

# Chez nous



MCH EMPLOYEE NEWSLETTER

May 5, 2011

## News

### Congratulations to the 2011 Nursing Awards of Excellence winners at the MCH

- ▶ The Evelyn Malowany Award for Clinical Practice - **Sylvie Canizares**
- ▶ The Lorine Besel Award for Leadership in Nursing - **Karina Olivo**
- ▶ The Isobel Macleod Award for Nursing Assistants - **Joan Broadbent**
- ▶ The Larine Imperial Partner in Practice Award for Patient Care Attendant - **Maria Remelgado**
- ▶ The Larine Imperial Partner in Practice Administrative Award - **Linda Lamberti**
- ▶ The Anne-Marie Lejeune Award for those who support and collaborate with nurses to give quality care - **Helen Magdalinos.**

To mark Nursing Week, Chez nous presents three mini-profiles of members of the MCH nursing staff. Watch out for three more profiles in the May 26 issue of Chez nous



**Shirley Straughton,**  
Assistant Head Nurse on 7C1

**Y**ou will seldom find Shirley Straughton tucked behind a closed office door. The energetic mother of two and assistant head nurse on 7C1 is more likely to be found helping her nursing colleagues on the ward, or attending to questions and concerns from patients and their families. "I like to think of myself as a troubleshooter," says Ms. Straughton about her role, which she has held for roughly 10 years. "My job is to give the nursing staff the tools needed to provide the best possible care to our patients."

Beyond this, Ms. Straughton must familiarize herself with up to 27 patients on her ward and in the Technology Dependent Unit, while managing bed flows and providing resources to co-workers and families. "There is a big learning curve here," she says, "I always need to try and have a handle on what's going on and come up with solutions to everyday problems."

No stranger to caring for sick kids, Ms. Straughton is the eldest of six children and knew from a very early age that she would go on to pursue a career in nursing. Her passion for the profession has even rubbed off on her daughter, Kristina, who is also a nurse at the MCH on the 6<sup>th</sup> floor.

"Working with children is very special," she says, adding that she has been frequently touched by patients' families who come back to visit to show their appreciation for the care their loved one received. "As nurses, we can't always cure our patients, but we can support them and their families...that's often what makes the biggest difference."

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**Karina Olivo,**  
Nursing Supervisor

**M**other to an energetic four-year-old, Karina is both hard-working and full of life. Having worked in the Emergency Department and on the surgical wards (7C), this busy-bee began her career at the MCH seven years ago. "I knew I wanted to do something health-related, as well as something that matched my personality," she says of her decision to pursue work in a pediatric hospital.

For the last two months, Karina has taken on new challenges as a Nursing Supervisor, in charge of keeping track of staffing across the hospital, as well as assigning and managing inpatient beds. She juggles this role with her responsibilities as a clinical teacher at McGill University, where she helps nursing students narrow the gap between education and practice.

Reflecting on her new role, Karina says she delights in having the opportunity to see firsthand how the entire hospital works and better understand how issues may crop up. "I am able to meet a lot more people and get a broader picture of what's going on," she says, adding that even though challenges may arise, she is grateful to be part of a dynamic team of professionals.

In her spare time, Karina has been known to devote two-week vacation stints to volunteering as a ward nurse with Operation Smile, a charity organization that provides free reconstructive surgery for children born with facial deformities such as cleft lip and cleft palate. Over the past year, she has traveled to India twice to donate her time to helping patients who are less fortunate.



**Jing Xin Sun,**  
Staff Nurse on 6C

**A**lthough Jing Xin Sun officially joined the MCH family three years ago working first as a PCA, and now as a nurse for the past year, he knew he wanted to work at the hospital long before he applied to nursing school. A former patient and student volunteer, the South Shore resident says his decision to pursue a career in healthcare was greatly influenced by a neighbour who worked as a nurse and often shared stories about working in a hospital setting and delivering patient care.

As a nurse on 6C, Jing Xin says he enjoys working with patients and their families, and likes to think that being a guy helps him bring a fresh perspective to the table. "I think my patients enjoy the different dynamic," he says. When asked about what it's like to be surrounded by females, Jing Xin says he feels grateful to be a part of such a great team of employees. "Working predominantly with females wasn't that big of an adjustment for me because it was similar to the environment in nursing school," he laughs, adding that he feels fortunate to be working at The Children's, where there is a higher proportion of male to female nurses in comparison to most hospitals.

