


Chez nous

MCH STAFF NEWSLETTER | Published by Communications | montrealchildrenshospital.ca

SPRING 2026



Practical tools for learning about adult life

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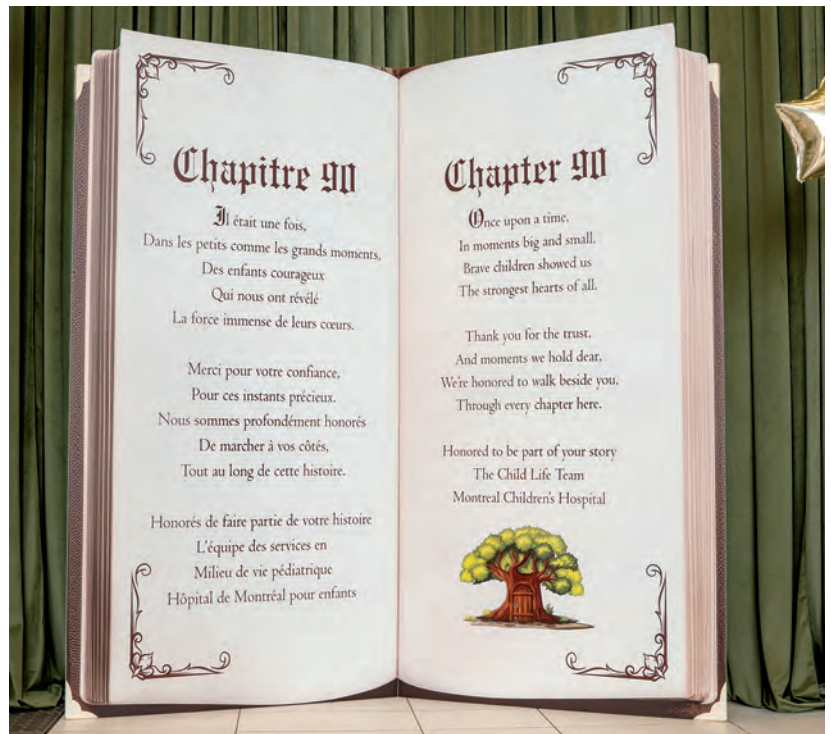
An important milestone to highlight

At the Montreal Children's Hospital, we deliver exceptional care in a deeply human way, with a special touch that shapes the experience of every child and family we serve. This is who we are. Each day, across our teams, this commitment comes to life through your dedication, compassion and expertise.

This year, we are especially proud to recognize a remarkable milestone: the 90th anniversary of our Child Life Department. For nine decades, Child Life has been a powerful force at the heart of our hospital, transforming the pediatric experience for patients and families alike.

Child Life specialists bring a unique blend of clinical insight, compassion and creativity to every interaction. Through therapeutic play, preparation, education and emotional support, they help children better understand and cope with illness, hospitalization and treatment. Their presence helps reduce fear and anxiety, while fostering resilience, trust and a sense of normalcy during some of the most challenging moments a child can face.

The impact of their work extends far beyond the individual child. Families feel supported and empowered, care teams are strengthened and the overall patient experience is enhanced. Child Life is integral to delivering truly holistic, family-centred care — care that recognizes the emotional and



developmental needs of every child as essential to healing.

We are deeply grateful for the dedication, expertise and humanity that the Child Life team brings to our hospital each day. Their contributions have shaped generations of pediatric care and continue to inspire us all.

On this 90th anniversary, we celebrate their legacy, honour their

impact and look forward with confidence to the continued contribution they will make in the lives of our patients and families.

To all of you on the frontlines — thank you for the exceptional care you provide every day and for embodying what makes the Montreal Children's Hospital so special.

With appreciation,

Dr. Tanya Di Genova

Associate Director of
Professional Services
Montreal Children's Hospital

Cindy McCartney

Associate Director of Nursing
Montreal Children's Hospital
and Women's Health Mission of the MUHC



Building bridges to adulthood: three initiatives from PATH-ETAP

By Caroline Fabre

When a teenager living with a chronic condition turns 18, the transition to adult care can feel like leaving a familiar path to venture into unknown territory. The Pediatric-Adult Transition Hub — Espace de transition adulte-pédiatrique (PATH-ETAP), launched at the Montreal Children’s Hospital (MCH) in November 2022, was created to make that journey smoother.

