed a new area of health care research and we are privileged to have in the Department researchers that can undertake this walk and provide the link between practice and outcomes through rigorous evidence.

Meranda has been most successful since arriving. She was successful in obtaining a FRQ-S Chercheur Boursier Clinicien Salary Support Award at the initial Junior 1 level last year (together with fellow MCH clinical researchers Genevieve Bernard [Neurology] and Pia Wintermark [Neonatology]). She has also been successful as an author publishing multiple peer-reviewed articles in high impact factor journals. Clearly she is on the right path for career success as an independent investigator. Please join me in congratulating Meranda on her promising start.

Have a great long weekend everyone

Michael
May 24, 2013

Hi Everyone

Rehabilitation professionals are essential partners in health care. Anyone who has suffered a loss of function knows how crucial these experts are in restoring health and well-being. May is the Canadian National Physiotherapy month and as an exemplary representative of her profession, this week’s Departmental Acknowledgement goes to Debbie Friedman.

Debbie is a physiotherapy graduate of McGill’s School of Physical and Occupational Therapy (SPOT). As best as I can determine, she has spent her entire professional career at the MCH. She is a prime example of what passion for a particular concern and issue can do. Early on in her career Debbie became interested in rehabilitation issues pertaining to pediatric traumatic brain injury. Debbie realized early on that care was fragmented and far from seamless for affected children. This resulted in less than optimal outcomes. Rather than merely observing, Debbie became a passionate advocate for these children and was the will and administrative glue (along with many others) behind the creation of inter-disciplinary programs that bring together various services to provide focused and timely patient and family oriented care to all children with traumatic injuries. Indeed our Neurotrauma Program was the first to be recognized at a supra-regional level in Quebec. Now head of the MCH Trauma Program that embraces 5 distinct programs, Debbie has consistently led the group through multiple accreditations and reviews that has firmly established our hospital as a tertiary level pediatric and adolescent trauma centre at the leading edge of care provision.

In addition to fostering this cutting edge clinical service, Debbie has been true to our academic mission. Trauma rounds now occur regularly as does teaching to learners at all levels from varied health professional disciplines. Research in trauma is also a feature, largely embodied by a fellow physiotherapist Isabelle Gagnon who holds an FRQ-S salary support award, multiple external operating grants and an academic appointment as a full-time faculty member in SPOT. Debbie has also been relentless in her advocacy of prevention of traumatic injuries. She has been highly visible in the media emphasizing strategies and interventions that may lessen the likelihood of traumatic injury.

For her work Debbie has received an academic appointment in the Department of Pediatrics and multiple awards. These include an Award of Excellence from the MUHC, the Canadian Brain Injury Coalition Award and Le Prix Annuel de la Corporation Professionnelle des Physiotherapeute du Quebec.

If your work takes you into contact with a physiotherapist, I urge you to take the time to say “thank you”.

I will be in Lithuania next week giving an invited talk to the Baltic Child Neurology Association. I will also be visiting my father’s birth town of Shavl (yes that is where the name comes from). I will be the first member of his family to do so since emigration to NYC in 1904. Absolutely nothing remains of what was once a vibrant Jewish community (they even bulldozed the cemetery and put up an apartment building apparently) so I expect a morose visit, filed with heaviness. Saleem Razack will be handling the Departmental Acknowledgement next week.

Have a great weekend everyone!

Michael
May 30, 2013

This week, it is my pleasure to write the departmental acknowledgement.

On June 5th, our Dean will present the Maude Abbott prize to a deserving female faculty member for excellence in education, research, or administration. Last year, it was my pleasure to be present when this award was presented to Dr. Nada Jabado for her basic sciences research work, which was a proud moment for Pediatrics and the Children’s.

In recent past weeks, there has been a lively e-mail discussion taking place about the role basic sciences ought to have in the new curriculum. It has been a great discussion and has allowed me, as an educator, to focus on the philosophy of medical education. What is the ideal balance between science and humanism in the training of the next generation of physicians? How can we valorize both science and humanism in medical education?