Reflecting on the most rewarding part of his job, Jing Xin is quick to affirm that he is most pleased when he sees his patients are able to see noticeable improvements in their condition. "Some families come in, and they are very stressed and don't know what to expect," he explains, "but seeing them happy and leaving with hope that they will get even better, that's what means the most," says the young nurse, who adds that these same patients have taught him lessons that extend well beyond the field of nursing. "You learn that anything can happen," he says, "and that it's really important to live life to the fullest."

International Nurses Week 2011 is an important time to recognize the incredibly talented and dedicated nursing staff of The Montreal Children's Hospital of the MUHC. This year, as in previous years, there is much to celebrate. While we indeed have many important challenges to overcome on a daily basis, our nurses continue to provide leadership and innovation with the goal of providing our patients and their families with the quality care they deserve. We have successfully recruited over 60 new nurses to the department this year, in part due to the extraordinary efforts of both our own recruiters as well as our partners in Human Resources. We also have evidence from our recruits and students that the support, professional development, and team work that prevails here has led to a welcoming and healthy workplace.



Photo: Daniel Héon

This year, I also can reflect from the perspective of a family member receiving care in hospital and at home. This experience has so clearly reinforced for me the critical role nurses play every day, every shift in the experience of the patient and the family. It begins with adequate presence of nurses for the patients in their care. The caring, compassion and support can make a difficult day seem manageable, and knowledge, competence, information and teaching does indeed have a profound effect on how we cope with the experience.

The combined effort of all the nursing staff, our nurse educators, managers and advanced practice nurses truly do make for a remarkable team!

Please take pride in your profession, enjoy the activities planned this year for Nurses Week, and thank you!

Each year when I reflect on our nursing team, I use my perspective as a nurse and as an administrator.

**Barbara Izzard**  
Associate Director of Nursing  
MCH

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

**La personne qui vous prodigue des soins porte-t-elle un badge d'identification?**  
S'est-elle présentée à vous?  
Vous avez le droit de lui demander de s'identifier. Elle a l'obligation de le faire.

**Our hospital staff wear their ID badges.**  
Is your MUHC caregiver wearing theirs today?  
It is your right to ask. It is their duty to oblige.

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

**Contributors:** Lisa Dutton and Pamela Toman  
**Translation:** Joanne Lavallée  
**Graphic design:** Jean-Claude Tanguay  
**Photography:** Robert Derval and Daniel Héon

To submit story ideas or texts to *Chez nous* (next deadline: May 13), contact the Public Relations and Communications office at ext. 24307 or send your email to [info@thechildren.com](mailto:info@thechildren.com).

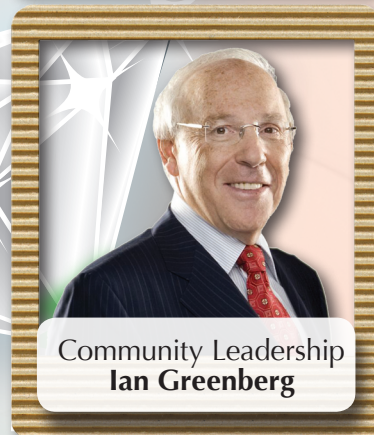
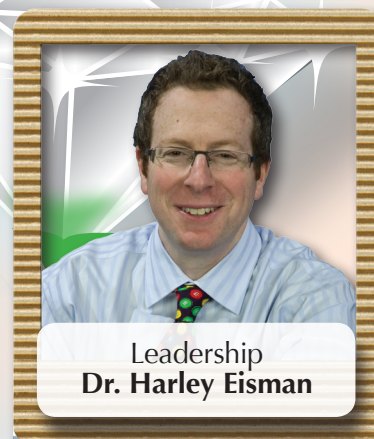


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# The MCH Foundation invites you to the 2011 Awards of Excellence Breakfast on Thursday, May 12, starting at 7:00 am in the Cafeteria

The Children's is truly distinguished by its people. In all areas of the Hospital, there are unsung heroes whose dedication and drive are responsible for earning The Children's its reputation of excellence in care. Congratulations to this year's Awards of Excellence recipients, who were nominated and selected by their peers for their outstanding contribution to the MCH. You are invited to celebrate their achievements at the Awards of Excellence Breakfast on May 12 at 7:00 a.m. in the MCH cafeteria.



# City keeps close watch over plans

By Monique Muise, The Gazette

No construction project exists in a vacuum.

Any time a new condo building, office tower or big-box store goes up, it alters the landscape of the city around it, and the city's government has a responsibility to ensure the project fits into those surroundings and is beneficial to residents.

In the case of the McGill University Health Centre's new superhospital, the stakes were particularly high. Beyond the fact that it is a large-scale project that will require major alterations to municipal infrastructure, the hospital will also play a vital role in the community.

