

Chez nous

MCH EMPLOYEE NEWSLETTER

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Shooting for a full recovery

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Hôpital de Montréal pour enfants
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Montreal Children's Hospital
McGill University Health Centre

Shooting for a full recovery

Jaden is back on the ice thanks to expert care from the MCH Concussion Clinic

By Sandra Sciangula



► Thirteen-year-old Jaden Pantazis had to put hockey on hold after suffering from a concussion.

Playing hockey is more than just a pastime for Jaden Pantazis; it's a passion. From an early age he excelled at the sport, and he's now in the sport-hockey concentration program at Collège Jean-de-Brébeuf as well as playing for the Lac St-Louis Lions. But in February 2016, Jaden was sidelined by concussion symptoms. Managing them and getting back to his beloved sport has required a great deal of patience and determination on his part, and has been made easier thanks to the expertise of the Concussion Clinic at the Montreal Children's Hospital.

Tracking delayed symptoms

With three active teens in the Pantazis family, the days are filled with sports. Jaden's older sister Alexandra is obtaining her lifeguard certification and his older brother Frankie is a double letter caliber player in the Bantam division, while Jaden is a high-scoring centre in the Pee wee AA category.

In late January 2016, Jaden's dad, George, recalls being at a Saturday morning tournament in Ville d'Anjou watching Jaden play for his Lac St-Louis Lions team. "Jaden went in to help while his team was short-handed and slid across the ice to get the puck out of his zone. Once down he got hit in the head by another player's skate. It was the second period of the game and he stopped playing immediately as a precaution," he explains.

Despite the knock to the head, Jaden didn't complain of any concussion symptoms at first, just some pain in his neck muscles. His appetite was good at lunch time and he reported feeling fine. "We decided to watch and wait and see how he felt for the next little while," says George. That same evening, Jaden was still feeling fine with no symptoms, so they headed to a final tournament game at Loyola High School, this time for his Brébeuf team. "Jaden played well and was even voted MVP that evening," says George. Everything seemed like it was back to normal until the following day when Jaden began to complain about a myriad of symptoms including dizziness and headaches. The family made an appointment to see Jaden's pediatrician, Dr. John Yaremko.

Dealing with a difficult diagnosis

"Dr. Yaremko examined him and confirmed that Jaden had a concussion," says George. An appointment was arranged for the Concussion Clinic at the Children's Trauma Centre for a more in-depth assessment of his symptoms. The news that followed was not what Jaden expected to hear: no hockey or gym class until fully symptom free, and a recommendation for school staff that he be excused from academic activities if he had any further concussion symptoms. It would be a huge adjustment for the active and athletic teen.

"The hardest part was not being able to play hockey or watch TV," says Jaden. George adds, "Jaden had always been active.

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internal health care newsletter in
Canada! The award was given by the
Health Care Public Relations Asso-
ciation of Canada.

*On the cover: (l. to r.) George Pantazis
and son, Jaden.*

Cover photo: Owen Egan



► Physiotherapist Christine Beaulieu tests Jaden's balance and coordination in the MCH gym.

He was used to training every day and being able to practice with his friends on the team at school. Not being able to play and not having a definitive timeline to come back had him feeling quite sad."

Like father, like son

As a father, George is very involved in his children's athletic activities and his wife ensures that the academics are never forgotten or set aside. "My wife makes sure that the emotions of the sport don't run too high," he explains. George sees a lot of his younger self in Jaden and can relate to his son's passion for hockey and his devotion to the sport. When Jaden had to put hockey on hold for seven weeks, George missed the routine of picking him up from school several times a week to go to hockey practice. "I'd go pick him up at Brébeuf with the hockey equipment in the car and a prepared meal. All Jaden would have to do is sit back, unwind and relax while we beat the rush hour traffic together making our way to the West Island arena." The two would have great conversations while driving together.

The hardest part for George was not knowing what to expect as Jaden got better. "The recovery period is not black-and-white, and there was no way to know how long it was going to take for Jaden to truly feel better. Sometimes he would be feeling good and suddenly the symptoms would reappear."

