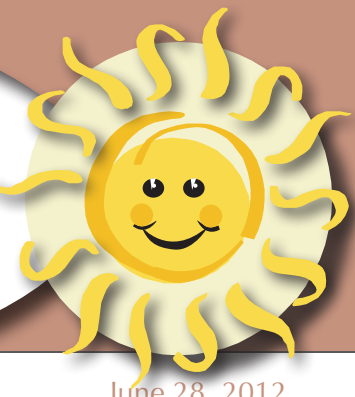


# Chez nous

Published by Public Relations  
and Communications

[www.thechildren.com](http://www.thechildren.com)



MCH EMPLOYEE NEWSLETTER

June 28, 2012

## News

### Sibling Rivalry

*How much fighting and arguing is normal?*

By Julia Asselstine

It's part of life: siblings argue, bicker and squabble. Even our favourite TV stars Bart and Lisa, Brother Bear and Sister Bear, and Carly and Spencer have had their moments. But how much is too much and what are the best ways to deal with this natural—yet annoying—part of parenthood?

"Sibling rivalry contributes to learning important life skills," says Dr. Lila Amirali, a psychiatrist at The Montreal Children's Hospital of the McGill University Health Centre. "These include learning to value another person's perspective, how to compromise and negotiate, and how to control aggressive impulses. But brothers and sisters are eight times more likely to get along than to fight."

According to Dr. Amirali, there are many reasons siblings fight. Competition for parents' attention is at the top of the list for causing rivalry, but other factors can be culprits too. As a child grows, they change. For example, as a toddler, sharing is not understood and as a teen, seeking independence and individuality is a top priority—two things that can lead to disruptions. As well, some children are more easily rattled than others, while some need more comforting and attention from parents, which can lead to resentment issues. The way parents resolve problems and disagreements sets a strong example for kids too. If partners are aggressive versus respectful in their problem solving, these bad habits may be adopted.

*Looking forward to those lazy, hazy days of summer? With the kids home from school they'll have more time to hang out with each other. Keep your cool – and theirs! – with some advice about sibling rivalry.*



Although it may just be part of life, we all know it is not the most pleasant part. But there are ways to ease your way through these years:

#### Maintain a healthy level of supervision

The first thing to do is to supervise without getting constantly involved. This is a good opportunity for kids to learn to work out problems on their own. Resentment could also build if one child thinks their brother or sister is being protected. If you do step in, try to resolve problems with your kids, not for them. For example, help them express their feelings instead of name calling. Wait until the emotions have subsided before doing this and don't put too much focus on figuring out which child is to blame. It takes two to tango!

**Summer is right here and like many of you, *Chez nous* will be taking a holiday. The entire *Chez nous* team wishes everyone at the MCH a very relaxing and enjoyable summer. See you in the fall!**

(Continued on page 2)

(Continued from page 1)

### Develop some ground rules

To help reduce the amount of rivalry, try developing rules of acceptable behaviour, such as no hitting or yelling. Regular family meetings to review the rules are helpful. Also, set up schedules for things like computer time. Giving your children one-on-one time doing something they are interested in (such as reading or going bowling) can help reduce resentment. And providing kids with their own space in your home gives them room to be on their own, even if it is just a desk.

### Remind them of how important they are

Finally, have fun with your kids and let them know you love them and that they are safe and important.

“When sibling rivalry results in broken skin or bleeding, or children fight more than they get along or if there is verbal, emotional or sexual abuse this is not considered normal,” says Dr. Amirali. “In these cases it is wise to talk with your doctor, who can help you determine whether your family might benefit from professional help.”

## Vincent Lambert gets a new heart! Transplant surgery takes place at The Montreal Children’s Hospital

The Montreal Children’s Hospital of the McGill University Health Centre is pleased to report that 15-year old Vincent Lambert underwent a heart transplant operation earlier this month.

Vincent’s parents Alain Lambert and Lyne Chabot wish to thank the family of the donor for their courageous decision, which led to their son’s heart transplant operation. Their prayers are with this family. They also wish to thank the numerous Quebeckers who sent their well wishes and messages of support to their son and family over the past few months.

