

# Chez nous

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MCH EMPLOYEE NEWSLETTER

May 26, 2011

*News*

## This is the second part in our mini-profile series of members of the MCH nursing staff



**Reichell Torres**  
Critical Care Float Team

Ask Reichell Torres when she first became interested in nursing and she'll tell you it goes back to her childhood. Thanks to her mom, who worked as a pediatric nurse, Reichell became familiar with the hospital environment at a very early age. "I really liked her uniform!" she says with a laugh, "But it was more than that—I liked the whole environment too." By the time she was leaving high school, Reichell hadn't made any decisions about her career but after taking aptitude tests, she soon discovered that all roads were pointing to nursing.

Reichell is a graduate of McGill University and currently works on the MCH Critical Care float team, whose staff members work on 9C, 9D or Emergency as needed. Reichell likes the variety and the challenges of moving around three different areas. "It keeps things interesting," she says. She's been at the MCH for three years having started her career eight years ago. "I always knew I wanted to work in Pediatrics and I love kids, so this is a perfect fit for me."

For Reichell, one of the highlights of her career so far was seeing how one of her young patients on the Technology Dependent Unit progressed over the course of a year. "I admitted him when he was just a few weeks old and he was able to go home in January after celebrating his first birthday," she says. "It was one of the strongest bonds I've ever made with a patient and their family."

As Reichell looks to the future, she's thinking about new challenges that lie ahead. Working at a McGill hospital has reinforced her interest in teaching, and she hopes to one day move into teaching in a clinical setting.

When she's not at work, Reichell likes to cook and spend time with her boyfriend. Hip hop is one of her passions and in the past, she's been an avid student and performer at 8 count Dance Center.

*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* (next  
deadline: June 3), contact the Public Relations and  
Communications office at ext. 24307 or send your  
email to [info@thechildren.com](mailto:info@thechildren.com).



**Annette Jean-Pierre**  
Registered Nursing Assistant

**Y**ou really have to be an early bird to work in the OR. Good thing Annette Jean-Pierre doesn't mind getting up at 5:00 a.m. every day. In her own words, she's "definitely a morning person."

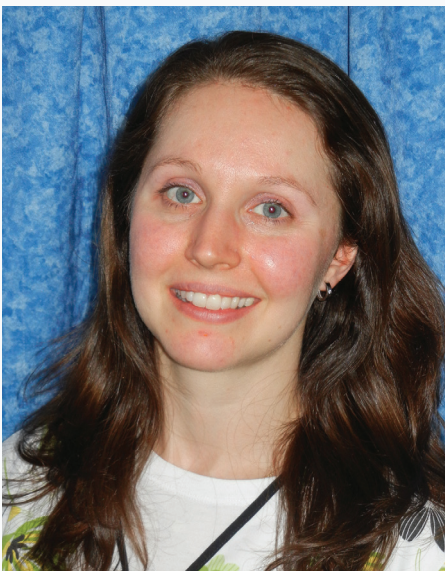
Annette started at the Montreal Children's Hospital in 2004 after studying to become a Registered Nursing Assistant. Her mother, who was a nurse at the Montreal Chest Institute, was the inspiration behind her career choice. Annette made the decision to work in pediatrics before finishing her studies. "Pediatrics is so dynamic," she says. "I had done a rotation on the surgical floor at St. Mary's for six weeks and loved it. After that, I started to think about working with children."

Since starting at the MCH, Annette has worked in a number of departments including the Adolescent Medicine Clinic, the float team, and the Technology Dependent Unit. This past January she started in the OR, working on general surgery, minor orthopaedic, urology and ENT procedures. "The OR is fast," says Annette. "You learn a lot quickly and everyone is pretty willing to share their knowledge."

The work in the OR can be very demanding and some days, the surgical staff work straight through their shift. "That doesn't necessarily mean the surgeons are done though," says Annette. "Often they continue on long after we've headed home for the day. My hat goes off to them!"

Outside work, Annette keeps busy raising her four children and getting in some relaxation time when her schedule permits. She loves spending time in the kitchen, either cooking or baking. Her other passion is reading.