It takes a team

To deal with all the possible impacts of a brain injury, patients rely on the expertise of the Concussion Clinic's inter-professional team. The core team is made up of

continued >>>

Shooting for a full recovery ... (cont'd)



► Members of the Concussion Clinic team. Back row (l. to r.): Lisa Grilli, Fara Bahrpeyma, Helen Kocilowicz, Carlo Galli, Christine Beaulieu. Front row (l. to r.): Meghan Straub, Catherine Chapados, Karine Gauthier, Connie Scuccimarri, Marielle Purdy.

an intake coordinator, trauma coordinators, physiotherapists, neuropsychologists, and psychologists. Other physicians and health professionals may be consulted for specific patient and family needs. According to Trauma Coordinator, Helen Kocilowicz, the needs of each patient and family are closely

monitored and an individualized approach to care is designed by the team of experts.

Physiotherapist Christine Beaulieu worked with Jaden and explains that there is an order to treating concussions.

continued >>>



► Dr. Isabelle Gagnon

The Canada Pediatric Mild Traumatic Brain Injury Common Data Elements Study

(mTBI CDE) is a national study looking at how children recover from concussions and whether it's possible to create a comprehensive and flexible way to assess children and adolescents after injury.

Dr. Isabelle Gagnon, the study's

lead researcher, discusses how far the five-year study has come since reaching the half-way mark and what she hopes to see accomplished in the next half of the study.

TO DATE

“ We chose a number of tests and then set up a multi-site study to see if these tests would be useful to track recovery after concussion. For example, one test is the “Walk While Talking” test where we ask participants to walk while reciting the alphabet, which adds a distraction to the walking, mimicking what happens in real life. We just completed the enrolment of

482 participants between the ages of six and 17 years old from across the country!

DEVELOPMENTS

For now, we see participants at two weeks, one month, three months and six months after their injury, and we will complete this part of the study in November 2016. We plan to continue following them in the coming years to see how having a concussion impacts them.

COMING UP

We are now focusing on infants and pre-school children from zero to five years old, and we plan to start enrolling them in the study in the fall in order to follow them for many years.

GOAL

Once we have information on which tests are better at capturing what a concussion is we will suggest that both healthcare professionals and researchers use them so we can speak a common language. ”



“We test both physical and cognitive exertion to see if the concussion symptoms reappear. However, we make sure that the patient is able to fully function cognitively before giving them the green light to go back to sports, even if their physical abilities are back on track.”

While it’s important to prioritize a patient’s ability to function in school and reduce the amount and intensity of physical activity while recovering, the philosophy at the Children’s is not to cut it out completely. “Exercise is part of the recovery program. When Jaden asked if he could skate a few laps on the outdoor rink near his home, we told him to tie up his skates and give it a go!” says Christine.

Dr. Karine Gauthier, a neuropsychologist, also lends her expertise to the MCH Concussion Clinic and sees first hand just how severely a mild traumatic brain injury can disrupt someone’s life. “The symptoms of a concussion can have major consequences: a patient can have difficulty concentrating in school, not be able to take part in sports or go out

to noisy places. This can be very limiting, especially for a teenager, and since we can’t predict how long it will be before they feel better or go back to their normal functioning or resume their normal activities, it can cause anxiety and depression.” Cognitive behavioral therapy, reassurance about recovery, relaxation techniques and breathing exercises, are some of the ways that we help our patients feel better again,” explains Dr. Gauthier.

Patience goes a long way

Today, Jaden is back to playing hockey and is 100 per cent symptom-free, a big relief to his dad. “When your child is dealing with a serious injury, it’s every parent’s worst nightmare. Now that he’s back to playing, it’s a real joy to watch him back on the ice. He has a great future ahead of him.”

As for Jaden, he is looking forward to hockey camp and a possible family vacation abroad this summer. His words of advice for anyone experiencing something similar are to “just be patient”. ■



Award

In May, the *Collège des médecins du Québec* awarded **Dr. Jean-Pierre Farmer** the **Prix d’excellence 2016** at the Collège’s annual meeting. The award is given annually to a physician who, through his or her outstanding achievements, has made a difference in the lives of patients, healthcare professionals, and students, and whose tremendous insight has contributed to the evolution and development of their profession.

Visit facebook.com/lechildren to watch the video the *Collège des médecins* created to honour Dr. Farmer. ■



► From l. to r., daughters Catherine and Audrey Farmer, Dr. Jean-Pierre Farmer and wife Sylvie Girard.

Putting down roots in the NICU

Dozens of new nursing recruits join neonatal team *By Maureen McCarthy*



► Juanita Bélanger, Cassandre Falardeau and Amani Labassi.