At three months of age, Vincent’s heart was damaged by a virus. His heart condition was stable until the spring of 2011, when he went into heart failure. Medications helped for a while, but by autumn it was clear he needed a heart transplant. Vincent was placed on a mechanical heart on September 18, 2011 which kept him alive while he waited for a compatible heart to replace his ailing one.

## Year-end stats show increase in number of patients treated at the MCH

- ▶ The MCH Emergency Department received over 81,874 visits (up 7% over last year)
- ▶ Some 6,000 children were admitted to hospital and the hospital’s average occupancy rate was 89%
- ▶ Approximately 120,000 children were seen in the ambulatory clinics
- ▶ Some 400 newborns were transferred from other centers to the Neonatal Intensive Care Unit
- ▶ The OR completed 6,944 procedures, an increase of 739 over last year (up 11%). The increase was primarily in day surgery procedures which helped reduce the wait list times in a number of areas in the hospital.
- ▶ The Trauma programs consulted on 16,663 cases last year (20% of ER visits).

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

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



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# Patient safety comes first

*Bill 113: Looking back and into the future*

By Christine Zeindler

It has been ten years since Bill 113 was introduced and unanimously approved by the Quebec National Assembly. The goal was to ensure the safety of patients using health and social services.

“The Children’s has always been at the forefront of the many issues that are part and parcel of Bill 113,” says Dr. Micheline Ste-Marie, Director of Professional Services at the MCH. “We have always felt very strongly about disclosing incidents or errors, but over the last ten years, this has become a best practice throughout our institution.”

## Caring for patients – the last ten years

Patient safety is the health care discipline that encourages reporting, analyzing and preventing undesirable events that may lead to negative healthcare outcomes.

For the last decade, Dr. Ste-Marie has chaired the *Groupe Vigilance pour la sécurité des soins*. Composed of experts in all fields of healthcare and safety, as well as patient representatives, the Groupe Vigilance is a permanent consultative body to the Quebec Ministry of Health and Social Services. Their mandate is to promote patient safety to healthcare professionals, patients and the public.

“When an accident does occur, we go to the root cause,” says Dr. Ste-Marie. “For example we look at the policy and procedures that were in place and determine if the procedure was high risk, the machinery faulty or if a stressful environment contributed. It often is not one particular element

at play, but a combination of factors aligning to produce an incident.”

## New initiatives

“We have implemented several new initiatives at The Children’s that have improved our care,” says Dr. Ste-Marie. These include studying near misses or potential errors. The Risk Management Committee, which includes representatives from hospital groups such as nursing, technical services, physicians and administration work together to improve the conditions.

Another group, the Medical, Dental, and Pharmaceutical Evaluation Committee, evaluates the morbidity and mortality rates of the hospital. The committee has an interprofessional composition; systemic issues can be identified and their management directed to the appropriate body.

## New hospital, less error?

Moving the Children’s to the Glen campus may relieve some of the factors contributing to undesirable events, such as limited space and archaic infrastructure. But a new facility does not guarantee an error-free zone. “The new site will have electronic health and prescription records and this will be very helpful at decreasing some errors. Others may crop up though. Unfortunately, human error is inevitable,” says Dr. Ste-Marie.

“One thing is certain – we will have to continue to recognize that patients and their families are not only partners in their care, but engaged in doing what’s best for them,” she adds.

## Symposium celebrates 10<sup>th</sup> anniversary of Bill 113

A recent symposium, hosted at the Montreal Neurological Institute and Hospital, looked at the success of Bill 113 and articulated goals for the future.

In a nutshell, the Bill states that

- ▶ A patient has the right to be informed of any accident occurring during their care
- ▶ Any person working in a health institution is under obligation to report an incident or accident as soon as possible
- ▶ Every health institution must have a risk management committee, which is responsible for ensuring the safety of patients and for reducing the incidence of undesirable events related to health care.