Annette will tell you that her career has given her the opportunity to grow as a person. "I've always been willing to try new things," she says. "Learning is something you do every day, and whatever opportunity is out there, I'm going to make the most of it," she says. "And that's what's good about nursing... there's always another opportunity."



**Elisabeth Côté**  
RN

**E**lisabeth Côté admits her method for choosing a career was a bit 'corny'. As a teenager she loved the television show ER. It was gritty and seemingly so realistic, and gave her the idea that she might want to become a nurse. Her decision then became firm at age 16 when she watched her grandpa struggle with cancer.

Elisabeth has been working at The Montreal Children's Hospital for eight years primarily on the surgical ward 7C1. "I love kids, I love pediatrics," she says. "Even when they are sick, kids are happy."

She admits nursing is a tough business. There are the long hours, the heavy work load, the go, go, go of it all, yet for her changing jobs is out of the question. "You don't go in to nursing for the glamour or the money. You do it because you love helping people. You do it because more often than not you leave work knowing you made a real difference in someone's life."

Even though Elisabeth loves to help 'fix kids and make them better', not every story has a happy ending. When asked about the children she remembers most, Elisabeth thinks of those who didn't make it; the children whose lives ended too early. She says as a nurse you pull out all of the stops for patients receiving palliative care to ensure their last days are as joyful as possible.

Fortunately, when lives are lost, Elisabeth finds solace among her colleagues. "I work with a great team of nurses," she says, "When we lose a patient, we talk about it and we are able to openly express our feelings." This allows her to heal, enabling her to continue helping, caring and fixing other kids.

# Quebec launches universal insulin pump program for kids

*Great news for children with Type 1 diabetes*

This fall, the Government of Quebec will begin covering the cost of insulin pumps for children and adolescents with Type 1 diabetes.

Quebec Health Minister Yves Bolduc says the pumps will dramatically improve the quality of life of hundreds of children affected by Type 1 diabetes.

“The advantages of insulin pumps are numerous,” Minister Bolduc said in a press release. “They permit not only the balancing of an unstable diabetic, but also reduce episodes of hypoglycemia, especially among young children.”

Insulin pumps are about the size of a pager and are designed to deliver rapid-acting insulin 24 hours a day through a catheter placed under the skin. If necessary, the patient can also administer additional insulin.

“This new program is very good news for the children and families in our care,” says Evelyne Pytka, clinical nutritionist and diabetes educator in the MCH Insulin Pump Centre. “By using an insulin pump,



*MCH patient MacKenzie with her insulin pump*

you can match your insulin to your appetite and lifestyle rather than adjusting your lifestyle and appetite to your insulin injections. With solid education and good management, insulin pumps can help you keep blood glucose levels within target ranges both day and night. In the long run, this will improve long-term outcomes for children, teens and adults living with diabetes.”

“At The Children’s, we treat more than 600 youngsters, most of them with type 1 diabetes,” says Dr. Laurent Legault, head of the Diabetes Clinic at the Children’s Pediatric Insulin

Pump Centre. “Currently, about 20 per cent of these children are using insulin pumps.”

The MCH Insulin Pump Centre is receiving a lot of calls from parents anxious to learn more about the program. However, the hospital is waiting for the government to unveil more details about this new program.

In 2000, the MCH became the first pediatric centre in Quebec to start using insulin pumps to manage diabetes. The Insulin Pump Centre officially opened its doors in 2005. The first centre of its kind in Quebec, its team has been in the forefront of educating families and other health care professionals across the province.

Type 1 diabetes, previously known as juvenile diabetes, is usually diagnosed in childhood or adolescence, and is far less common than Type 2 diabetes. According to the Diabetic Children’s Foundation, approximately 2,000 Quebecers under the age of 18 cope with the disease.

## MCH has new Patient and Family-Centered Care Coordinator

My name is **Imma Gidaro** and I am a wife and a mother of four wonderful children, aged two, four, six, and eight years old. I started working at The Montreal Children’s Hospital three-and-a-half years ago as a volunteer on the Family Advisory Forum (FAF), the hospital’s users committee. As a member of the FAF and then as the chair of this group, I had the opportunity to share and implement my ideas about how the hospital can implement positive changes to improve the hospital experience for children, teens, families and staff.