Juanita Bélanger, Cassandre Falardeau and Amani Labassi are just three of more than 50 new nurses who have been hired in the Neonatal Intensive Care Unit (NICU) since last year. The new recruits make up about one-quarter of the nearly 200 nurses who work in the NICU. Cassandre first came to the floor in October 2015, and Juanita and Amani followed a month later, both starting on the same day.



► Juanita Bélanger and Cassandre Falardeau at a recent Genesis workshop.

The three nurses are representative of most of the new hires. “We all have nursing degrees and varying levels of experience but learning how the NICU works—and how to work in the NICU—is something you can only do on the job,” says Juanita. Amani agrees. “Nothing really prepares you for working in neonatal intensive care. Even though I’d worked in a birthing centre before, everything here was new to me,” she says.

Landing a dream job

Juanita is a graduate of John Abbott College and will start at McGill’s Ingram School of Nursing in the fall. Although she did several stage positions during her studies, working in the NICU is her first full-time nursing position. Amani and Cassandre studied at Université du Québec en Outaouais, and both worked in the birthing centre at Hôpital Pierre Boucher before coming to the Children’s. Working in neonatal intensive care is a dream come true for all of them. Juanita says her goal was to work in the Children’s NICU, but she never expected it would be her first job out of school. “It really is my dream job. I was pretty excited when I found out I was hired.”

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While Amani was still studying, she completed one day of a stage in a neonatal intensive care unit. “I knew right away it was for me,” she says. When she saw the job posting from the Children’s last summer, she jumped at the chance to apply.

For Cassandre, her previous job in an intermediate care unit piqued her interest to work in neonatal intensive care. Applying for a position in the Children’s NICU was a natural next step.

Training in two phases

Elissa Remmer, Nurse Educator, and Martine Chagnon, Nurse Clinician, run the NICU's orientation training program, which is loosely divided into two phases. Orientation begins with two days of theory followed by six weeks on the unit. The distinction between Phases I and II helps the nurses progress from less acute cases to more acute cases. Since training



► New nurses are paired with experienced nurses on the unit as part of the preceptorship program. The preceptor's role is to act as a mentor and provide support to nurses for ongoing, day-to-day training. Sabrina Perrone (l.) is Amani's preceptor.

started last summer, Elissa and Martine have adapted the training based on the new recruits’ experiences and feedback.

Preceptors: there when you need them

At the start of training the nurses receive a USB key with reading materials. The classroom sessions follow, which allow for a review of the theory before going on to the floor. Once on the unit, each nurse is paired with a preceptor, an experienced nurse who acts as mentor for the hands-on, day-to-day training. The three nurses all agree that the preceptor program is very valuable and a great support system. “I’ve never felt like I’m on my own here,” says Cassandre. “There’s always someone to help us and answer questions.”

Once the initial training and orientation period is complete, new nurses also take part in the Genesis program. Elissa explains that the Genesis program was started several years ago in response to the need for continued support of novice nurses at the MUHC. “In the NICU, we try to focus on educational activities within Genesis that are fun and engaging, and that promote practice development and teambuilding,” she says. “We also try to build the sessions based on what the nurses tell us they’d like to learn about.” There is a lot of evidence that these types of programs promote nursing retention and satisfaction. Elissa says they would eventually like to run Genesis sessions for the unit’s more senior nurses as well.

A new way of working

The three nurses say the multidisciplinary team approach on the NICU—a new way of working for all of them—is one of the key factors in how they learn and adapt to their environment. Cassandre says that working together with physicians, nutritionists, neonatal nurse practitioners, and other professionals in a multidisciplinary way makes their work very interesting and allows them to learn on a constant basis.

continued >>>

Putting down roots ... (cont'd)

Juanita explains, "The way we work here makes it easier for us to increase our knowledge base, improve our skills and be

confident about being part of the team. It's an environment where we're encouraged to ask questions and the team is

very receptive to our opinions based on our clinical judgment. We're very lucky to work in an environment like this."



► The Genesis workshops provide ongoing support to novice nurses through educational activities that promote practice development. Martine Chagnon and Elissa Remmer (centre) lead a half-day session with (l. to r.) Juanita B elanger, Cassandre Falardeau, Sha ezelle Francis and Harini Sinnakili.