## The secret ingredient: disclosure

The overall take-home from the symposium was that disclosure is key to improving the care and safety of patients. “There used to be a sense that a declaration or disclosure was a condemnation of the organization,” says Dr. Ste-Marie. “This attitude has all but disappeared. Our aim is to prevent further incidents.”

The Minister of Health and Social Services, Mr. Yves Bolduc, closed the symposium by praising the attendees for their initiatives, especially noting Dr. Ste-Marie’s dedication, and encouraging the audience to continue their efforts.



# Health providers protest cuts to health care for refugees

## *The Interim Federal Health Program (IFHP) makes drastic cuts to health care provided to refugees*

**As of July 1, infants, children and teens as well as adults will:**

- ➔ No longer be treated for chronic diseases like asthma and diabetes
- ➔ No longer receive medications such as insulin
- ➔ No longer be vaccinated



**If you are concerned, let the Federal Government know**



A group of concerned MCH physicians, residents and other staff are speaking out on the proposed amendments that will affect people coming to Canada as refugees. They organized a protest on June 18 at the Citizenship and Immigration Canada office in Montreal and are encouraging people to write to Minister Jason Kenney to oppose the changes.



Members of the Danse Country *au Galop* school present Dr. Sam Daniel with a cheque for \$20,111 to fund the Bone Anchored Hearing Aid (BAHA) program. The group, with the help of other dance schools, held a 12-hour dancing event to raise money for the Montreal Children's Hospital and the Angelman Foundation.

*Pictured here: (l. to r.) Michel Guillemette, Lise Guillemette, Carole Lavigne, Dr. Sam Daniel, Terry Séguin, Lorraine Massie and Claude Cyr.*

## Practicing Patient and Family Centred Care From idea to action

Joseph Mapa, President and CEO of Mt. Sinai Hospital in Toronto has stated that: "Patient and family centered care is not just a catch phrase or vague concept, rather it is a tangible model of care including initiatives, processes, principles, and tools to do the job. It means we don't just treat the patient; we engage our patients and their families in the care process. They demand it of us, and we demand it of ourselves."

**A message from Imma Gidaro,  
MCH Coordinator for Patient and  
Family Centred Care**

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# Clinical Research at the MUHC

**By Miguel Burnier (General Director of Clinical Research), Jacques Genest MD (CIM Director) and Danika Laberge (CRCS & CIM Associate Director), Dr. Robert Brouillette (CIM Pediatrics Associate Scientific Director) and Dr. Robert Platt (CIM Biostatistics and Data Support Associate Scientific Director).**

As we make the transition to the Glen site, the clinical research infrastructure at the MUHC is undergoing a much-needed upgrade.

Investigator-initiated research, first-in-man (Phase I and II) studies, and large-scale clinical trials and vaccine studies will be possible in the new Centre for Innovative Medicine (CIM). The CIM, unique in Canada and entirely dedicated to clinical research, will be a 50,000 sq. ft. space on the fourth floor at the Glen site.

The CIM will have a pediatric pod, an adult pod, an overnight pod with eight beds (equipped to intermediate intensive care unit standards), a human performance and imaging centre, CT scan, PET-MRI, complete cardiac, respiratory and human functional suites, a sleep lab, an experimental OR, a laboratory with stat (point-of-care) analytical capabilities, sample preparation for analysis or biobanking, and an administrative and study coordinator area. The CIM will offer similar study conduct services at the Montreal General Hospital.

The CIM will provide services such as study design, budget preparation, study conduct, data management, statistical analysis and interpretation, manuscript editing, and assistance with abstract preparation.

Clinicians involved in patient-oriented research will be able to use the CIM facilities on a cost-recovery basis. The CIM will offer either a full-service menu (CIM dedicated staff, space, equipment/electronic data capture software and QA oversight) or à la carte services. CIM management will meet with each MUHC division head to further explain these new services.

