

Chez nous

MCH EMPLOYEE NEWSLETTER

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Treating eating disorders: a new approach

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Hôpital de Montréal
pour enfants
Centre universitaire
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Montreal Children's
Hospital
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Effective new approach to treating eating disorders

MCH now combines family-based treatment with naso-gastric feeding



By Stephanie Tsirgiotis

Thirteen-year-old Noémie Blanchard* was petite to begin with. At five feet tall, she weighed only 88 pounds, but by the end of last summer she had dropped down to 66 pounds. Her weight loss started slowly, but sped up once she began to control what she ate. “At first she only wanted to eat salads, so she decided to become a vegetarian,” says her mother, Sylvie. “And then a couple of weeks later she became obsessed with buying only organic food. She eventually admitted that she was having problems with food and we decided to seek help.”

Noémie was already seeing a psychologist regularly to help her cope with anxiety and obsessive-compulsive disorder (OCD), but her family felt like their daughter needed more specialized care. Noémie was referred to the Montreal

Children’s Hospital Adolescent Medicine clinic. She and her family met with Dr. Giosi Di Meglio, nutritionist Peggy Alcindor and therapist Anne-Marie Martinez. Together they conducted a comprehensive assessment and diagnosed Noémie with anorexia nervosa. “We were surprised by the diagnosis, but glad it was caught early,” says Sylvie. “She didn’t have to be hospitalized, but we all knew we had a long road to recovery ahead of us. That’s when the team established a course of action and told us about family-based treatment.”

Empowering families to overcome the disease

Historically, patients being treated for eating disorders would spend months in the hospital, but thanks to practices like family-based treatment (FBT), the lengths of stay have been greatly reduced. Or in Noémie’s case, completely avoidable. “Family-based treatment is about empowering parents with the skills needed to help re-nourish their children,” says Dr. Julius Erdstein, director of Adolescent Medicine at the Montreal Children’s Hospital. “We help parents learn how to do battle with anorexia and not with their child.” The treatment takes place over a six- to nine-month period and is divided into three phases.



► (l. to r.) Cindy Veilleuse, creative arts therapist, Dr. David Martens, Adolescent Medicine physician and Tatiana Sotingo, fellow in Adolescent Medicine, review a patient’s art work. Patients often use art to express the emotions they can’t put into words.

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► (l. to r.) Sue Mylonopoulos, social worker and family-based treatment therapist, Dr. Jason Bond, psychiatrist, and Dr. Suzanne MacDonald, Adolescent Medicine physician, discuss one of their patient's weight progress over the last few months.

Phase I is known as the *weight restoration phase* and focuses on educating the patient and their family about the dangers of malnutrition, and assists parents in restoring their daughter or son's weight. Phase II focuses on returning the control over eating to the patient; and Phase III is about establishing a healthy adolescent identity. This last phase only begins when the patient is able to maintain an ideal weight on their own and focuses on personal autonomy and the development of appropriate parental boundaries regarding eating habits.

"We're only halfway through Phase I, but I've seen some big improvements. The



► Dr. Giosi Di Meglio

first thing we did was meet with the clinical team and they explained the disease to us," says Sylvie. "Then they put us in touch with a parent support group. It was very reassuring to talk to other parents going through the same thing. It was also comforting to have my husband come to the sessions, because I didn't feel like I had to fight this battle alone." Noémie and her family also took part in a therapeutic

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Did you know you're reading an award-winning magazine?

Chez nous came in second for best internal health care newsletter in Canada! The award was given by the Health Care Public Relations Association of Canada.

On the cover: (l. to r.) Dr. Franziska Baltzer, Sue Mylonopoulos and Peggy Alcindor.

Cover photo: Owen Egan

Effective new approach ... (cont'd)



► Shari Segal, coordinator of the Eating Disorders program, registers a mother for a parent support group and her daughter for a Mindfulness Yoga group.

meal in the clinic's kitchen with their therapist. "This exercise is where we observe, problem-solve and instruct families on how to model the process of mealtime at home," explains Dr. Erdstein.