After more than six months on the unit, the new nurses are handling more acute cases and rapidly expanding their knowledge. "Some of the more senior nurses say it takes about two years to really feel comfortable in the NICU," says Amani. "It's a big unit and there's a lot to learn but we have great support. Overall, we're really happy to be here." ■

Recruitment strategy helps build nursing team

MCH Associate Director of Nursing Chantal Souigny says last year's move to the Glen site created some unique career opportunities for many nurses. "The merging of the NICU and its increased number of beds, and the opening of the Advanced Care Unit (ACU) created new nursing positions and a variety of new roles," she says. "At the same time, many nurses decided to move to different departments within the MUHC, and some nurses from the adult missions decided to try pediatrics. In the year leading up to March 31, 2016, a total of 165 nurses changed positions."

And that's only part of the story. At the time of the move, the Nursing management team at the MCH and its Human Resources Department intensified their recruitment strategy which in the past year has brought in 84 new nurses.

"We needed more nurses so that we could stabilize our teams, meet our safe nurse-to-patient ratios, and ensure a more secure working environment that satisfies patients and staff," says Chantal. "We're taking a longer view to ensure that we maintain a sustainable level of competencies and expertise."

Chantal points out that there are now 598 employees under the Nursing Directorate for Child and Adolescent Care. "As a tertiary care hospital, our patient population is becoming more and more complex," she says. "We're definitely on the right track with our recruitment strategy. It is helping us get closer to reaching a safer nurse-to-patient ratio, but it's a continuous effort and we cannot lower our guard. Respecting the nurse-to-patient ratio is important for patient safety, a better patient experience and better staff satisfaction as well, all of which are vital to us."

Meet and Greet Program

Volunteer department relaunches program with great success!



By Sandra Sciangula



► L. to r.: Mom Carla Del Bene, Ruth Gesser, and Victoria Rojas during a Meet and Greet. Ruth is sporting the new bright blue aprons which the MCH Foundation generously donated to the Volunteer department.

The Meet and Greet program for new patients and families at the Children's was relaunched at the Glen this past April. Spearheaded by the Volunteer department, the program was up and running at the legacy site but was put on hold after the move.

The program relaunch includes more comprehensive information for families, and volunteer greeters now visit the NICU and PICU which was not part of the program at the former hospital.

Ruth Gesser, a retired speech pathologist, has been volunteering at the Children's for a little over five years. Since April, she has been meeting and greeting patients and their families

every Wednesday on floors 6 to 9 at the Children's. When asked about the program she simply says, "I love it!"

Ruth meets with patients and families who have been admitted within the previous 24 hours. She provides them with the Welcome Guide if they have not already received one, the "We Should Talk" card with tips on how families and patients can speak up about their questions and concerns, information on the Family Resource Centre and Library, and information on services that the Volunteer department offers.

Slowly but surely the staff on the wards are recognizing the Meet and Greet volunteers and seem happy to see them. "The nurses are getting to know me and sometimes ask me to help by spending a little extra time with a patient who has been left alone." At first Ruth was worried she would be intruding, but patients, families and staff have been very receptive. In fact, the father of a patient on the 8th floor who did not even know about volunteer services was glad when Ruth walked into the room. "The man had wanted to get a coffee so he asked if I could stay with his son while he ran to the cafeteria," says Ruth with a smile. Ruth recounts the story of another patient she met through the program. "This teen was an avid reader who had only one book which she had finished reading, so when I told her I could help her choose new books at the Family Resource Library, she was thrilled!"

When asked what makes the program a success, Ruth explains, "Patients and families don't necessarily expect a volunteer to come in to talk to them right after admission and they seem happy to receive the information." Meeting and greeting patients also brings Ruth an enormous amount of joy. "Most often we seem to be an unexpected and welcome surprise in what is often a difficult first day at the hospital," she says, "It's a great feeling to help them feel more relaxed about being here." ■

Promoting kangaroo cuddles in the Neonatal Intensive Care Unit

Encouraging skin-to-skin cuddling for parents and babies

By Pamela Toman



► Baby Yanniss poses with his maternal grandmother (l.), his mother Naminata (c.) and NICU nurse, Amanda Camacho (r.)

When Naminata Sylla's first-born son Yanniss was born premature at 27 weeks and 2 days in February 2016, he required a multitude of machines and wires to keep him stable. "The first week was very hard. I wasn't able to hold him because he was too fragile," says Naminata. "I felt helpless in my role as his mother."