One thing I have learned throughout my life, and particularly during my tenure with the FAF, is that small changes in attitudes and behaviours can make a huge difference in a patient’s and family’s hospital experience. For example, when a nurse or physician enters the exam room, it would be courteous if they would knock, introduce themselves and describe the purpose of their visit and what they are about to do.



*(Continued on page 4)*

(Continued from page 3, MCH has new Patient and...)

Now, as the new Patient and Family-Centered Care Coordinator (PFCC Coordinator) at The Montreal Children's Hospital, under the department of Public Relations and Communications, I am here to **"INFECT"** everyone at the hospital – in a positive way. The infectious and long-term virus I want to pass along is Patient and Family-Centered Care. This model of care is dramatically improving how health care is delivered in other pediatric hospitals across Canada. In a nutshell, PFCC advocates for working **WITH** patients and families, rather than **TO** or **FOR** them. The four key principles of Patient and Family-Centered Care as defined by the Institute for Patient- and Family-Centered Care are:

- 1) **Dignity and Respect:** Health care professionals listen and honour the patient and family's perspectives and choices. The knowledge, values, beliefs and cultural backgrounds of patients and families are incorporated into the planning and delivery of care.
- 2) **Information Sharing:** Health care professionals communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- 3) **Participation:** Patients and families are encouraged and supported in participating in care and decision-making at the level they chose.
- 4) **Collaboration:** Patients, families, health care professionals, and hospital leaders collaborate in policy

and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in how care is delivered.

My role within the MCH will be to ensure that when you go about your day-to-day tasks, that you remember these four basic principles. When you are at a committee meeting, I would urge you to look around the table to make sure a patient or family member is part of the decision-making team. If you don't know how to involve patients or families, I am a phone call or an e-mail away. I am more than happy to help.

You can find me in and around the hospital and if you don't recognize me or don't remember my name, I'm the lady with the funky GREEN bag on wheels!

### Imma Gidaro

#### Patient & Family-Centered Care Coordinator The Montreal Children's Hospital

Room F-249

ext. 23992

Cell: 514-880-4038

Pager: 514-406-2140

imma.gidaro@muhc.mcgill.ca

igidaro@sympatico.ca

~ As I am only in the hospital two days a week, please send your emails to both addresses.

## Opération Enfant Soleil awards more than \$6.6 million in grants to major pediatric university hospitals

### Organization holds annual press conference at MCH

On April 5, Opération Enfant Soleil announced plans to give more than \$6,747,050 to the Montreal Children's Hospital of the McGill University Health Centre (MUHC), the CHU Sainte-Justine, and 11 organizations across the administrative region of Montréal.

Ginette Charest (l.), President of Opération Enfant Soleil, and Michel Pauzé (r.), Vice-Chairman of Opération Enfant Soleil's board of directors, presented Dr. Harvey J. Guyda, Associate Executive Director of the MCH, and Louise Déry-Goldberg, President of the MCH Foundation, with a donation of \$3,355,674. This amount is in addition to the funds that Opération Enfant Soleil provided last year for an emergency room in the new hospital under construction on the Glen site. Opération Enfant Soleil's financial commitment for this project totals \$10 million.

Opération Enfant Soleil is a non-profit organization that was founded in 1988. Its mission is to support the development of high-quality pediatrics and to contribute to social health projects for all children in Quebec.

The public is invited to participate in Opération Enfant Soleil's 24<sup>th</sup> telethon, on June 4 and 5 at ExpoCité's Pavillon de la Jeunesse in Québec. The event will be broadcast live for 25 consecutive hours on the French-language channel TVA.



## Making the most of locally-grown vegetables

Summer is fast approaching and the first lot of locally produced vegetables has started appearing on the shelves. So this is the ideal time to buy fresh produce, even from the supermarkets, where fiddleheads, asparagus, lettuce, and radishes are the first ones to appear.

foremost because of their superior taste compared to produce that has travelled a long distance. Indeed, local fruits and vegetables are picked when they are fully mature, and as a result, they are fresher, more flavourful and contain a higher nutritional value.