The city of Montreal has been intimately involved in all aspects of the work from the beginning, said Alain Trudeau, who serves as a project manager for the city on the Glen site.

"The city has a lot of work to do in order to improve the access to the site, and to improve the infrastructure," Trudeau said. "I'm in charge of the municipal side of the work."

Some of that work includes the widening of Decarie Blvd., which is under way, and the tearing up of existing sewer lines and aqueducts to replace them with pipes that can handle the increased output from the Glen.

The road and infrastructure upgrades are expected to cost \$90 million, and are being financed jointly by Transport Quebec, the MUHC and the city.

"The city is implementing lots of new ways of approaching this kind of work," Trudeau said. "We have an office called the *Bureau des grands projets*, where we're using these new strategies for project management."

An example of one of these new approaches is to break major projects like the Decarie refit into smaller chunks - allowing for more efficient planning of each stage. Representatives from the city and the MUHC meet every week, Trudeau said, and sometimes up to three times a week, to iron out the details.

"We have a lot of municipal employees discussing communication, budget, calendar, and reviewing the design of the (roadwork) plan," he said.

In addition to this day-to-day consultation, MUHC spokesperson Julie Paquet said the city also has a role to play in the construction of the hospital itself.

"The property developer needs to work with the city for a number of approvals," Paquet said. "The MUHC had already completed the zoning change process in 2005, but the development team still needs to present

the project to the local *Comite consultatif d'urbanisme* in order to get their construction permit."

## Our hospital, our future

Finally, the city is represented by three people at the monthly meetings of the Good Neighbourly Relations Committee - which also includes members of the superhospital's construction consortium, representatives from the MUHC and local residents.

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### GLEN FACTS

- ▶ A team of 75 architects is working on the Glen Campus project
- ▶ The site, which is 43 acres, is the equivalent of 8 football fields
- ▶ If Place Ville Marie had 55 floors, it would be the same size as the Glen Campus



## Tofu makes a yummy dessert

Soy is a food that has a high nutritional value. In fact, one cup of cooked soybeans contains the same amount of proteins as 100 grams of meat, poultry or cooked fish. And the proteins in soy, unlike other legumes, are considered to be 'whole'. Moreover, like all legumes, soy has no cholesterol and it contains only good fats: monounsaturated and polyunsaturated, including omega-3! Soy is also a very high source of dietary fiber and has plenty of isoflavones and minerals such as calcium, iron and zinc, among others.

For all these reasons, it's good to include soy in your diet. You'll find many recipes featuring soy products (soy milk, miso, edamame, tofu, etc.) on SOS Cuisine.com. You may want to start your intro to soy with this delicious dessert which calls for silken tofu.



### Tofu Mousse with Berries

Standing: 1 hr.

Total: 1 hr, 15 min

400 g soft/silken tofu

1 2/3 cup (200g) berry mix, frozen

2 tsp (10 ml) vanilla extract

3 tbsp (65 g) honey

1/4 cup (65 ml) lemon juice

4 tbsp (12 g) unsweetened coconut flakes (optional)



- ✓ Put the tofu in a blender. Mix at maximum speed about 1 min until a creamy consistency is obtained.
- ✓ Add the frozen berries, then mix. Add the vanilla extract, honey, and lemon juice. Mix well. Pour the mixture into individual bowls. Chill the mousse in the refrigerator for about 1 hour before serving.
- ✓ Garnish each serving with coconut flakes (optional) then serve.

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



# The Genesis Program: Supporting Novice Nurses in the Pediatric Intensive Care Unit

By Margaret Powell, N., BSN, MEd

Nursing Educator, Pediatric Intensive Care Unit

The literature suggests that the retention rates for new graduate nurses in hospital settings are lower than with experienced nurses (Schoessler & Waldo, 2006). The MUHC has addressed this concern by developing the *Soutien Clinique* Program (CPSD, 2010), aimed at new graduates and nurses with less than 36 months nursing experience, to offer them support through different avenues such as the Genesis and Mentorship programs and the Youth Committee.

In 2010 the Genesis program was implemented in the Pediatric Intensive Care Unit (PICU) at the Montreal Children's Hospital. The Genesis program is designed to best meet the needs of new nurses and support them as they transition through the beginning stages of their professional development in the PICU setting. Expected outcomes of the program are that nurses (1) feel supported, (2) develop professionally, and (3) remain as staff nurses in the PICU upon completing the program. The Genesis program follows the completion of the PICU orientation program (8 to 10 weeks duration). Nine nurses including six new graduates and three nurses with less

than 36 months of nursing experience participated in the first PICU Genesis program.

