RECRUITMENTS, RETIREMENTS & ROLE CHANGES

We are immensely grateful for the contributions outgoing Members provided to the Department and the Program over the past years.

Dr. Aziz Mhanni, Associate Professor in the Section of Genetics and Metabolism, has submitted his resignation as a GFT Member, effective December 31, 2017. We are very fortunate to have had Dr. Mhanni with us for the past 13 years and are very sad to see him leave.

To wish Dr. Mhanni well in his future endeavors, there is the opportunity to sign the guest book in CE208 or contributions towards a gift will be collected by Cybel de Juan until Wednesday, December 20, 2017.

We express our sincere condolences to Dr. Sandra Marles, who recently lost her husband, Dr. Dean D. Bell. Dr. Marles will be on a personal leave for the next few months.

Dr. Dean Bell, anesthesiologist, was the co-director of the Cardiac Sciences ICU from 2010 until 2015. As Program Director for specialty training in Critical Care Medicine from 2000 to 2011, Dean inspired and mentored a generation of young intensive care physicians currently practicing in institutions across Canada and abroad. His knowledge and expertise with medical simulation for education gave him the insight required to help design the current Clinical Learning and Simulation Facility at the Bannatyne Campus.
RECRUITMENTS, RETIREMENTS & ROLE CHANGES

A number of new full time Faculty Members joined our Department this fall...

**Dr. Guillaume Poliquin** spends the majority of his time at the National Microbiology Laboratory. For part of his time, he is an Infectious Disease Specialist in the Children’s Hospital and he provides services for the Indigenous Institute of Health and Healing/Ongomiizwin. Dr. Poliquin accepted an appointment as Assistant Professor to our Department.

Since August 23, 2017, **Dr. Rachel Dwilow** is a GFT Member in the Section of Infectious Diseases. She is the provincial clinician lead on Integrated Tuberculosis Programming, providing service on locations throughout the province.

**Dr. Kyle Millar** started a 1 year fellowship in Pediatric Complex Care at the University of Manitoba and will also be working as an inpatient general pediatrician in the Section of Hospital Medicine.

**Dr. Chris Hohl** has been appointed as a new member to the HSC Executive Committee, representing the Department and Program.

Active recruitment is ongoing for the Bihler Chair in Stem Cell Research, as well as for positions for both the Section of Emergency Medicine and the Section of Genetics & Metabolism.

**Dr. Murray Kesselman**, has agreed to take on the role of Finance Committee Chair. **Dr. Michael Narvey** fulfilled this role for many years, and we are grateful for his valued contributions.

**PCAM: Carling MacDonald** started on October 23, 2017 as the Pediatric Neurosurgery Clinical Assistant. **Mychele Gregoire** started on November 6, 2017 as a Physician’s Assistant in Pediatric Hematology/Oncology.

**Dr. Reeni Soni** has joined our team of Associate Medical Directors for the Child Health Program, starting January 1, 2018, working alongside Dr. Birk, Dr. Lane and Dr. Sawyer to assist Dr. Klassen, Medical Director, Child Health Program.

AWARDS & GRANTS

Congratulations to **Dr. Demitre Serletis** for being named one of the CBC Manitoba Future 40 finalists! Dr. Serletis is the Director of Epilepsy Surgery for the new pediatric epilepsy and pediatric neurosurgery program at the Children’s Hospital.

Dr. Serletis has brought comprehensive epilepsy services to Manitoba, including the development of a brand new Epilepsy Monitoring Unit for children, and has advanced innovative surgical treatments for epilepsy in the province. As a result, pediatric patients and their families no longer need to wait for lengthy and costly out-of-province referrals for their epilepsy care.

**Dr. Ming-Ka Chan** was the recipient of the 2017 PCC Paediatric Academic Leadership Clinician Educator Award from the Paediatric Chairs of Canada.

Dr. Chan was recognized in Montreal on Friday, October 20, 2017 at the Annual Awards Reception and Dinner during the PCC Fall Business Meeting.
Congratulations to the Children’s Hospital Emergency nurses for being one of the winners of the “Outstanding Nursing Unit, Program, or Interprofessional Team Award” from the Association of Registered Nurses of Manitoba.

Congratulations to Dr. Albert Chudley and Dr. Sally Longstaffe who were honoured at the University of Manitoba’s Honouring Emeriti ceremony in October. Emeriti titles are awarded annually by the University to celebrate and recognize those who have been nominated by their faculty for their distinguished careers.

Dr. Mike Harlos, Medical Director for the WRHA Palliative Care Program, received the Award of Pediatric Excellence from the Canadian Hospice and Palliative Care Association (CHPCA).

Dr. Harlos has a distinguished background in palliative care. He founded the Canadian Network of Palliative Care for Children after completing his sabbatical in pediatric palliative care 12 years ago, and co-chaired the group for seven years.

Dr. Cheryl Rockman-Greenberg will be inducted into the Canadian Medical Hall of Fame in the category of Leadership in Health Promotion, Illness Prevention and Care.