Make the most of these wonderful locally-grown vegetables, not only for a sense of local pride, or out of love for the environment, but first and

To find out more about the current crop of fruits and vegetables, and to learn how to prepare them, consult the “Local Produce Availability



Table” and the “Eat Local” meal plan on SOS Cuisine.com.

\* Visit [www.soscuisine.com](http://www.soscuisine.com) to find the right measurements for the number of servings you need.

### Fettuccine with Asparagus

**Preparation: 15 min Cooking: 30 min;**

**Total: 45 min**

**430 Calories/portion; 4 portions**

- 2 tbsp (30 ml) olive oil
- 20 asparagus (400 g), average size
- 320 g fettuccine (fresh)
- 2 tbsp (30 g) unsalted butter
- 1 shallot (40 g), finely chopped
- 1 clove garlic, finely chopped
- 1 cup mini tomatoes
- 100 g feta cheese, diced
- 1/3 cup (85 ml) 15% cream
- 1 pinch nutmeg to taste
- salt and pepper to taste



✓ Preheat the oven to 230°C/450°F.

✓ Lay the asparagus in a single layer on an oiled baking tray. Coat thoroughly with oil, then add a little salt. Bake in the middle of the oven until the asparagus change colour, about 8 to 10 minutes, depending on their size. Shake the tray a couple of times during cooking, so that the asparagus will cook evenly. Set aside.

✓ Cook the fresh pasta in a large pot of boiling salted water. The pasta is ready when just tender but still firm to the bite (al dente).

✓ Meanwhile, melt the butter in a frying pan over medium heat. Add the shallot and garlic, then sauté 2 minutes. Add the mini tomatoes. Cut the asparagus into bite-size pieces (about 1.5 cm) and add them to the pan. Dice the feta and stir it into the pan. Mix well, then lower the heat to very low. Pour in the cream. Add just a little salt (feta cheese is rather salty), pepper, and grated nutmeg to taste.

✓ Drain the pasta, then pour it into the pan, mix well and adjust the seasoning. Serve.



# Makin' it right!

## Ideas and suggestions for the new Montreal Children's Hospital

We are about to get a brand new, bright, modern hospital. To make sure it's top notch, we've asked staff and parents what they'd like to see at our new health centre.

### Bathroom /change area

"We need to make sure that bathrooms are equipped with changing tables made for older patients who are in diapers. The tables we currently have cannot hold children aged 5 and up. Parents need to run around looking for a cot or have to leave their child in a soiled diaper. This contravenes the hospital's vision of being patient and family focused."

### Parking for patients with special needs

"A lot of children have to travel with special equipment. We need to make sure there are special parking places close to the hospital door so they don't have to carry their equipment very far, especially during the winter."

"We need to make sure parking prices are affordable for those who use the hospital regularly."

### Parents' lounge

"Parents need a place where they can go to relax and use the internet or their cell phone, and take a shower."

### Play area for siblings

"Sick Kids in Toronto has a play area where the brothers and sisters of patients can be dropped off for a maximum of four hours while mum and/or dad visits with the hospitalized child. This would be a great idea for our new hospital."

### Signage

"Adding a directory by the main entrance and on each floor near the elevator would be a great idea."

### Good-sized waiting areas

"Currently, not all of our waiting rooms are an adequate size for children in wheelchairs. It can become very crowded during clinics."

### Stroller parking and a coat check

"When you go to the mall you can leave your coat in a locker. Why not have a locker room where parents can leave their coats and snacks in a safe place rather than dragging all of their stuff around?"

"Let's create a designated area for strollers so they aren't willy-nilly all over the place."

If you have ideas or suggestions for our new hospital please pass them along. We'd be happy to publish them in the next edition of *Chez nous*. Send your ideas to [lisa.dutton@muhc.mcgill.ca](mailto:lisa.dutton@muhc.mcgill.ca), or by fax to 24343, or by internal mail to F-371.