A few days later, Yanniss's condition improved enough that she was able to hold him, and Naminata was told about the benefits of kangaroo care or skin-to-skin cuddling. A nurse explained that this would not only help Naminata create a bond with Yanniss, but that it had a number of medical benefits as well. "Just like when kangaroos carry their babies in their pouches, this helpful practice is a way of caring and comforting babies by having moms or dads hold them skin-to-skin," says Amanda Camacho, a nurse in the Neonatal

Intensive Care Unit (NICU) at the Montreal Children's Hospital. "This can be particularly beneficial for babies in the hospital environment, by helping to lower stress, pain and infection rates, as well as improving sleep and aiding mom's milk production."

Naminata did some online research to learn more. "I couldn't find anything negative about the practice, only about how positive it was both for the mother and the baby!" she laughs, adding that she tried it for the very first time and fell in love with it. "Words can't express the feeling of being able to have contact with your baby and to be able to feel like

I can contribute to his well-being. In the difficult periods, it gave me courage to keep going."

Because some babies' conditions prevent them from being taken out of their incubators, parents can adopt modified versions of kangaroo care, which is encouraged by NICU staff. "Parents can practice encircled holding, which involves leaning over a baby's bed and surrounding them with the warmth of the parent's body, or hand hugging, which involves cupping the baby's head and legs with a parent's hands," says Amanda. "All methods benefit babies by offering them appropriate touch and gentle stimulation."

As she happily makes the transition home with Yanniss after spending three months in hospital, Naminata says that she will definitely continue to practice kangaroo care with her

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son. “To know that my body is able to give him the warmth and comfort that he needs and that only I can provide this for him is really special,” she says. “He started off weighing 1030 grams, a little more than 2 lbs., at birth and he is now over 7 lbs., and I like to think that I helped him grow stronger.”

Given the extraordinary effect kangaroo care has on preterm babies, the NICU’s patients, families and staff members recently launched a two-week kangaroo-a-thon to reach a goal of 625 hours of kangaroo care. Launched by Sunnybrook Hospital in Toronto, this international initiative is currently being spearheaded in NICUs worldwide with the goal of promoting a scientifically sound, low-cost, and high-impact developmental intervention for baby, mom and dad. ■

► Members of the NICU staff proudly stand in front of the thermometer showing they reached their goal of 625 hours of kangaroo care.



Soupe Etcetera now open!

Soupe Etcetera, now open in the P.K. Subban Atrium, serves everything from soups to sweets. Co-managers Fabiola (left) and Brizeira (right) are happy to offer delicious meals made from scratch including vegetarian, vegan and gluten-free options. The restaurant is open **Monday to Friday from 7:30 a.m. to 6:30 p.m.**, and on **weekends from 9:30 a.m. to 5 p.m.** They also prepare platters for meetings or get-togethers. To order, call **514-937-3447** at least two days in advance. ■



Lean Six Sigma Yellow Belt Training targets quality improvement

By Maureen McCarthy

In an ongoing effort to train more staff in Lean Six Sigma training, the MCH's Frédéric De Civita and Dr. Sasha Dubrovsky have been leading one-day Yellow Belt workshops for the first level of training. "One of the objectives of the hospital's last major strategic planning exercise was to create the knowledge and capacity for better continuous improvements and problem solving at the Children's," says Fred. "The Yellow Belt workshops are an important step in that process."

The training is now being offered to all staff so that anyone can learn the basics of Lean Six Sigma and use the techniques for future quality improvement projects. A toolbox, available on the Intranet site, supports this process and allows anyone to define their project, gather data, and analyze a problem or issue.

Almost 100 people have completed the workshop to date and 150 people are on the waiting list. Staff can register for the training by contacting Gabrielle Cunningham (gabrielle.cunningham@muhc.mcgill.ca).



► Dr. Julius Erdstein leads his team through a SWOT analysis at a recent department retreat.

Lean Six Sigma combines key elements from two different quality improvement approaches. The Lean goal is to streamline processes and eliminate waste. The Six Sigma approach is more quality driven, and aims to improve quality while reducing errors.

Adolescent Medicine takes the challenge

Dr. Julius Erdstein, head of Adolescent Medicine at the MCH, attended the Yellow Belt training workshop on May 11, and came away with a lot of new knowledge. "About three years ago we did our mission statement in Adolescent Medicine, and we talk about continuous quality improvement in that mission statement. I'd heard so much about it but never had the tools and structure before now."