Everyone working in the CIM must be qualified in clinical research according to Good Clinical Practices (GCPs) and the RI MUHC Standard Operating Procedures (SOPs). In December 2011 the RI MUHC launched a new clinical research certification program that provides free in-class training in GCPs and SOPs. Over 340 research staff have already been trained. MUHC / RI MUHC research staff can still register via the RI MUHC portal.

- ▶ Quality Assurance services such as assistance for new investigators, monitoring, Data Safety Monitoring Board (DSMB) for sponsor-investigators and external audit support are also available (contact danielle.ricard@muhc.mcgill.ca).
- ▶ The CIM-Glen opens in 2015 but investigators can start using these new services at the MCH Pre-CIM Unit and, within a few weeks, at the RVH. Units at the MGH and MCI should open in 2013-2014, to learn more or schedule research in the MCH Pre-CIM units contact dorothea.mckelvey@muhc.mcgill.ca or robert.brouillette@muhc.mcgill.ca).
- ▶ The CIM Biostatistics and Data support Centre at the MCH is also up and running. For assistance with study design, database set-up, or statistical analysis, contact elise.mok@muhc.mcgill.ca. For questions about CIM Biostatistics processes, please contact robert.platt@mcgill.ca.

In April 2011, the RI MUHC streamlined the study review process by implementing eReviews, a web-based software for study review submission. It recently reorganized adult science review processes to decrease study review time from 26 days to less than 7 days; the pediatric science review will be harmonized accordingly. Since 2009, the Clinical Research Core Service has managed to reduce study review time (centralized application, science and site-specific assessment reviews) by 1.5 months. The REB review process, which follows the RI MUHC science review, is independent from the RI MUHC and is under the authority of the Board of Directors of the MUHC.

The RI MUHC will conduct site-specific presentations in early fall, and launch a website detailing the new services.

Researchers who have questions may contact Clinical Research Core Services at the RI MUHC through danika.laberge@muhc.mcgill.ca or jacques.genest@mcgill.ca.

The 2012 edition of *Pedal for Kids* was an outstanding success, raising \$650,000 and counting for the MCH. The event brings together over 1,000 people from 35 corporate and community teams to raise funds for the hospital. The week of June 11, each team celebrated their success by riding the Mighty Bike – a bicycle built for 30 – through downtown Montreal, with music blaring, water guns in hand and a police escort leading the way. This year three teams from the MCH took part, proudly raising more than \$20,000 for our hospital.



## Improve quality at the MUHC: Enter the 2012 Challenge Q+!

The Montreal General Hospital Corporation was instrumental in proposing that the MUHC establish a quality improvement award with the support of the private sector. Consequently, as part of its historic partnership with Québec Blue Cross, the MUHC is launching a unique initiative to promote and support a true culture of quality by funding improvement projects. “Currently, a number of worthwhile projects do not have the funding they need. Our teams have shown amazing creativity and innovation: the Challenge Q+ will encourage them to keep on this track by letting them see their ideas come to life,” says Patricia Lefebvre, Director of Quality, Patient Safety and Performance.

The Challenge Q+ is an annual contest open to all teams at the MUHC. This year, an independent jury will select an improvement project to receive a grant of \$150,000. This represents a significant overall investment to promote quality at the MUHC. Both Québec Blue Cross and the 6 MUHC foundations are funding this ambitious program. The 6 MUHC foundations participating in this initiative are the Lachine Hospital Foundation, the Montreal Chest Institute Foundation, the Montreal Children’s Hospital Foundation, the Montreal General

Hospital Foundation, the Montreal Neurological Hospital Foundation and the Royal Victoria Hospital Foundation.

These funds must be earmarked for programs, equipment, human resources or expertise not covered by the hospital’s operating budget. The improvement projects must also target one of the MUHC’s priorities:

- ▶ Improve the patient experience
- ▶ Improve care quality and safety
- ▶ Optimize resource use
- ▶ Optimize processes
- ▶ Optimize clinical effectiveness

The projects must include a commitment to achieving a significant level of improvement that is measurable within a specific timeframe. Other conditions apply and these have been posted on the MUHC Web site ([muhc.ca](http://muhc.ca)) under the “Patient Safety and Quality” section. Applications for the 2012 Challenge Q+ will be accepted from **June 18 to September 24, 2012**. The winning team will be announced in October 2012 and will be invited to present its project during the MUHC’s Quality Day.