# MCH starts tapping into advertising and sponsorship

Public Relations and Communications looking for new ways to finance projects

The hospital has recently begun accepting advertisement and sponsorships to help finance many of its communications projects. You might have noticed three advertisements in the 2011 MCH Resource Guide. These ads help defray the cost of publishing and mailing this guide to over 11,000 pediatricians and general practitioners across Quebec.

"The MCH Advertising/Sponsorship program is in its infancy, yet last year we generated \$25,000 in new revenue," says Lisa Dutton, Manager of Public Relations and Communications at the MCH. "All of the money raised goes to The Montreal Children's Hospital Foundation and is used to pay for various hospital publications such as the MCH Welcome Guide, the health tips brochures, Mini Med at the MCH, and Career Day."

Ms. Dutton went on to say the hospital is being very careful about the types of ads and sponsors accepted. "We have put in place a very stringent advertising and sponsorship policy and as a result, there are many, many types of ads we simply would not accept such as ads for unhealthy foods or restaurants, and herbal or alternative medicines." As well, Ms. Dutton says the hospital established a Sponsorship Committee which reports to the MCH Council for Services to Children and Adolescents. Members of the committee must unanimously approve all potential advertisers and all potential advertising vehicles. Other expertise is sought, as warranted.

The members of the sponsorship committee are:

**Stéphane Beaudry,**  
MUHC Director Financial  
Resources Division

**André Brodeur,**  
member of the MCH Council  
for Services to Children and  
Adolescents

**Dr. Frank Carnevale,**  
MUHC Nursing Directorate  
Pediatrics and MCH Ethicist

**Lisa Dutton,**  
Manager Public Relations and  
Communications

**Dr. Emmett Francoeur,**  
MCH physician and former  
president of the Canadian  
Paediatric Society

**Demetra Kafantaris,**  
Senior Advisor MCH Corporate  
Affairs

**Jean-Frédéric Ménard,**  
MCH Ethicist

**Michael Pecho,**  
Montreal Children's Hospital  
Foundation

**Harris Poulis,**  
MUHC Director of Legal Affairs  
(ex officio)

*For more information about the hospital's sponsorship and advertising initiatives or to obtain a copy of the MCH Sponsorship Policy, please contact Lisa Dutton at 514-412-4307.*



## How do you stay informed? Public Relations and Communications wants to know!

Look for the new **survey** from the MCH Public Relations and Communications (PRC) office distributed with this issue of *Chez nous*. PRC wants your opinion on what we can do to help you stay up-to-date and informed about

your hospital. The survey will also be distributed at the **Coffee Hour** on **June 1** and the **Townhall** on **June 15**. It only takes a few minutes to complete the survey for a chance to win a **\$100 gift certificate** for Future Shop!

Public Relations and Communications along with the Quality of Life at Work committee are holding a **Coffee Hour** on **June 1** in the Cafeteria from **8:30 to 10:00 a.m.** and from **4:00 to 5:00 p.m.** Everyone is welcome!

## Questions on collective agreement?

Further to the signing of the new collective agreements, the Human Resources and Organizational Culture Department has set up a

new "Info Line" which will provide front-line service to all employees who may have questions about their collective agreements.

The "Info Line", ext. **71369**, is available from **Monday to Friday** from **7:30 a.m. to 3:30 p.m.**

## Events

## The MCH's "Kid's Health 101" Webinar Series: Pediatric Health Education at the Click of a Button!

It's as close as parents can get to a house call. MCH pediatrician and Director of the Pediatric Consultation Centre, **Dr. Richard Haber**, and the Department of Public Relations and Communications are presenting a spring webinar series to answer parents' most pressing questions about the health of their little ones.

The 45-minute webcasts let moms, dads and professionals log in to a virtual classroom to view live presentations from the comfort of their homes. Once in the 'room', participants can submit questions, answer interactive polls, and even see Dr. Haber via webcam as he is speaking.

Are you looking for valuable information about your child's health? Webinars are a novel way to bring teaching into the living room, and are very easy to access.