Dr. Rockman-Greenberg will be recognized in London, Ontario on Thursday, April 12, 2018 at the Canadian Medical Hall of Fame Induction Ceremony.

In November, Dr. Maryanne Crockett and colleague Dr. Lisa Avery received a $100,000 award to implement a new tool that will improve maternal fetal health in rural Kenya.

The team developed a low-cost, graphless partograph — a paper graphing tool that tracks and records the health of the mother and unborn child while the mother is in labour.

Learn more here.

Dr. Meghan Azad received a Seed Grant from DEVOTION worth $4,995 over one year for “Stakeholder engagement to inform strategies for improving breastfeeding education in Manitoba schools”.

Dr. Daniel S. Sitar received the Distinguished Alumnus Award from the College of Pharmacy in September.
In September, the University of Manitoba announced funding for three research teams from the Children’s Hospital Research Institute of Manitoba (CHRIM) for studies on children’s brain development, kidney disease, and diabetes.

The projects are part of the Strategy for Patient-Oriented Research (SPOR) program, connecting researchers, health professionals, patients, and policy makers across the country to improve the health of Canadians living with chronic diseases. The SPOR program is unique in that it views patients as partners in the research process.

The three CHRIM teams received a combined total of $8 million including $2.8 million in provincial funding through Research Manitoba, $3.6 million from the Canadian Institutes of Health Research, $145 thousand from CHRIM, and $142 thousand from other research partners. CHRIM also contributed an additional $2.5 million in kind.

A fourth research team from the University of Manitoba was also awarded funding: Inflammation, Microbiome, and Alimentation: Gastro-Intestinal and Neuropsychiatric Effects: the IMAGINE-SPOR chronic disease network, with Drs. Charles Bernstein and Laura Targownik as Principal Investigators. Dr. Wael El-Matary, Department of Pediatrics, and Dr. Jean-Eric Ghia, Department of Immunology and CHRIM, are both Co-Investigators on this Program.

Congratulations to all researchers involved in this very important work, and a huge thank you to our provincial and federal funding partners for these generous donations.

**CHILD-BRIGHT: Child Health Initiatives Limiting Disability – Brain Research Improving Growth and Health Trajectories**

This network will achieve brighter futures for children with brain-based developmental disabilities and their families by creating novel interventions to optimize development, promote healthy outcomes, and deliver responsive and supportive services across the life-course.

*Principal Investigators (PIs): Drs. Kristy Wittmeier, Gina Rempel and Ana Hanlon-Dearman*

**Listening, Learning, Leading: Canadians Seeking Solutions and Innovations to Overcome Chronic Kidney Disease**

This network will improve care for people with kidney disease. It aims to reduce the number of people who require dialysis or organ transplants, or who develop related illnesses that are debilitating or deadly.

*PIs: Drs. Allison Dart, Paul Komenda, and Navdeep Tongri*

**SPOR Network in Diabetes and its Related Complications**

This network will transform the health outcomes of people with diabetes and its related complications. It will facilitate important and meaningful connections between patients, their primary healthcare providers, and specialists to achieve improved health care and significant cost savings within the health system.

*PIs: Drs. Jon McGavock and Paul Fernyhough*
Maureen MacKay, BN, RN, a nurse for 38 years, mostly at the Children’s Hospital, passed away on November 21, 2017. Her obituary in the Winnipeg Free Press can be read at https://goo.gl/NmXqhf. The following passages were shared with Maureen’s family and the hundreds of people attending the memorial service on November 27, 2017.

Memories of Maureen
FROM CHERYL GREENBERG
Maureen began working at Children’s the same year I started-1979 – but I don’t remember the first time I actually met Maureen. I do, however, remember first meeting her mother Muriel Cumming, a formidable nurse responsible for the OR at Children’s. I owe a great deal to Muriel who kindly helped me through my early years at Children’s. I remember working with Maureen, finding out her mother is Muriel and thinking indeed the apple does not fall far from the tree: intergenerational caring, now to be carried on by Maureen’s family.

My years of working and interacting with Maureen were incredibly satisfying — Maureen was so compassionate, putting patients and their families first at all times, always thinking of ways to make the impossible happen to help ease their journey, ignoring obstacles and, with patience and determination, finding innovative ways of doing things. In the early days I remember Maureen helping care for patients coming to the Clinical Investigation Unit then on CH5 and subsequently in PDU. Our metabolic patients on enzyme replacement therapy used to spend hours and hours receiving their bi-weekly infusions in PDU quietly being comforted by Maureen. Eventually, working with Blair Seifert, Pharm D who was at Children’s for many years before returning to Saskatoon, Maureen championed a novel way of providing the infusions through the nifty portable system, a delivery system which allowed the patients the freedom to walk around and do other things while receiving their infusions which conveniently fit in their pockets. She made so many patients happier.