What does this have to do with a prize dedicated to feminine excellence in Medicine at McGill? I looked at the cc list for this discussion and was a little dismayed that of the 40 or so e-mail recipients (mostly established basic scientists), there were only 4 women colleagues on the discussion. It got me thinking about how enriched my pediatric training has been by the women (colleagues!) in my life.

You see, in pediatrics, it’s natural for us to interact on a daily basis with scary-smart-highly-competent women colleagues who are excellent teachers, scientists, and exemplar role models of compassionate physicianing. The abundance of female brain power has been so pronounced throughout my 23 years in pediatrics, that I even have an internal acronym for female colleagues whom I respect -- "LWKWTTA's" -- "Ladies who know what they’re talking about". I’m sure you know what I mean by this term-- these are the colleagues who might advise on antifungals, pamidronate, study design, what to do for students experiencing difficulty, or maybe ECMO. While today I have chosen one LWKWTTA to honour with this departmental acknowledgement, in a sense and in the spirit of the soon to be awarded Maude Abbott prize, I hope that you will see this as a tribute all of our pediatric sisters and foremothers who have contributed so greatly to the field of child health, both here in the department and more broadly.

For me, Dr. Celia Rodd epitomizes the archetype of the "LWKWTTA", and is richly deserving of this week's departmental acknowledgement. I would like to offer my profound appreciation for the many years I have spent learning from her over the years in her role as an endocrinology consultant, and collaborating with her as a medical educator during my years as a program director. Celia is universally recognized as an excellent teacher and a compassionate and caring physician. She has presided over a highly successful fellowship program in pediatric endocrinology and has shown leadership in her past role of associate physician-in-chief in the department. Personally, in the ICU, I always get a little trepidacious quickening of my heart rate when we talk about her favourite cations -- Calcium and Phosphorus, their endocrine regulation, and the exciting details of their metabolism. These conversations challenge me and are highly appreciated.

Please join me in wishing her well and appreciating her many years of contribution in our department of pediatrics here at McGill, as LWKWTTA Emerita of the Department of Pediatrics at McGill University!

Saleem

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Hi Everyone

An annual Spring tradition that I most look forward to is a dinner between myself and the Executive of the Community-Based Pediatricians group affiliated with the Department. Thus this week’s Departmental Acknowledgement goes to Diane Munz, Rick Haber, Shirley Blaichman, Carl Cummings, Betty Zylbergold, Naomi Stein and Emmett Francoeur. Unfortunately Ed Shahin was unable to join us.

The dinner gives me a chance to connect with a vital and essential element of our Departmental community. These physicians all share an obvious passion for what they do and a commitment to child health that is family-centred. They truly are “unsung heroes” whose value in our care network is unfortunately vastly under-estimated. The dinner offers an agenda free opportunity to exchange how we can improve things for the children and families that come under our collective care. The community-based physicians are obviously very dedicated to the Department and the MCH as an institution. It’s clear that they are seeking opportunities to contribute to our mission by providing increased pedagogic opportunities for students and trainees in their practices and by providing shared care for children with complex conditions or those that have been admitted to our hospital.

If there was a recurrent theme in our discussion it was around the issue of communication. Clearly those among us who are hospital-based frequently overlook that our time with the children in hospital is but brief and that it is the community-based provider who is the family’s first point of care and ongoing source of support. It surprised (and dismayed) me how rarely the community based providers are actually directly informed of one of their patient’s admission to hospital and how infrequently they receive a copy of a completed discharge summary. It seems that while we like to do the “talk” of shared care, we are not really doing the “walk“ as we should. Communication when it comes to patient care is a vital aspect of both patient safety and optimizing outcomes. Clearly this is an area in which we can all work together to make things better by remembering that there is someone on the outside of our physical walls with whom we need to partner with and engage in for comprehensive health care delivery.

An interesting initiative of the group is an annual scholarship of $1000 to a McGill medical student who demonstrates excellence in academics and who shows outstanding promise for a career in pediatrics. This year's recipient is Johnny Efranov who received his award fresh from a presentation at the PAS meeting in Washington, DC. An especially nice touch by the group was linking this year’s award to honouring Fred Weiner who retired after a remarkable six decades of community pediatrics practice.