Don't miss the next presentations:

**Monday May 30 at 8 p.m.**

Gastroenteritis: What to do about your child's tummy grumblings

**Monday June 6 at 8 p.m.**

Popping pills...why antibiotics aren't always the solution

Space is limited to 100 participants. Register today to reserve your place in our virtual meeting room: [info@thechildren.com](mailto:info@thechildren.com).

Can't make it to the live events? Recordings of the webinars will be available following each presentation. Visit [www.thechildren.com](http://www.thechildren.com) for more information.

## Memorial Service

A memorial service is being organized to remember the children who have died recently at the MCH. We will also be commemorating children who have died of SIDS. All staff members are warmly invited to attend this service, which will be held on **Tuesday, June 14** at **2:00 p.m.** in the Amphitheatre (D-182).

## MCH Annual BBQ & Garage Sale

Come join in the fun as we celebrate the beginning of summer with a BBQ, garage sale and entertainment! Tickets for lunch cost \$3, and will be available at the Cafeteria, Boutique, and Security.

**Date: Wednesday, June 22 (rain date Thursday, June 23)**

**Time: 11:00 a.m. to 2:00 p.m.**

Where: outside, **near the MCH Emergency**



# MCH TOWNHALL

AGENDA

June 15, 2011

Noon to 1 p.m.

Forbes Amphitheatre (D-182)

## Everyone is invited!

Door prizes

### Here are a few subjects that will be discussed:

We'll update you on the construction of our new hospital.

You will also find out more about the Youth Advisory Forum being launched by Child Life.

You'll hear how one mum's story about her initially negative experience at the MCH and how our team turned her in to one of our biggest fans.

You'll meet Imma Gidaro, our new Patient and Family Centre Care Coordinator.

All this and more!

If there are topics you would like to hear about during a townhall, please send your suggestions to [Lisa.dutton@muhc.mcgill.ca](mailto:Lisa.dutton@muhc.mcgill.ca), fax them to 24343 or drop them in internal mail to room F-371.

The Townhall will be taped. Those who are unable to attend may download the video at: [intranet.muhc.mcgill.ca/headline\\_news/news\\_video.html](http://intranet.muhc.mcgill.ca/headline_news/news_video.html)



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

## Awards and Nominations

**Dr. Melvin D. Schloss**, member of the Division of Otolaryngology and Head and Neck Surgery at the MCH, received the **2011 Lifetime Achievement Award** on May 7 at the Annual Banquet of the MCH Council of Physicians, Dentists and Pharmacists (CPDP). The Lifetime Achievement Award is presented to a member of the CPDP for exemplary clinical excellence and philosophy of care, as well as leadership in terms of education, research, and/or service to the MCH community.

Three other awards are also presented each year at the Annual Banquet for excellence in clinical teaching as

voted by the resident staff from the pediatric and surgical specialties as well as from dentistry.

- ▶ The Paige/Bernard Kaplan Award for excellence in Clinical Teaching was presented to **Dr. Guilherme Sant'Anna**, Division of Gastroenterology.
- ▶ The Surgical Teaching Award was presented to **Dr. Neil Saran**, Division of Orthopedic Surgery.
- ▶ The Dentistry Teaching Award was presented to **Dr. Michel Bonin**.

**Dr. David McGillivray** has been awarded the 2011 Prix Letondal from the Association of Pediatricians of Quebec (Association des pédiatres du Québec). The Prix Letondal is given annually to a Quebec pediatrician to highlight their exceptional contribution to the development of pediatric care in the province. The awards ceremony will be held in Quebec City on June 17.

## Talking about communication disorders

Caroline Erdos: clinician, researcher, wife, mum

By Lisa Dutton

Caroline Erdos doesn't really know how to juggle, but boy can she juggle! Up until recently, the speech language pathologist has been working at the hospital, completing her PhD, conducting research, occasionally teaching at McGill and consulting with school boards, raising two children (and a husband), taking tennis lessons and learning to ski. Phew. I'm tired and I'm just writing about everything she does.

"It has been tricky," she says, "Thank goodness I have a supportive family and my research life and clinical life are so blended."