Under the guidance of Jordana Saada, Senior Advisor in Patient Experience, PATH-ETAP has grown into a multi-faceted program supporting teenagers, families and clinical staff alike. Here are three of its noteworthy initiatives.

A WEEK THAT OPENS NEW HORIZONS

Every day, teenagers face the challenge of discovering who they are and deciding who they want to become. Horizons Week was designed

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► Above: Jordana Saada, Senior Advisor in Patient Experience, with the new PATH-ETAP publications.



► The Pediatric Patient Council created kits for hospitalized teenagers so that they can decorate their intravenous poles and their bed frames.

to help them do exactly that, but in a structured, stimulating and inclusive setting.

Open to both MCH patients and community youth aged 14 to 18, this intensive week, which took place from March 2 to 6, 2026, focused on developing essential life skills: autonomy, self-advocacy, time management and emotional well-being. Each morning began with an icebreaker activity, followed by a testimony from a special guest. An athlete, a medical student, a physician living with a chronic condition and other experts took turns sharing their experiences and their ways of navigating adult life. Afternoons were dedicated to hands-on activities tied to the day's theme, including one hour spent with a healthcare professional to learn about what they do.

That clinical component is one of the week's highlights. A physiotherapist explained the rehabilitation process following a fracture, while a respiratory therapist introduced participants to ventilation techniques, letting them practice themselves.

The week concluded with a simulation featuring a teenager arriving at the Emergency Department with a broken leg and rib following a skiing accident. Participants put into practice everything they had learned throughout the week, taking turns to play the roles of various healthcare professionals, such as a physiotherapist, a child life specialist and a respiratory therapist. They accompanied the "patient" through every stage of their journey — from assessment in Emergency to physiotherapy rehabilitation — helping them navigate the various services.

The program is entirely free of charge and was actively promoted through community centres, the YMCA and other organizations. Of the 43 applications received, 23 participants were accepted.

Prisca Arunasalam, an MCH patient and Horizons Week participant, heard about the program during a routine annual follow-up appointment. She signed up out of interest in the field of medicine. Although she was a little nervous at first, she left with much more than clinical knowledge. "It really prepares you

for the future and gives you experience. I'm so glad I participated," she says.

Among the skills she developed: how to communicate professionally, expressing emotions constructively and thinking rationally, skills that, she says with a smile, teenagers don't always have down pat from the start.

THE PEDIATRIC PATIENT COUNCIL: FOR TEENS, BY TEENS

For a long time, patient advisory committees at the MCH were made up mostly of adults: parents, former patients and even professionals. That is what PATH-ETAP set out to change. Thanks to the team's collaboration with the Volunteer Program and the Child Life Department, the Pediatric Patient Council was created to give young people aged 12 and up a real, meaningful seat at the table.

Made up of current and former MCH patients, as well as siblings of patients, the Council meets approximately every two months, with additional sessions when needed. Its mandate is straightforward but powerful: share lived experiences at the hospital, identify what could be better and help shape the programs and materials that PATH-ETAP develops. Members have weighed in on workshop content, advocated for greater emphasis on self-advocacy and reviewed communication materials. Their feedback is integrated directly into what the team creates.

But the Council goes beyond an advisory role. One of its most tangible projects grew out of a member suggestion: the

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creation of personalized kits for hospitalized teenagers. During a special evening, members assembled packages containing stickers, jokes and decorative elements for intravenous poles and bed frames, small but meaningful touches to help young patients feel a little more at home during their stay. The kits were designed to meet MCH safety standards while remaining personal and fun.

Idiat Moliki, 15, a patient at the hospital, joined the Council after meeting with the PATH-ETAP team as part of a school project on the career she hopes to pursue. She attended her first meeting in September and quickly became an engaged member of the group.

"I really like seeing the effects of my actions like with the kits for hospitalized patients. It's new, it's incredible," says the young woman, happy to know that something she helped create is making another teenager's hospital stay a little easier.