The format for the PICU Genesis program consists of five eight-hour seminars. Nurses are required to attend, complete the required readings and participate in the activities. The nurse's salary is paid while attending the seminars. A primary goal of the program is to provide different types of support: leadership, educational and peer support are incorporated into each seminar.

The PICU nursing educator coordinates the seminars; each seminar begins by meeting with the nurse manager to discuss any issues the nurses may have. The remainder of the seminar is devoted to educational activities. Educational content is primarily based on the identified learning needs of the nurses. Instructional strategies include participation by each nurse. For example, nurses develop concept maps, participate in clinical case scenarios, demonstrate clinical skills and contribute to discussions. The last seminar takes on a different focus as they share their knowledge with other nurses. Each nurse selects a

clinical topic specific to PICU nursing, researches it, presents the topic to the members of the Genesis group and then synthesizes the information into a one-page summary sheet that can be used as a learning tool for other PICU nurses. Sharing and reflecting on experiences with nursing peers is an important and valued component of the Genesis program.

The first group of nurses has recently completed the PICU Genesis program. While it is premature to say whether the program has influenced their decision to remain as staff nurses in the PICU, it seems that these nurses had a positive experience in the program. The second PICU Genesis group, including three new graduates with less than six months experience, started in January of this year.

## References

*Clinical and Professional Staff Development*, (2010). *The Soutien Clinique Program: Clinical support for newly graduated nurses*. McGill University Health Centre.

Schoessler, M. & Waldo, M. (2006). *The first 18 months in practice*. *Journal for nurses in staff development*, 22(2), 47-52.

## Events

### Nurses and Nursing Assistants

**Let's Celebrate Nurses Day Together!**

**Where:** Cafeteria

**When:** Wednesday, May 11, 2011

Coffee and muffins starting at 7:30 a.m. Night staff welcome!

Buffet lunch from 11:00 a.m. to 2:15 p.m.

Activities including massage therapy throughout the day from 7:30 a.m. to 2:15 p.m.

**Over 100 Door Prizes!**

### Calling all bookworms!

Join us on **Tuesday, May 24** and **June 21** from noon to 1:00 p.m. in D-162 for the next MCH Book Club meetings. Both French and English readers are welcome! Please contact Pamela Toman (ext. 22742) or Angela Formica (ext. 24466) for more information.

## A dream doctor

*Dr. Claudette Bardin's philosophy of patient and family centred care*

By Lisa Dutton

Ever since Dr. Claudette Bardin was a little girl she dreamed of becoming a doctor. She attributes this desire to the kindly old pediatrician in a small village close to Clermont-Ferrand, France, where she grew up.

Yet, despite her deep-rooted desire, her trajectory was circuitous. Conscious of her family's limited finances, she studied chemistry and biochemistry rather than medicine because it would allow her to graduate and start work more quickly. She did pursue a career in the field, in France then at McGill University, but quickly discovered that working in a laboratory deprived her of the human interaction that she craved.

Still determined to obtain her medical degree, she later enrolled in the PhD-MD program at the University of Miami. She was 36 years old and the eldest student in her class. From Miami she moved to Chicago to complete her residency.

"I was working at the Michael Resse Hospital located in the south side of Chicago. The people were lovely, but money was scarce," says Dr. Bardin. "Parents often took little or no interest in their child's medical needs, in fact, some simply dropped their sick children off at our doors."

Extremely uncomfortable with the U.S. style of health care where those with a coveted insurance card got first-class care and the rest made do, Dr. Bardin headed north back to Montreal. Contrary to her experience in Chicago, Dr. Bardin discovered that parents here were very involved in their child's medical care. Parents were at the bedside; they were asking

questions. You might say this was Dr. Bardin's first introduction to the concept of patient and family-centred care.



Photo: Robert Derval

"Patient and family-centred care (PFCC) is not something I studied. It is something that came by instinct," she says. "Perhaps because I myself am a mother, I sensed families wanted to be more involved; therefore, in everything I do, I try to see things from the parent's perspective."

### PFCC Award winner

The MCH Family Advisory Forum recently presented Dr. Bardin with a Patient and Family-Centred Care Award. The award was created to honour individuals or teams who go above and beyond to help those in their care. "I was very touched to receive this award," says Dr. Bardin. "When it comes to patient and family-centred care, I may be a bit extreme, but you need to be so that people will pay attention."