According to Ann Lynch, Associate Director General, Clinical Operations and Nursing Care Affairs at

the MUHC, the Challenge Q+ is in itself an innovation. “By seeking out private sector contributions to improve quality of care in the health network, we are demonstrating that creativity is an essential—and inexhaustible—source of solutions for our health care system!”



Congratulations to Joanne Pavelak, Carol Cambridge, and Annie Gosselin, winners of the Mother’s Day gift baskets! A total of \$100 of the money collected is being donated to the Quality of Life at Work committee for hospital activities.



# Reorganizing child health research for the new site: what's next?

By Alison Burch with Jacquetta Trasler

When it comes to research, what's in an axis, theme or program? More than a strategic designer can imagine, and it will be the task of investigators at The Montreal Children's Hospital (MCH) to reflect on that in the coming months.

Meetings of investigators will soon take place to work out a transition from the current structure of research axes into research programs, says Dr. Jacquetta Trasler, Associate Director for Pediatric Research at the Research Institute of the MUHC (RI-MUHC). These programs will be based on themes developed in the successful Canada Foundation for Innovation– Research Hospital Fund (CFI-RHF) project, *Translational Research and Intervention Across the Lifespan*, which will define the new research centre on the Glen Campus. In response to the questions below, Dr. Trasler explains the next steps in this process.

## Q: Why is reorganization from research axes into programs needed at this point?

Between 2008 and 2010 the RI-MUHC set forth a Research Strategic Plan (available on the RI-MUHC portal). One of the main objectives of the plan is the integration of themes presented in the CFI-RHF submission into the program structure of the RI-MUHC. The initial programs to be hosted at the Glen Campus will be chosen from these themes. The research themes were based on existing strengths, their potential impact on population health, and their alignment with the clinical mission of the MUHC.

## Q: What is the program concept, and how will MCH researchers fit?

Programs are dynamic groupings of researchers, gathered to facilitate interdisciplinary research, training and public outreach among basic, health outcomes and clinician scientists. MCH-based researchers are grouped within the themes that will be located on the Glen site. Most MCH-based researchers fit within the Prenatal and Childhood Origins of Disease theme, described in the April 10 issue of *Chez nous*. Glen-based themes were also coordinated with potential themes targeted for the Mountain campus, themes that are still being refined.

## Q: How will MCH investigators participate?

Over the next 6 to 12 months MCH investigators will work together to set up the Child Health Research Programs (likely two). They will be provided with documents describing the Research Strategic Plan and the Program Implementation Guidelines. Information sessions will be organized and a research retreat for MCH-based investigators, along with investigators in



Graduate students Jeremy Saban (l.) and Murielle Akpa (r.) in Dr. Paul Goodyer's Nephrology Laboratory.

Photo: Alison Burch

maternal health, will take place in the late fall of 2012 or early 2013.

## Q: What are some of the choices they will be making?

Once the programs are set up, individual MCH investigators will be asked to choose a program to join. Some investigators may choose to join one of the other programs, such as the Respiratory- or Infection and Immunity-based programs.

## Q: Must all investigators choose a program?

It is not obligatory. However, there are advantages to being in a program, including the provision of administrative and other program support.

## Q: What do you expect to come out of an academic retreat for MCH researchers?

At the research retreat, MCH investigators will be invited to brainstorm regarding how their strengths can be consolidated into programs and how the programs should be organized, with proposals for program leaders. On the basis of the retreat, a document will be prepared for submission to Dr. Vassilios Papadopoulos, Executive Director of the RI-MUHC.