THE NEXT STEP MAGAZINE: LIFE SKILLS ON EVERY PAGE

Learning while having fun; that was the spirit behind PATH-ETAP's *The Next Step* magazine, a bilingual, interactive publication designed to help teenagers develop the competencies they will

need as adults, in a format they would actually want to pick up.

Developed in collaboration with Council members and former PATH-ETAP occupational therapy interns, the publication draws inspiration from the playful style of 1990s teen magazines. It features personality questionnaires to determine your "traveler type," crossword puzzles and quizzes, all woven around content covering hygiene, emotional well-being, time management, sensory sensitivities, self-advocacy and navigating the adult healthcare system. It even includes a guide on how to write a professional email.

Originally imagined for neurodivergent youth, the magazine quickly proved its broader appeal: teens, parents and adults who picked it up found themselves engaged by the activities and taking away real lessons. The PATH-ETAP team adjusted accordingly and the publication now speaks to all adolescents.

Available in both French and English, it is priced at \$10 per copy, with discounts available for Quebec health organizations. The proceeds from magazine sales are earmarked for the development of initiatives launched by PATH-ETAP. It has already found its way into

schools, social services and CLSCs, with interest from CEGEPs and private clinics as well. Wherever there are young people, in a waiting room, a classroom or a community centre, the magazine can serve as both an enjoyable read and a genuine learning tool.

WHAT'S NEXT FOR PATH-ETAP

The momentum isn't slowing down. A second edition of the Apprenticeship Program is planned for this summer. The program is a two-week, hands-on experience designed specifically for patients and youth who had chronic conditions, enabling them to gain work experience. Behind the scenes, PATH-ETAP also continues to develop clinical tools to help healthcare staff assess and support their patients' readiness for adult care, with particular attention to those at risk of disengaging from their medical follow-up once they reach adulthood.

"We have developed something really particular here," says Jordana. "It's not just about transferring from pediatric to adult care. It's about preparing young people and their families, and giving them the tools to thrive." ❖

Thank you to the Montreal Children's Hospital Foundation and its generous donors who fund PATH-ETAP.

Chez nous is published by the MCH Communications office.

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Production of *Chez nous* is made possible thanks to funding from the Montreal Children's Hospital Foundation.

On the cover:
Prisca Arunasalam takes part in a Horizons Week workshop with Erica Crimi, Child Life Specialist at the MCH.

Cover photo: Caroline Fabre

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When hope prevails: Skylar's battle

By Christine Bouthillier

Diagnosed with a particularly aggressive form of cancer, two-year-old Skylar came very close to the worst outcome. Thanks to the little girl's fighting spirit and that of her family, as well as the tireless efforts of numerous teams at the Montreal Children's Hospital (MCH), she has shown impressive resilience. Here is her story.

It all started with a simple fever. After seeing a doctor, the family from Northern Quebec returned home, but Skylar's symptoms worsened. She was vomiting and had lost her appetite.

After a month, she began to stagger when she walked. One of her eyes turned red. After a visit to another clinic, she was diagnosed with an eye

infection. But the situation continued to worsen. Skylar stopped walking and remained in bed, was still vomiting, and the fever persisted.

Exhausted, the girl's mother, Stephanie Moar, took her child to the hospital in Chibougamau. Her condition was so serious that she was transferred to the MCH the very next day.

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► Above: After many long months of effort, Skylar succeeded in being able to walk again.

A CRITICAL SITUATION

Upon her arrival in Montreal, Skylar underwent a magnetic resonance imaging (MRI) that revealed a tumour in the cerebellum with metastases to the spine, as well as hydrocephalus. The tumour was blocking the flow of fluid in her brain, causing it to accumulate.

“During the MRI, I saw a lot of people coming into the room. I knew something was wrong. I never thought this would happen to one of my children,” says Stephanie. “I was told that Skylar must have emergency surgery right away because there was pressure in her head.”

The operation was performed to drain the fluid. It was the little girl’s first surgery, but not her last. In total, she would undergo 11 operations to remove the tumour, and place and adjust a shunt to restore the flow of fluid in her brain.

A JOURNEY FRAUGHT WITH OBSTACLES

After the first surgery, Skylar began chemotherapy treatments.