Before concluding I just want to add a short addendum to last week's superb Acknowledgement penned by Saleem Razack. Saleem was unaware that Celia Rodd was this year’s recipient of the Paige and Bernard Kaplan Award given by the pediatric residents annually to a staff member for teaching excellence.

Have a great weekend everyone!

Michael
Hi Everyone

I will admit to having a welcomed problem these past few weeks. The problem is that the number of Departmental members deserving an Acknowledgement is challenging our capacity, especially in light of the fast approaching two month summer hiatus that will begin at the end of this month. So please be patient about your nominees and allow for time to work its magic.

I have been waiting to give this week's Acknowledgement since April when the FRQ-S Awards came out. Thus this week's Acknowledgment goes to Beth Foster and Caroline Quach for their receiving Chercheur-Boursier Clinician Salary Support Awards at the Senior level. Indeed they finished to my understanding 1-2 in the Committee's rankings and indeed were the only two Awards given this year. The Award provides important peer recognition of their success as independent clinician investigators and tangible real dollar support for the research component of their professional time; "protected time" is the key precious ingredient for any successful academic professional pursuit.

Beth is a pediatric nephrologist. A medical graduate of the University of Ottawa, she undertook pediatric residency here at the MCH serving as Chief Resident as well as subspecialty training in nephrology. This was followed by time at the Children's Hospital of Philadelphia as a research fellow where she acquired expertise and an MSc in clinical epidemiology and biostatistics. Her time in Philadelphia was supported by a prestigious Duane Gordon Fellowship from the Hospital for Sick Children Foundation. Beth returned to the MCH in 2004 where she has established herself as an independent investigator securing substantial external operational grant support. She was promoted to Associate Professor in the Department in 2011. Beth's research focuses on aspects of chronic renal disease, in particular factors affecting outcomes and survival following renal transplant in pediatric patients. In addition she is a dedicated teacher at both the UGME and PGME levels and has served as an Osler Fellow. Beth's FRQ-S Salary support award is titled "optimization of medications in Young Renal Transplant Patients". Her work in this area will make an obvious pragmatic impact on the care of children with chronic renal disease.

Caroline is a member of our Division of Infectious Disease and Microbiology. A medical graduate of Université de Montreál, she completed her pediatric residency at Hopital Ste-Justine and her fellowship training here. Like Beth she has an MSc in Epidemiology and Biostatistics, which appear to be a recurring theme among external salary support awardees who are clinically oriented. Caroline has established a prominent research program relating to nosocomial infections which derives a substantial reciprocal pragmatic link to her role in infection control at the MCH. She also has a research focus on the surveillance of vaccine preventable illnesses (influenza and rotavirus) heading up several large team grants in this area. This too is leveraged with a prominent role in provincial and national advisory groups relating to immunization. She too has been promoted to Associate Professor in the Department. A prior Chair of Unit 7 (Infections and Microbiology) in the medical school's Basis of Medicine first year's curriculum, she now heads the local PHRESCA segment of the national Canadian Child Health Clinician Scientist Program (CCHCSP). Caroline's FRQ-S salary award is titled "The Prevention of Infections in Hospitals and the Community".

Please join me in congratulating Beth and Caroline on this important personal milestone.

Have a great weekend everyone!

Michael
June 21, 2013

Hi Everyone

What I especially like about this week's Departmental Acknowledgement is that it is an example of 'paying it forward'. It goes to Patricia Fontela and was suggested by Caroline Quach earlier this week just days before I distributed notice of her Acknowledgement last week. I will reprint what Caroline wrote to me regarding Patricia.

"I just spent the week-end at the annual national meeting from the Canadian Child Health Clinician Scientist Program (CCHCSP) in Toronto. This CIHR training and award program aims to develop young up and coming clinician scientists in child health from all disciplines across Canada (social sciences, nursing, OT, PT, MD, psychology, dentistry, etc.) and help them transition into their faculty position. The most prestigious award at CCHCSP is the Career Development Award, a CIHR-based salary award, that is highly competitive and recognizes the talent and research potential of young faculties. Dr. Patricia Fontela, PICU, was the only one awarded this distinction in the last fall competition and I would like to congratulate her on this achievement!