The team suggested that Noémie be supervised during meals, because she would often skip them or hide food. "I would have to do spot checks around the house, because she hid food everywhere," explains Sylvie. "And when she's at school, to avoid being stigmatized, Noémie's grandparents have lunch with her every day in their car." Sylvie admits that the refeeding process has been difficult, but feels like FBT has given her and her husband the proper tools to fight through it. "When Noémie starts getting aggressive or frustrated about eating, I just have to tell myself, 'I know this is not my daughter, this is the disease.'"

Naso-gastric feeding helps ease recovery

For those patients who need to be hospitalized, the Adolescent Medicine team is now using naso-gastric feeding as the standard treatment, instead of the "start low and go slow" approach. "In the past we would introduce little amounts of

food very slowly. This was necessary to avoid the refeeding syndrome, a serious and even life-threatening complication when you reintroduce food to someone who has been malnourished or starved for a long period of time," explains Dr. Erdstein. "This is part of why patients would have to spend so long in the hospital."

A small feeding tube is inserted through the nose and into the stomach, and the team controls the specific type of nutritional replacement, its quantity and the rate of administration. The nutritional replacement is made up of a specifically proportioned quantity of carbohydrates, proteins and fats. "Patients are finding this easier than eating and it also helps us and them with the ups and downs of reintroducing real foods," says Dr. Erdstein. "The continuous nature of the feeding through the feeding tube doesn't stress the system as much."

The Montreal Children's Hospital is now the only pediatric hospital in North America to offer naso-gastric feeding to its eating disorder patients, and is also the only hospital in Quebec that provides family-based treatment as a standard of care. "By combining these two practices we have managed to reduce a patient's stay in hospital from 45 days to two



► Dr. Julius Erdstein, director of Adolescent Medicine, measures a patient's height during a clinic visit.

continued >>>



weeks or less,” explains Dr. Erdstein. “I am proud of the expertise of our multidisciplinary team of professionals who continue to work hard in order to ensure the best possible outcome for patients and families struggling with an eating disorder.”

Noémie’s recovery

“Anorexia is like having lenses over your eyes,” Noémie often tells her mother. But now when she looks at photos of herself from last summer, she knows she was too skinny. “She still has her ups and downs, but she knows we support her and that we intend to battle this disease together,” says Sylvie. “You can’t trust anorexia. It’s bigger than all of us, but we’re determined to fight it.” ■



► (l. to r.) Katie Soper, senior fellow in Adolescent Medicine, Dr. Giosi Di Meglio, Adolescent Medicine physician, and Peggy Alcindor, nutritionist, meet regularly to discuss how their patients are progressing in the treatment program.

**Names have been changed to protect the patient’s identity.*

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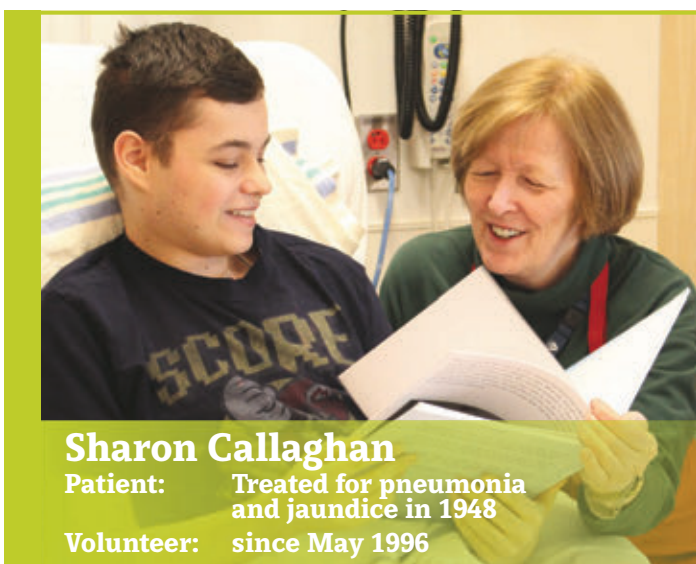
From patient to volunteer



Celebrating our volunteers during National Volunteer Week

By Stephanie Tsirgiotis

Our hospital wouldn't be the same without the hundreds of dedicated volunteers we count on. Patients love them, staff appreciate them and families connect with them. And behind that red apron, every volunteer has an interesting story to share—especially those who were former patients themselves.