“Her tumour was one of the most common, but also one of the most aggressive types of brain cancer. She needed high doses of chemotherapy. To help her recover from the treatment, we also had to perform autologous stem cell transplants,” explains Dr. Christina Coleman, a pediatric hematologist-oncologist at the MCH.

An autologous stem cell transplant involves harvesting the child’s own stem cells and reinfusing them after



► Skylar and Dr. Christina Coleman, pediatric hematologist-oncologist at the MCH.

chemotherapy treatment. This procedure is usually performed at another facility, but Skylar was so sick that instead of moving her, the team collected the cells directly in the Pediatric Intensive Care Unit for the very first time in the history of the MCH.

“Skylar had her ups and downs during chemotherapy. She had seizures. There were several times when she was unconscious; we weren’t sure she would wake up. Some people might have thought an autologous stem cell transplant was pointless under these conditions, but we decided otherwise. As a team, we deviated from typical protocols to provide adapted care for our patient and our efforts paid off,” adds Dr. Coleman.

“The staff had to call a code blue [for cardiac arrest] a few times. I saw my daughter turn blue; they pulled me out of the room. It was scary,” recounts

Stephanie. “During the treatments, my mother asked if there was any hope. Dr. Coleman replied that she wouldn’t do this if she didn’t have hope. That little sentence kept me going.”

HEALTH ISSUES FOR MOM

As a single mother, Stephanie had to move to Montreal with her mother and her two other children during the eight months Skylar spent in the hospital, followed by 10 months during which she was treated as an outpatient and underwent rehabilitation. Skylar’s older sister had to change schools.

One evening toward the end of the child’s hospitalization, Stephanie began to feel ill. On the phone, a friend told her she sounded weird and suggested she see Skylar’s nurse. The nurse noticed that Stephanie’s face was drooping. She could no longer see and was beginning to lose feeling in her arm. It was a stroke. **Continued >**

Rushed to the Emergency Department (ED) at the Royal Victoria Hospital, Stephanie had to be admitted. Shortly after her discharge, she had to return to the ED because the headache was coming back. She was diagnosed with Bell's palsy. Over time, the effects have faded, though they haven't completely resolved.

"I was so worried about Skylar while I was in the hospital. Luckily, my friend slept by her bedside. As soon as I was discharged, I went back to see her," says Stephanie.

ONE BIG FAMILY

Skylar is one of the patients who has been cared for by the largest number

of different teams at the MCH. Neurosurgery, intensive care, hematology-oncology, endocrinology, nutrition, neurology, social work, Northern health, physiotherapy, occupational therapy, speech-language therapy and many others were involved.

"I am so thankful for everyone that supported us. The staff are like family members to us," says Stephanie.

Skylar's favourite person remains the volunteer Robert, whom she calls *joom shum* (grandpa in Cree).

"Even when she was hooked up to all those wires, he would spend four hours there, holding her hand,

reading her books. He had a big impact on our family," adds her mom. "The MCH was like a home for Skylar. She still cries because she wants to go back 'home,' meaning the hospital."

Now four years old, Skylar has started walking and talking again. The family has settled in Chibougamau, waiting for a home in their community.

"We're continuing to monitor Skylar with MRIs," explains Dr. Coleman.

Seeing how far the little girl has come warms the hearts of her family, of course, but also the entire medical team. ❄



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The MCH marks 35 years of offering lifesaving ECMO treatment

By Maureen McCarthy

Dr. Samara Zavalkoff is passionate when she talks about the achievements in extracorporeal membrane oxygenation (ECMO) at the Montreal Children's Hospital (MCH), the first pediatric hospital in Québec to use it.

"The MCH was an innovator in introducing ECMO technology 35 years ago and we've continued to adapt and move it forward ever since," she says. "It's pretty remarkable that we can look back and see children who are finishing school, or starting their careers, or even might have children of their own now, who would have never had that chance without ECMO. It's the epitome of saving life," says the Director of the Pediatric Intensive Care Unit (PICU) at the MCH and outgoing director of the hospital's ECMO Program.

ECMO is a form of life support for patients who are experiencing life-threatening heart or lung conditions. It works by continuously pumping blood out of the body into a machine which removes carbon dioxide and adds oxygen before pumping the blood back into the body.