Patricia and I go a while back. I first met Patricia because of Jesse (you can ask Jesse about all the positive comments I made at the time on Patricia)... I then had the chance to co-supervise Patricia with Robert Platt during her PhD in Epidemiology at McGill University; needless to say that this supervisory role was really easy! Patricia completed her PhD with flying colours and has, since January 2012, started her own research career at The Montreal Children's Hospital. She aims to tailor antimicrobial use in the PICU. To do so, Patricia has already put together an innovative and complete research program that encompasses a systematic literature review, a survey of current practices in Canada and the US, a cohort study, and eventually a randomized controlled trial. She has also joined very prestigious and efficient ICU research networks both in Canada and the United States and has been praised wherever she presented. With this program and support in hand, she applied to the CCHCSP competition last fall and was awarded a Career Development Award that will allow her to have 75% protected research time for the next 4 years.

Since Patricia started to develop her independent research program, I can only say that I have been impressed with her hard work, perseverance, tenacity and resilience! She has never given up or lost her calm - despite the many hurdles that she has already encountered. Even with all the challenges, Patricia has assembled a great team of collaborators, both from Canada and the US, and is almost at the point of launching her first study.

Having gone through what Patricia is now doing and as a clinician scientist who had to figure most of it out on my own, I admire Patricia's strategic planning: she has laid out all the next steps - and has a plan B. I am honoured to have been her mentor and am convinced that she is a great asset for clinical and epidemiologic research at the Children's."
I would like to echo Caroline’s heartfelt words. Patricia is a tremendous asset to our Department who is making a vital contribution to our academic mission at multiple levels.

Have a great long weekend everyone!

Michael
Hi Everyone

Primum non nocere is probably the Latin phrase that gets repeated the most in medical school. "First do no harm" is THE foundation stone of medical ethics. Yet the stats on patient safety and iatrogenic injury amongst hospitalized patients under medical care are both appalling and astonishing. Long ignored, and perhaps swept under the proverbial carpet, a clarion call has been issued to the profession by patients and third-party payers to address in a tangible way this topic. Most of these errors are preventable by a systems approach.

I am proud to say that patient safety is an explicit value contained in our Departmental Mission/Vision/Values statement. It was the focus of our recent Faculty Renewal event held earlier this month. It was there that I witnessed the passion and energy brought to this issue by this week's trio for the Departmental Acknowledgement of Sasha Dubrovsky, Nadine Korah and Samara Zavalkoff.

All are recent additions to our Faculty following medical degrees at McGill and residencies in pediatrics at the MCH. Sasha is an ER physician with an incredible energy level who also attends on our medical in-patient wards. He is "connected" technologically and constantly innovating and advocating for methods to improve patient safety. A nice example is the use of the IPAS for effective communication during ward handovers. Nadine is currently completing a fellowship in academic general pediatrics at the Hospital for Sick Children. There she is pursuing formal academic training in patient safety and quality improvement supported by our Department. She will bring this advanced and rather unique skill set back with her to our institution when she returns over the summer months. Samara is a pediatric intensivist who did fellowship training Down Under in Melbourne in cardiac critical care. Since returning she has fostered significant patient care and safety improvements within our PICU.

We are fortunate to have such expertise distributed in key areas of patient interaction throughout our Department. It speaks well of our Departmental recruiting efforts that at all times must be focused on quality, needs and be strategic in long-term orientation.

I would also like to acknowledge the terrific team effort of the Renewal Planning Committee led by our Vice Chair Emmett Francouer. Members (in addition to Sasha, Nadine and Samara) included; Micheline Ste-Marie, Farhan Bhanji, Mark Daly, Richard Gosselin, Daniel Faucher, Kathy Harrington and Sylvie Sahyoun. All who attended would agree that the event was tremendous in all aspects.

This is the last Departmental Acknowledgement prior to the Summer hiatus. We will resume the week after Labour Day. Please have an enjoyable summer. Soak up some sun, spend time with family and friends and indulge in what gives you happiness.

Have a great summer everyone!

Michael