Recently Caroline scratched one major item off her to-do list: she completed her PhD. This is quite an accomplishment for someone who never considered becoming a speech language pathologist to begin with.

Caroline sheepishly admits speech language pathology was not her first career choice. In fact, she went to university to become a legal translator. By some quirk, during a meeting with a career counsellor, she was introduced to the idea of speech language pathology. "I have absolutely no regrets about switching career paths. I love what I do," she says. "I love the kids and I love the multicultural, multilingual aspect of this hospital."

Caroline has been working at the MCH for 15 years. She is part of a team of 13 full- and part-time speech language pathologists. Her role at

the MCH, a tertiary and quaternary care facility, is to assess and diagnose language disorders, which includes disorders of speech, language, and communication.



Photo: Christian Lavigne

"We work primarily with young children with developmental delays or isolated language disorders that affect their ability to communicate. Other populations include children who have lost the ability to speak due to a head injury, or children with cleft lip and palate," says Caroline. "We also create intervention plans for parents, educators and daycare workers."

Caroline says early intervention is key to overcoming language disorders

and while working with a speech language pathologist dramatically helps children improve, it is vital parents and educators also work with the child to make further gains and reinforce successes.

Caroline points out that speech language pathology is a relatively new medical specialty and thus little research has been done in the field. She says one commonly held fallacy is that learning two languages simultaneously makes learning to speak more difficult. "Bilingualism does not impair a child's ability to learn to speak," Caroline says emphatically. "Research shows all children, be they bilingual or monolingual, should say their first words by age one and put two words together by age two. If they are not, they may have a communications disorder."

Armed with her newly minted PhD, Caroline plans to continue her research in the field of bilingualism and early identification of language disorders.

### Did you know?

About five to eight per cent of the school-aged population has an oral language disorder, while written language impairments affect roughly 17 per cent of the population.



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# Our Heroes

## A father sends his thanks

**R**obin Moore recently wrote to the MCH's Dr. Michael Shevell to express his thanks to the many staff members who helped his daughter Fiona. They are part of a family with a long history of supporting The Montreal Children's Hospital. Fiona's grandfather, William Douglas Lennox, was the president of The Montreal Children's Hospital Foundation in

the 1970s, and her uncle Geoffrey Moore has been a supporter of the hospital for many years. Yet another member of the family, Dr. Sebastian Negrete, recently completed the Kilimanjaro Climb for the benefit of The Children's.

Fiona was treated some ten years ago at the MCH; here's what her dad had to say.

### Dr. Shevell

*We have been meaning to write to you for some time to thank all of your staff for their enthusiastic and optimistic response to our daughter's illness just over ten years ago. We hadn't noticed the progressive symptoms but when our daughter came home from a few days at her aunt's house barely able to walk and with difficulty using one arm we realized that something was seriously wrong and came directly to the ER at the Children's from our home in the Eastern Townships. The resident on duty in the ER rapidly diagnosed the problem as likely being Sydenham's Chorea. After admitting our daughter and conducting some overnight research into a very recently published paper, some additional tests were proposed and a new treatment was ordered. At that point Fiona was barely able to feed herself or walk.*

*We were privileged to have Dr. Waters to consult on the case as he was on one of his periodic stints at the hospital in spite of having retired a few years before. The treatment was very difficult for everyone and although Fiona remains on prophylactic penicillin to this day, she rapidly made a full recovery which would not have been possible without the dedication of your staff and the treatment they proposed, which we understand made a great difference in her recovery.*

*I thought you and your staff would appreciate the feedback with our thanks. I have attached a photo of Fiona, which I took shortly before the end of the semi-final game of the 2010 Saputo Cup. Her team, Granby Cosmos, won the U18FAA provincial championship after two seasons at the head of their league, several tournament victories and a bronze medal in the 2009 Saputo series. Fiona took the ball to the net and the photo shows her passing it to the Cosmos' striker who drove it in behind the opposing team's goalie to win the semi-final game.*

*With many thanks from all of us,*

*Robin Moore*

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your patients

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health news and child  
health information

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Nutrition

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Centre universitaire de santé McGill  
McGill University Health Centre