PIONEERING PRACTICE

When ECMO was first introduced at the MCH it was still a relatively new treatment in pediatrics. Dr. Thérèse Perreault, former director of

[Continued >](#)

► Above (from l. to r.): Dimitra Doanis, Isabelle Morency, Karine Danis, Dr. Olivier Cusson, Evelyne Pigeon, Joëlle Lévesque, Sheila Saldanha, Laurent Méthot, Dr. Joshua Feder, Dr. Conall Francoeur, Yousef Rizeq, Dr. Samara Zavalkoff, Dr. Davinia Withington, Amelia Vachon, Fred Nazair, Bernard Groleau and Dr. Sam Shemie are part of the MCH ECMO team.

the Neonatal Intensive Care Unit at the MCH, had joined the hospital in 1988. At the time, the only pediatric centre in Canada offering ECMO was in Edmonton. ECMO research was underway at McGill University but when the researchers left for other positions, Dr. Perreault was asked to lead the process of launching ECMO at the MCH.

To formally start the program, Dr. Perreault and team needed to convince the MCH's administration and the Ministère de la Santé et Services sociaux du Québec. Receiving the go-ahead, Dr. Perreault, nurse Linda Morneault and respiratory therapist Krishna Mullahoo performed the first ECMO treatment at the MCH on September 16, 1991.

"We were really at the forefront of treatment," says Dr. Perreault. "The MCH was the second pediatric centre in Canada to introduce ECMO, and neonatologists from the Jewish General Hospital and Royal Victoria Hospital came to work with us as well. There was a very strong team spirit and we were really proud of what we accomplished together."

FROM NEWBORNS TO CHILDREN AND ADOLESCENTS

Soon after, the PICU began using ECMO for babies who had open heart surgery, then for older children and even teenagers who had heart or lung failure when it was thought that ECMO may provide the support needed to get better. "In some cases, it helped to buy the time needed to put other solutions such as transplant in place," explains Dr. Zavalkoff.

In 2002, the hospital's ECMO service was consolidated in the PICU and Dr. Sam Shemie ran the program for a decade before Dr. Zavalkoff took over.

ECMO treatment today is used in a wider range of cases than in its early days. A child might have a condition that is not primarily a heart or lung issue, but if it affects those organs, then ECMO could be considered. An example is a child with congenital diaphragmatic hernia, whose lungs can't develop properly until they have surgery.

A TRUE MULTIDISCIPLINARY APPROACH

There are a number of different professionals who make up the ECMO team including perfusionists and the ECMO specialists, who are PICU nurses and respiratory therapists who have done specific training on ECMO. There are also cardiologists and hematologists on the team, as well as ECMO physicians, cardiac surgeons and general surgeons, physiotherapists, occupational therapists, speech-language pathologists, and psychosocial professionals. Many team members have trained in Edmonton, while others like Dr. Zavalkoff, who trained in Melbourne, Australia, have gone further afield.

When the team is needed urgently, an ECMO callout happens, announced by Code ECMO throughout the hospital. No matter what day or time, the team responds immediately. "We've had situations where we're doing cardiopulmonary resuscitation on the child at the same time that we're putting them on

ECMO, and the surgeons are operating while we're starting and stopping compressions," says Dr. Zavalkoff. "It's an example of how serious the situation can be."

CONSTANT TRAINING FOR REAL-LIFE SITUATIONS

Fred Nazair is the nurse manager of the PICU and ensures all logistics are in place to facilitate the ECMO team's work. One of his key responsibilities for the team is to ensure everyone maintains their skills. To that end, the team takes part in ECMO wet labs, simulation trainings which cover a wide range of scenarios. In recent years, the average number of patients at the MCH requiring ECMO was three to five a year, although that number jumped to nine in 2025. Despite the increase, the team does the wet labs regularly to keep their skills in constant "ready" mode.

A DIVERSE TEAM

Dimitra Doanis, ECMO Specialist, and Yousef Rizeq, Chief Pediatric Perfusionist, are members of the ECMO team, and represent the dedication and commitment found throughout the group.