## MAJOR THEMES OF THE CFI-RHF PROPOSAL

- ▶ Evaluation and Optimizing Health Management
- ▶ Innovation through Medical Informatics
- ▶ Prenatal and Childhood Origins of Disease
- ▶ Infection and Immunity
- ▶ Translational Research into Respiratory Diseases
- ▶ Integrated Studies on Metastatic Cancer
- ▶ Drug Discovery and Experimental Therapeutics

## MCH Staff @ work



**Deidre Gordon-Foster**  
Admitting and Registration  
5 years at the MCH

I've been working part time at the MCH for 5 years while studying at Concordia. I also teach figure skating, which is one of my favourite pastimes.



**Rosanna Sorrentino**  
Endocrinology  
2 years at the MCH

I am glad to have joined the MCH in 2010 and hope to continue working here for many more years to come. In my spare time I enjoy crafts, reading and cooking. My favorite outdoor sports are hiking and bicycling. I also love to travel.



**Barbara Mayo**  
Endocrinology  
3 years at the MCH

I have been working since October 2009 with the wonderful group of people in the Endocrinology Department. My favorite pastimes are gardening and reading. When I'm not busy at work, you will find me carpooling my kids to their soccer games, or getting the baby's room ready!



**Annie Chaput**  
Intensive Ambulatory Care Services (IACS)  
10 years at the MCH

IACS is the medical home of dozens of families; it is also my second family. We are a relatively small team who work really well together and we also share most of our professional ups and downs, as well as our personal ones.



### A career dedicated to children with feeding disorders

In the early days of Dr. Maria Ramsay's career, she recalls being approached by one of her neonatologist colleagues about a young patient who was refusing to eat after surgery. The child had become afraid of being fed by a tube and in turn, also became afraid of eating. With very little resources to guide her, Dr. Ramsay developed ways of encouraging the child to eat and help him overcome his fear of eating.

According to Dr. Ramsay, the patient's experience helped point out a growing need for professionals to recognize feeding disorders in order to avoid long-term or repeated hospitalizations for those who suffered from feeding problems and poor growth.

Dr. Ramsay joined the MCH Psychology Department in 1984, and upon her arrival, set her sights on working in the NICU. However, it soon became clear that many children struggled with feeding problems on other wards as well. In 1988, with the help of a pediatrician and a nutritionist, Dr. Ramsay created the Failure to Thrive and Feeding Disorders Clinic, a first in Montreal.

It became a haven for many parents. "Before the initial feeding clinic was introduced at the MCH, children who had difficulty being fed were discharged from the hospital with no specialized clinic for follow-up," explains Dr. Ramsay. "In those years, when all feeding problems were universally blamed on mothers, I was able to take the blame away from the mothers by establishing the feeding problem as a physiological



Photo: Daniel Héon

problem (skills or motivational deficit), or the consequence of a medical condition, with behavioural and interactional consequences."

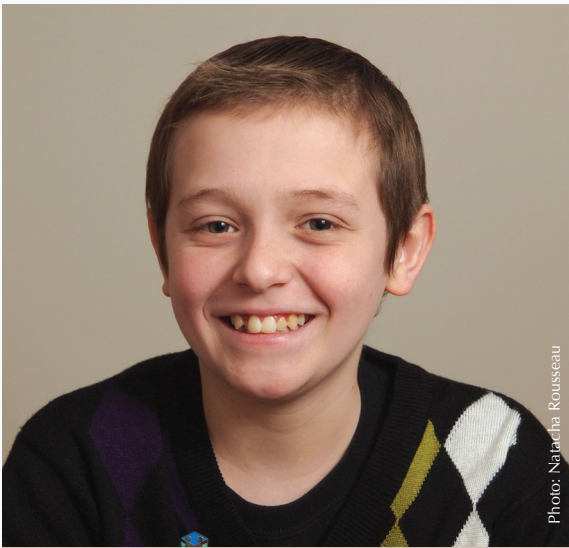
While the feeding clinic, which has benefited from generous private donations, has been able to help many patients at the MCH, it was not able to adequately serve patients with severe feeding disorders. Dr. Ramsay made it her mission to develop a comprehensive feeding program to be supported by the Quebec government and in 2008 the Pediatric Feeding Program (PFP) at the MCH was established.