Dr. Erdstein thinks the course is very dynamic and well worth the time. "Our Eating Disorders program was already scheduled for a retreat the following week to define our program structure so I had everyone do the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis that I'd learned in Yellow Belt training. It was a productive exercise."

Dr. Erdstein plans to use Lean Six Sigma as a launching point for several projects. The team has already identified three projects: studying work flow from registration to triage to assessment, studying time flow of patients admitted through Emergency until they're seen in clinic, and the new family-based therapy program. Staff involved have already met to plan next steps.

The entire team from the Division of Adolescent Medicine is scheduled to take the full-day Yellow Belt training course in mid-July. ■



PFCC Star of the Month: Nadia Aiello



Licensed Practical Nurse, Otolaryngology
—Head and Neck Surgery department

By Maureen McCarthy



► l. to r. Nadia Aiello and Sylvie Canizares

The Children's commitment to patient and family-centered care (PFCC) is a system-wide approach, and each month we recognize one of our peers who demonstrates what it means to work in partnership with families to improve the patient experience. May's PFCC Star Sylvie Canizares nominated Nadia Aiello to receive the award this month.

Sylvie Canizares from the Children's Complex Care Service often works alongside Nadia Aiello with patients who need ventilation or have airway difficulties. "Nadia is fantastic," says Sylvie. "She always keeps things running smoothly in a very busy department. She makes sure that everyone is well cared for, and her kindness and great humour provide reassurance to the families she sees. It's a privilege to work with her."

Nadia, who is a Licensed Practical Nurse, has been at the Children's for almost 10 years and most of that time has worked in the Otolaryngology-Head and Neck Surgery department. The team is made up of eight full-time and part-time surgeons, nurses, several administrative staff, and residents and fellows.

Nadia's role in the department includes clinic coordination, assisting the doctors and providing them with test results, and helping families navigate their appointments. Her dedication to the department is easy to see. "I think we're a really good team and I feel like I'm a good team player," she says with a smile.

Nadia coordinates all the clinics in the department—some are weekly, others less frequent—and she has a key role in looking

after patients who come to the Saliva Clinic and the Dysphagia Clinic. On average, she sees about 50 patients and their family members every day.

One of those patients is Pearl, who at three years old has already had four surgeries for an inner ear problem. Her mother Tzorty says being able to count on Nadia means a lot. "I have only good things to say about Nadia," says Tzorty. "She's so nice and patient, and always approachable. The number of times we visit the hospital varies from one month to the next, but she always tells me to call whenever I need her, which is so reassuring." Tzorty says at home, her daughter loves to talk about Nadia when she plays. "She tells her dolls about "Nadia" and says she's really nice and will look after them!"

When it comes to looking after the patients and families who come in for appointments, Nadia values the role that parents play. "At first, we're like strangers to their kids, but it's really nice when a family comes back for a second or third appointment and mom or dad says to their child, "You remember Nadia, she helped you out last time." It makes me happy to see familiar faces and build a rapport with the families. It's nice to know you can play an important part in helping their child get better. ■

Caring for Kids Radiothon



► On June 2, CJAD 800, Virgin Radio 96, CHOM 97.7 and TSN Radio 690 set up stations in the P.K. Subban Atrium for the 2016 edition of the Caring for Kids Radiothon. **From l. to r.:** Lynn Martel, Sandra Woo, Aaron Rand, David Saracino, Mark Bergman, Bilal Butt, Marie-Josée Gariépy, Janice Nault and Caramel announce that \$1,300,428 was raised for the Montreal Children's Hospital Foundation.



► Lily underwent heart surgery last year at the age of two. She and her mom, Angela, were at the Radiothon. Angela's words of advice for any family experiencing something similar is to stick together and be patient.



► Sixteen-year-old Joe, who was diagnosed with multiple sclerosis, poses with Mark Bergman from Virgin Radio during his interview. Today Joe is thriving; he's in his last year of high school, getting ready to start CEGEP in the fall.



► At the age of four, Aren was diagnosed with a very rare neurological disease called Rasmussen Encephalitis. He and his mom were at the Radiothon to show their support and gratitude for the Children's.



► Five-year-old Charlie-Juliette was diagnosed with an auto-immune disease that can damage the kidneys and may require life-long treatment. She receives immune-globulins (antibodies) treatment at the Children's.