Sharon Callaghan

Patient: Treated for pneumonia and jaundice in 1948

Volunteer: since May 1996

► Sharon shares a special moment with Alex Stathopoulos, a patient she has been visiting in Dialysis for the past 11 years. Alex recently published a book about his hospital experience called, "Give me a break!" An author herself, Sharon asked him to sign her copy when the book was published last September.

"I don't remember being in the hospital, but my mother told me I almost died. She said I looked like a plucked chicken!" Sharon Callaghan was admitted to the Children's Memorial Hospital (the MCH's original name) on Cedar Avenue on January 2, 1948, barely two weeks after she was born. She was suffering from a serious pneumonia and jaundice, and was placed in an oxygen tent. Her doctors didn't think she was going to make it, so she was baptized the next day. "The witnesses on my baptism papers were two nurses who were working at the time," she says. Eight days later Sharon was

discharged, but her mother often spoke about how thrilled she was with the treatment her daughter received.

When Sharon retired in 1995, she decided it was time to give back to the hospital that had saved her life. She began volunteering in the 2B area of the Children's and worked closely with the Child Life department. In 2000, she moved on to volunteering in the Dialysis unit. "I visited the same patient for three years and I liked the experience so much I decided to stay," she says. "These children spend many hours in the hospital attached to a dialysis machine. I try to help by keeping them occupied or getting things for them since they can't get up and walk around." She now visits several patients on Wednesdays and looks forward to her shift every week. "I don't have any grandchildren myself, but feel the patients are like grandchildren to me." ■



► A photo of Sharon and her mother a few months after she was discharged from the Children's Memorial Hospital in 1948. Sharon had always assumed she was treated in the hospital on Tupper St., but when she learned more about the Children's history during our move to the Glen site, she realized it had in fact been the Cedar Avenue location.

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Joseph Somech

Patient: Surgery to remove a brain tumour in 2003

Volunteer: since July 2015

Joseph Somech was only seven years old when the double-vision started. He had been feeling nauseous and was vomiting for about a week, but when all of a sudden he could no longer see straight, his parents rushed him to the hospital. He was diagnosed with cerebellar astrocytoma, a non-cancerous brain tumour growing in his cerebellum, the part of the brain at the back of the skull. Joseph underwent a 10-hour surgery performed by Drs. Jeffrey Atkinson and Jose

Luis Montes, and stayed in hospital for two weeks afterward. "They were able to remove the whole tumour, but I had to learn how to walk again," says Joseph. "I did a lot of physiotherapy, because my coordination and balance was off. It's still not 100 per cent but I am doing a lot better."

Joseph is now a student at Dawson College in Health Sciences and is interested in pursuing a career in medicine or pharmacy. He hasn't decided whether he'd like to work with children or with adults, but he's determined to work in neurology or oncology. His hospital experience not only inspired him to pursue a career in health care, but also motivated him to begin volunteering at the Montreal Children's Hospital. He now spends every Thursday evening in the Opération enfant soleil Pediatric Emergency department. He distributes games and toys to children in the waiting room and spends time talking and interacting with families. "When I was in the hospital, I found it very depressing because I felt alone, you know, alone with your condition," he says. "I enjoy volunteering, because I love seeing the kids have fun and forgetting that they're sick or in pain." ■



Katya Rossokhata

Patient: Treated for Acute Lymphoblastic Leukemia from 2006 to 2009

Volunteer: since January 2015

Katya Rossokhata was in and out of the Montreal Children's Hospital for over three years while she battled acute lymphoblastic leukemia. She was diagnosed a few months before her family moved to Canada from Ukraine. "Luckily it is one of the most treatable kinds of leukemia," she says. "But it was still very scary because I was only nine years old." She would sometimes spend months at a time in the hospital and remembers the volunteers who came to visit her. "They were

very patient with me," she recalls. "My mom couldn't stand playing Monopoly with me anymore, but it was my favourite game, so the volunteers knew they always had to play it with me!"