Dr. Bardin introduced the concept of family-centred rounds on the MCH's 6<sup>th</sup> floor medical unit. When

the medical team and trainees enter a child's room, each member is introduced to the child and parents or guardians. This might seem like a small gesture, but Dr. Bardin says it makes all the difference because it is a sign of respect and inclusiveness. "One of the biggest complaints from parents is about health care workers who simply walk up to a child's bed and perform a procedure without saying hello, without introducing themselves, without explaining what they are doing," says Dr. Bardin. "Parents find this maddening."

Another ingrained habit of Dr. Bardin's is to always acknowledge the child and say hello using the child's first name. She might even break the ice with a little joke. She is also known to show up on the ward in the late afternoon for what she has dubbed 'social rounds,' a chance to talk with parents and children, answer questions, appease worries and see if they require more support.

Admittedly Dr. Bardin says her approach to care does take a little more time, but she says it is well worth it. "For me, it is very important because I feel I am giving patients what they need. I like to finish my day on a high note thinking my day is done and I've done everything possible."

*If you would like to recognize a colleague's dedication to patient and family-centred care, please pick up a nomination form in F-371. The form takes no time at all to complete. The award is given throughout the year to individuals or teams who put the needs of children and families in their care first.*





# Our Heroes

## A boy who listens to his heart

Jeffrey Mylocopos is 10 years old and in grade five. Like most other kids his age, he enjoys playing hockey and video games. Recently though, Jeffrey learned a critical skill that few children his age have: how to listen to his heart - literally. Since last November, Jeffrey has found himself at The Children's on three separate occasions due to a dangerously high heart rate. Now, his first defence against the problem is his own vigilance.

Jeffrey was born with a rare heart malformation that resulted in a decrease of blood flow to his lungs making him appear blue. This condition was diagnosed at The Children's by expert pediatric cardiologist Dr. Luc Jutras two months before Jeffrey was even born. Following his birth, Jeffrey was admitted to The Children's Neonatal Intensive Care Unit where he spent the first weeks of his life. While in the NICU, the medical team was able to avoid risky surgery through medication and Jeffrey went home to his family after three weeks. "For the years that followed, Jeffrey was in good health," recalls his mother, Lindi Ross. "Although physical activity was much more demanding on him than on other kids, it didn't stop him from participating in, and even excelling at, sports like hockey and karate."

Last November, on a routine visit to see Dr. Jutras, who has continued to monitor him over the years, Jeffrey displayed something unusual. "He was at rest in the exam room, but his

heart rate was around 200 beats per minute and not decreasing," recounts Dr. Jutras. "Normally this would cause a patient some pain or discomfort, but surprisingly, Jeffrey didn't feel anything out of the ordinary!" Jeffrey was immediately brought to a treatment room where the cardiologist could safely stabilize his heart rate by administering an intravenous medication. Once his heart rate returned to normal, Jeffrey was admitted to The Children's for the following four days to undergo tests and to start him on new medications to prevent further occurrences.

"Many memories came back to my husband and me during that stay in the hospital," says Lindi, referring not only to Jeffrey's time in the NICU as an infant, but to his older brother Jeremy, who was born with Down syndrome. Jeremy spent three months at The Children's as a newborn for major treatments, including an open-heart surgery that was performed by Dr. Christo Tchervenkov. "Although there were heart-wrenching moments during that time, our memories of The Children's are mainly fond ones," explains Andre Mylocopos, Jeremy and Jeffrey's father. "We remember the care and compassion most. They saved our first son's life and 13 years later, he is still in good health."

The Children's cardiology team that treated Jeremy 13 years ago is the same team following Jeffrey today. "You could say Dr. Jutras knows our family pretty

well," says Lindi. "That's one of the reasons I have complete confidence in him." Dr. Jutras determined that Jeffrey's recent episode of rapid heart palpitations was the result of a condition called supraventricular tachycardia (SVT), a problem Jeffrey had been at risk of developing due to his previous history. The episodes would continue. The news was difficult for the family but Dr. Jutras reassured them by making it clear that there was no risk of cardiac arrest and that the problem could be resolved through an advanced procedure known as radio frequency ablation.

This March, Jeffrey underwent the procedure, which involves burning the tissue that is causing the rapid heartbeat, in The Children's Cardiac Catheterization Lab. In the meantime, Jeffrey's condition is managed with medication. Jeffrey and his family have learned how to monitor his heart and what steps to take when it begins beating too rapidly.

"I put my hand on my chest and feel my heartbeat. If it gets too high I take medicine and drink cold water," explains Jeffrey, who has gotten much better at listening to his heart since his check-up back in November. This comes as no surprise to Dr. Jutras, who admires Jeffrey and his family for their resilience. "They overcome adversity together," he says. "In reality, Jeffrey has always been a boy who follows his heart!"