Dr. Ramsay is director of the PFP which brings together the Failure to Thrive and Feeding Disorders Clinic, Swallowing Disorders Clinic, and a newly created Intensive Feeding Unit. The PFP takes an interdisciplinary approach that incorporates the patient's medical and developmental needs, oral

sensory-motor limitations as well as behavioral and interactional difficulties. The PFP collaborates with other clinical services to help children with feeding problems that arise as a consequence of their illness or treatment. In addition to clinical work, the PFP also encourages research and publications, as well as being committed to developing liaisons with community services.

When asked about her greatest professional achievement during her career at the MCH, Dr. Ramsay raises a hand and points to her surroundings in the feeding clinic. "All of this, all my research and clinical development can be seen right here," she says. "I am fortunate to work with a wonderful team of psychologists, nutritionists, occupational therapists and a gastroenterologist."

Even though the PFP has over 1,200 patient visits every year, Dr. Ramsay makes sure to find time for her other interests outside work. "My other full-time passion is being a grandmother of three," she laughs. She is also an avid gardener, and likes to keep healthy by walking to work and doing Pilates.



# Our Heroes

## You give me hope

**M**y name is Cédrik. I am 14 years old and in grade 8 at Collège Ste-Anne de Lachine. I like to snowboard, eat pizza, and play Xbox. I am sharing my story to help kids like me, who are fighting cancer or other illnesses.

In February 2011, my mom took me to the hospital because my bladder was obstructed. I was in so much pain. They unblocked my bladder but it still hurt. Doctors did an ultrasound and decided to send me to The Montreal Children's Hospital immediately. I didn't know what was wrong and I was very scared.

When we got to The Children's, I learned that I had a tumour on my left kidney. I was scanned and tested, and scheduled for emergency surgery the next morning. There were psychologists to help me cope with learning that I had cancer.

I had another surgery to remove my appendix. I started chemotherapy and radiation therapy. For the following months, I spent a lot of time in hospital. I felt so sick at first that I never wanted to leave my bed. I stayed in my room, and must have watched 200 movies. I didn't want to eat, drink, take pills, or talk to anyone. I lost about 25 lbs. and I didn't want to see my mom because I thought it would make her too sad to see how much I had changed.

One day a child life worker came into my room and forced me to get up and walk around. She brought me to the playroom on the eighth floor and for the first time I met other kids with cancer.

I made friends and after that I decided to get out of my room and talk to people. It helped me feel better. It's hard to believe, but I even started to feel lucky. I saw other kids who were sicker than me - kids with bone cancer, leukemia, and a brain tumour. One of the friends I made was too sick to leave his room. We talked through a phone on the wall and saw each other through the window to his room. He later passed away. I miss him a lot and I still sometimes cry when I think about him.

On August 24, I finished my chemotherapy and I told my mom that I wanted to do something one day, when I'm an adult, to help sick kids. When I started slowly going back to school I got my classmates to do a run to help the Foundation. It felt great! We raised over \$2,000 and I got a call from the Foundation asking if I would be the spokesperson for this year's edition of *Pedal for Kids* (pedalez.com), a big fundraising event in June. I said yes right away. My chance to help had come sooner than I expected.

I was ready to go back to school full time this winter when I got some bad news. A scan showed lesions in my lungs and they are progressing. After being in remission for several months I have to face another six months of chemotherapy. I cried when I first learned the news, but I have accepted it. I am a lot stronger than I was a year ago; I have learned how important it is to have hope.

I want to stay in school at least part time and continue helping the Foundation when I can. I am going to ask my friends at school to support me by raising money for *Pedal for Kids*.

Thank you for supporting the Foundation. I have seen the difference your donations have made on the oncology ward. As I get ready to spend more time at The Children's, I am glad to know that so many people are behind me, giving me strength and most importantly, hope.

*Not only was Cédrik the spokesperson for Pedal for Kids this year, he led a team that raised over \$40,000 for the MCH, contributing to the \$650,000 raised during the week-long event.*