Fast-forward six years and now Katya is the one playing Monopoly with patients. "It's not as fun as I remember," she laughs. She volunteers every Thursday evening on Sarah's Floor, the Hematology-Oncology inpatient unit, and says her personal experience helps her connect with the patients. "Some of the patients ask me why I choose to volunteer in oncology and I tell them my story," she says. "They seem reassured to know that I was once in their shoes and now I'm doing well." The 19-year-old is currently in her second year of Biochemistry at McGill University, and is interested in pursuing a career in medicine. Besides volunteering, Katya also practices ballroom dancing and works three times a week in one of the Research Institute labs studying pediatric brain tumours. "I'm interested in clinical care and research. There is no doubt in my mind that I want to practice pediatric oncology. This is what I'm meant to do." ■

continued >>>

From patient ... (cont'd)



Jaymee Shell

Patient: Diagnosed with juvenile arthritis in 2006

Volunteer: since November 2014

► Jaymee Shell plays Mario Kart with Elijah, an MCH patient.

Jaymee Shell is no stranger to the Montreal Children's Hospital; she was diagnosed with juvenile arthritis at age 15. "I hadn't been feeling well for about six months, but I thought it was just stress," she says. "Then I woke up one Sunday morning and I couldn't get out of bed." A couple of days later she was being treated at the Children's by Dr. Rosie Succimarrì. "I was never admitted, but I would sometimes

spend up to 10 hours in the hospital because of all the specialists I had to see," she says. She regularly met with her physiotherapist and occupational therapist and her mother had to give her weekly injections, on top of taking three pills a day. She even had to stop going to school. "But the hardest part was not being able to play hockey," she says.

A couple of months later, she was back in the classroom and on the ice playing forward for the Lac St-Louis Midget Elites, but it took over a year before she started to feel normal again. She hasn't had a flare-up since November 2006, and no longer takes medication, but the entire ordeal affected her tremendously. The 24-year-old is now finishing up a Master's degree in Biomechanics at McGill University and is currently applying to medical schools across the country, but still manages to volunteer three hours a week in the Charles-Bruneau Hematology/Oncology Day Centre. "My experience really helps me connect with the patients, especially those who don't look sick. I didn't look sick either and people didn't get it. I understand what it feels like to be stigmatized and I hope my time here helps kids forget that they're in the hospital and they can just focus on having fun!" ■

Nouvelle capsule vidéo! Comment le personnel de l'Hôpital de Montréal pour enfants communique-t-il lorsque quelque chose ne va pas?

Découvrez-le dans cette nouvelle capsule vidéo de la campagne Parlons-en. Rendez-vous au parlonsen-hme.com pour voir la capsule vidéo.

New video! How do Montreal Children's Hospital staff members communicate when something's not right?

Find out in this new clip from the We Should Talk campaign. Watch the video at weshouldtalk-mch.com.



PFCC Star of the Month: Julie Brouillard

Clinical Nurse Specialist, Neurosurgery and Neuro-oncology



By Pamela Toman



At the Children's, we pride ourselves on putting the needs of children first. Part of that means taking a system-wide approach to patient and family-centered care (PFCC) and highlighting our peers who fully incorporate PFCC values in their daily work. This month, we're launching a new feature to do just that. Every edition of Chez Nous, we'll bring you a new "PFCC Star": a staff member who embodies what it means to work in partnership with families by empowering them to participate in decision-making and promoting information-sharing to improve the patient experience. Each "PFCC Star" will receive a special pin. In turn, they'll be asked to nominate another colleague they think is deserving of being highlighted for their approach to working with families.