Dimitra joined the PICU in 2001 just a few years after receiving her nursing degree. She remembers when ECMO was first offered in the PICU. "It's a machine that takes over the heart and lungs of the patient so it was a very intimidating machine to have at the bedside." But even so, Dimitra also felt compelled to learn more about it and saw it as an opportunity to grow as a nurse.

Continued >



► From l. to r.: Isabelle Morency, ECMO Specialist, Sheila Saldanha, Perfusionist, and Dimitra Doanis, ECMO Specialist.

In 2013, after more than a decade on the unit, Dimitra took the next step. “As a bedside nurse, I was fortunate enough to care for some of our ECMO patients over the course of 12 years,” she says. And the skills she had learned gave her the confidence to apply for an ECMO specialist position.

Yousef and his colleague Sheila Saldanha are the perfusionists on the ECMO team. The two are part of a larger group of perfusionists at the McGill University Health Centre, and Yousef and Sheila’s main focus is the MCH.

Perfusionists learn ECMO as part of their university training. “Most of our time is spent in the operating room but when we have ECMO cases, at least one of us will be at the bedside during the treatment,” says Yousef.

The ECMO machine must be monitored 24/7 when the patient is having treat-

ment, and since the perfusionist can’t be two places at once, the ECMO specialists relieve the perfusionist if they need to be in the OR.

“When we can’t be in the PICU, the ECMO specialists — who are trained to look after the machine, do the charting and take care of the patient — are supported by our perfusion team,” says Yousef. “If they have any questions, they can call us, and if they need any support, we’ll send someone.”

SMALL MACHINE, BIG ADVANTAGES

Yousef remembers when the ECMO machine used to be very large. “If we wanted to move a patient from, for example, the PICU to have a CT scan, it would take a lot of planning, measuring, calling security and securing the corridors, and checking where the electric plugs were on the way. It was a huge undertaking,” he says.

The smaller machine known as Cardiohelp*, now widely used in hospitals, was initially developed for patient transport. “As clinicians, we thought it was great, it had a much smaller footprint, a better safety profile and was much more user friendly. So we thought why don’t we adapt it for patients inside the units,” explains Yousef.

This was a big leap forward in terms of ECMO practice. “Now it just takes a few arrangements and everything is ready to go. We can move much more quickly within the hospital.”

Dr. Zavalkoff adds that not only does the smaller machine allow patients to move around the hospital for tests, but in the case of one young girl, she was able to do physiotherapy while connected to the machine.

TRAINING HERE, EXPANDING THE TEAM

Dr. Zavalkoff will soon pass the baton as director of the MCH ECMO Program to Dr. Joshua Feder. One of his goals is to expand the team and enable all training to take place at the MCH, and possibly attract people from other centres in the future to train at the MCH.

“We have all the skills here so there will be no need to send people out for training,” concludes Dr. Zavalkoff. ❁

**The PICU purchased the Cardiohelp machine with funds provided by an MCH Foundation donor.*

Enjoying a vibrant spring at the MCH

By Caroline Fabre

The first signs of spring didn't go unnoticed at the Montreal Children's Hospital (MCH) and brought a wave of activities that lifted everyone's spirits! With sweet treats, surprise visits and colourful celebrations, patients, families and staff enjoyed a season filled with little moments of magic.

Thanks to the Quality of Life at Work Committee, Sucrier Urbain brought the sugar shack experience to the MCH. Staff enjoyed delicious maple taffy served on fresh snow, a sweet taste of tradition. They also had the chance to pet the animals from PACE Farm, including ducks, rabbits, goats and chickens.



Mid-March, the MCH welcomed the St. Patrick's Parade queen, her princesses and Paddy the mascot as part of a visit organized by the United Irish Societies of Montreal.



In March, the Child Life Department celebrated its 90th anniversary by transforming the P.K. Subban Atrium into an enchanted forest, where graceful ballerina fairies delighted guests of all ages.



To celebrate the Lunar New Year, our staff members enjoyed a dumpling tasting and took part in a Chinese zodiac workshop. Many also shared their hopes for the year ahead by tying a ribbon to a wishing tree.

To celebrate the Harlem Globetrotters' 100th anniversary, star basketball player Zeus McClurkin met with our patients, their families and staff before performing an energetic mini-show in the P.K. Subban Atrium.