► (l. to r.) Julie Brouillard and Dr. Geneviève Legault

Julie has been part of the Neurosurgery and Neuro-oncology team for the past two years, but first began her career at the Montreal Children's Hospital in 1998. "As a pivot nurse for neurosurgery, brain and spinal tumour patients, Julie plays a big role in coordinating complex care services for patients and families," says Julie's colleague, Dr. Geneviève Legault, a neuro-oncologist who interacts with Julie daily via email, phone calls and during weekly clinic visits. "She helps coordinate follow-ups with specialists in other departments, coordinates care for patients who sometimes come from hospital centres outside of Montreal, and is the main contact for families as they undergo treatment. Her role as a link between families and the team is very important, and my work is greatly facilitated by her presence," she says.

"I think every family who has worked with Julie would agree that she is always available, warm, reliable and reassuring. Working with her is extremely easy, because she's always informed about how patients are doing and how families are coping. She quickly lets me know when things aren't going well and I need to intervene," says Dr. Legault.

The impact of Julie's approach, however, is likely greatest felt among the patients and families she regularly works with. "The hospital is a big place, and when your child is sick, you feel completely overwhelmed by all of the appointments you need to manage," says Geneviève Beaudoin, whose 16-year old son Francis has needed treatment in the Neurosurgery Department. "Julie has always been available, quick to respond to my sometimes panicked phone calls and questions, and has been someone I feel I can trust and rely on. I know she's a very busy person, and yet she always stopped what she was doing whenever she saw us in the waiting room and took time to check in. She's truly wonderful and I am really happy she is being recognized for her great work."

For her part, Marie-Claude Boucher, mom to 18 year-old patient Marie-Jeanne says Julie's approach to patients and families made her feel like a valuable member of the team. "Whenever I speak with Julie, I feel listened to. I feel like no matter what, she will help us find a solution that is in the best interest of what will work for Marie-Jeanne."

Join us in congratulating Julie for her dedication to patients and families by consistently incorporating patient and family-centered care values in her everyday work. ■

The Montreal Children's Hospital Foundation moves into satellite office at the Glen site

By Sandra Sciangula



► (l. to r.): Josée Della Rocca, Director, Partnerships; Valerie Frost, Director, Stewardship & Donor Relations; Marie-Josée Gariépy, President; Suzanne Korf, Director, Development; Josie Pizzuco, Tribute Program Officer; Rayna Goldman, Individual Giving Officer; Josée Garneau, Leadership Circle Coordinator; Angelika Maselli, Tribute Program Coordinator.

Our friends and partners at the Montreal Children's Hospital Foundation have always known how important it is to have an office at the Montreal Children's Hospital (MCH). Although this was not possible at the legacy site, the Glen offered them the opportunity to make the move into the hospital.

Valerie Frost, Director of Stewardship & Donor Relations, along with six of her colleagues will be moving to the satellite office and says, "We are thrilled about this opportunity. We already spend a lot of time at the Glen, meeting with donors and organizing events, and having an office on site will allow us to be more efficient and effective."

The new office is equipped with a small meeting space to welcome visitors. It's also easy to find since it is located by the MCH main entrance in the Larry & Cookie Rossy Promenade. "You can't miss us, our logo is everywhere and everyone is welcome!" adds Valerie. The new office will make it easier for donors, many of whom are grateful parents, and staff to drop by. Visitors can make donations, learn about the Foundation's activities, set up a tribute fund, pick up copies of their publications or just have a chat.

Stop by to say hello and welcome the Montreal Children's Hospital Foundation to the Glen! Opening hours will be Monday to Friday from 8:00 a.m. to 5:00 p.m. The Foundation can also be reached by telephone at 514-934-4846 or at extension 29000. ■





Is the thrill worth it?

New injury prevention program inspires students to promote responsible driving amongst their peers

By Stephanie Tsirgiotis

Teenagers are risk-takers. Now throw in a car, a brand new driver's license and cross your fingers they respect everything they've learned about responsible driving. The truth is that the message doesn't always get through to them, even though they've probably been lectured by their parents and school principal. But what if they heard the same message from their peers?

By teens for teens

The Montreal Children's Hospital Trauma Centre has developed a new injury prevention program for secondary IV and V students with the ultimate goal of reducing injuries and deaths amongst adolescents. The "Is the Thrill Worth it?" program is designed to get high school students involved in delivering this important message to their peers. The program is divided into two parts: 1) a student-led safe driving marketing campaign (called SLIPP) that takes place throughout the school year, and 2) a school presentation to senior students on the risk factors associated with car crashes and the implications of alcohol abuse.

"School presentations are effective, but to a certain point," says Liane Fransblow, Trauma Coordinator of the MCH's Injury Prevention Program. "Peer-led programs prove to be more effective when trying to change teen behaviour, because they're being planned by the same group that makes up your target audience."

Thinking outside the box

For the past year, the MCH Trauma Centre's Injury Prevention Program has been working with students from Bialik

High School, a private school in Côte Saint-Luc. Ten students were recruited to create and implement a safe driving marketing campaign in their school by designing five activities throughout the school year. "We had a lot of fun brainstorming and coming up with all the activities," says Erin Malus, a secondary IV student at Bialik. Each activity needed to touch



► On March 29, students from Bialik High School showcased their year's work at the MCH.



► (l. to r.) Back row: Bialik principal Avi Satov, Lawrence Slapcoff, Liane Fransblow, Erin Nemes, Jacqueline Dalfen, and Debbie Friedman. Front row: Emily Eiley, Lauren Rotholz, Erin Malus, Amy Nelson, Gregory Walfish, Dylan Stermer, and Samantha Stermer.

continued >>>

Is the thrill ... (cont'd)



on a specific topic, including seatbelt use, speeding, impaired driving, distracted driving and alcohol intoxication.

When tackling seatbelts, the team came up with an Instagram campaign that encouraged their peers to send in photos of themselves wearing seatbelts while driving. And when talking about distracted driving, the team had two students play Mario Kart on Wii, while one of them was distracted by food, beverages and cellphones. "In my opinion, the activity that made the most impact was when they asked students to wear fatal vision goggles while completing an obstacle course. The goggles made them feel drunk and they realized all the things they can't do properly after a few drinks," says Erin Nemes, the school's guidance counselor. "It was extremely eye-opening especially for those students who are thinking about or are already experimenting with drugs and alcohol."

Going forward

Liane Fransblow hopes to expand the program to include up to five schools next year. The students are also being

Each year in Quebec, approximately 55 adolescents under the age of 18 die in motor vehicle collisions and 414 are hospitalized.

encouraged to go out into their own communities to continue to promote the message of responsible driving. Lawrence Slapcoff, a McGill University medical student also working on the program with Liane feels like this particular program is a great opportunity for students in healthcare professions to get involved in community outreach and connect with teens by encouraging them to make wise choices. The MCH's Trauma Director, Debbie Friedman, wants to eventually include parents in the program as well, thus forming another important partnership.

"Students from all ages took away different messages from this program and I believe it's going to become one of those committees that students will look forward to joining," says Erin Nemes. "I already have a bunch of students asking about next year!" ■



Awards

Dr. Caroline Quach was awarded the 2016 *Dr. John M. Embil Mentorship Award in Infectious Diseases* by the Board of Directors of the Canadian Foundation for Infectious Diseases. The award is given every year to a member of the Association of Medical Microbiologists and Infectious Diseases Canada who has inspired interest and excitement in the field of Infectious Diseases. ■



Events

The Neonatal Intensive Care Unit (NICU) will be celebrating International **Kangaroo Care Awareness Day** on **May 15** by holding a special event on their unit for families and staff to help promote this beneficial practice. The day will kick off a two-week kangaroo-a-thon where the NICU will try to reach a goal of 625 hours of kangaroo care!

What is kangaroo care? It is a method of caring for babies in which the infants are held skin-to-skin with a parent for as many hours as possible every day. ■