When our patient, infant Amy, who was critically ill with hypophosphatasia was airlifted in 2007 from Belfast, Northern Ireland to our Children’s Hospital to be the first in the world to receive then an experimental new treatment for this disorder, many people at Children’s were key to Amy’s survival. Among them, I vividly remember that Maureen went the extra mile to make sure Amy and her parents were as comfortable as they could be so far from home and for so long, planning Amy’s first birthday party in hospital, keeping her older sister amused, even sitting with Amy in her hospital room on her own time to give her parents a few hours to leave the hospital, then accompanying Amy back to the airport when she was ready to return home.

We are indeed blessed at Children’s with so many wonderful nurses and other health care professionals but Maureen was a nurse whom we will not forget and who will serve as a role model to emulate and to aspire to for many years to come.

FROM CARL VON BAEBYER
Maureen was my closest collaborator in the last five years since I moved to Winnipeg. We worked together on many projects to prevent and relieve children’s pain – procedural, acute, and chronic. Maureen and I exchanged two to three thousand e-mails and set up dozens of educational events together. She ensured that lots of people would come to those events partly by providing lavish and wonderful food from her own pocket! She also seemed to know everything and everybody at the Children’s Hospital, and was able to steer our efforts to where they were needed. The health care improvement projects she initiated with me and others were often supported by the Children’s Hospital Foundation and other funders.

I miss her integrity, passion, energy, generosity, her drive to improve health care, and her personal warmth and humour. Her hard work and her creativity helped lay the groundwork for the recent adoption by the Department of Pediatrics and Child Health and the WRHA Child Health Program of the strategic initiative called Prevent and Relieve Pain: Every Child, Every Time, now directed by Dr. Kerstin Gerhold. It comforts me to know that Maureen’s efforts will be carried on at the Children’s Hospital and beyond.

FROM DORIS SAWATZKY-DICKSON
(Clinical Nurse Specialist – Child Health NICU)
I first met Maureen when she was with the clinical investigation unit and I was coordinating discharges for complex patients. I always found her so pleasant to interact with. I got to know her much better when she approached me around 10 years ago, when I started developing resources to help manage pain in newborns. Maureen was so kind-hearted and committed to finding ways to alleviate pain in children in her care, especially those having painful procedures and needle sticks. Maureen was tireless in building support for the goal of every child having no pain.

This is what defined Maureen – she would absolutely not give up until everyone agreed that no child should experience pain. She calmly, quietly and resolutely invited people to meetings, provided snacks, prodded and encouraged people to look closely at the pain children were experiencing. I think Maureen would have worked until she was 100 if it meant that one more child would have their tests done without pain. I never ceased to be amazed at her ability to keep at it, to never give up. The Child Health Program has lost such an incredible champion for children. Maureen never took credit or looked for glory or even for any personal accolades – she deserved them as much or more than anyone else. She was an example to me and I am a better person for having known and worked with Maureen MacKay.
The small First Nations community of Pinaymootang may not be familiar to most Canadians, but it’s quickly becoming well-known for implementing Jordan’s Principle through a well-organized, community-based approach.

Jordan’s Principle helps to ensure that all First Nations children living on and off reserve have access to the government services they need. Implemented with First Nations partners and communities, Jordan’s Principle guides decisions that are fair, timely, transparent, and focused on the needs of children.

Pinaymootang First Nation has taken centre stage for Jordan’s Principle in Manitoba by creating the Niniijaanis Nide Program, which translates into “My Child, My Heart” in Ojibwe. The Niniijaanis Nide Program team has worked tirelessly to create and provide culturally-sensitive health programs and services. They offer respite for parents, support groups, a preschool child development program, American Sign Language classes, various therapies, intervention programs, and socialization activities.

Health Canada funded the Child First Initiative in an effort to make sure First Nation children and youth receive the same care that any other Canadian child receives. Each province and territory has been given the opportunity to come up with a home-grown solution to achieve that goal.

The Department of Pediatrics & Child Health is looking to increase the number of general pediatric visits going up to reservations. Through the Northern Medical Unit, we provide care to 25 of the 63 First Nations communities in Manitoba.

With greater resources, we’re looking to boost those numbers and get general pediatric service out to more reserves. We will propose an interprofessional team to do so, building linkages with partners in healthcare and beyond. Education Programming received funding, along with healthcare partners like St. Amant and Specialized Services for Children and Youth (SSCY).

Currently, SSCY provides therapy services (physiotherapy, occupational therapy and speech services) to more than 40 communities and is developing further services as needs are being identified.

For more information:
If you are interested in providing general pediatric service up North, or would like to know more, please contact Inge Zeldenrust or Dr. Margo Lane.
What is Jordan’s Principle?

Jordan’s Principle is meant to prevent First Nations children from being denied essential services or experiencing delays in receiving them. Jordan’s Principle:

- applies to all First Nations children
- involves all jurisdictional disputes, between federal departments or between federal and provincial governments
- provides payment for needed services by the government or department that first receives the request

To fully implement Jordan’s Principle, Canada is working to:

1. resolve situations where governments and departments cannot agree about who should pay for services and supports to meet the needs of a First Nations child
2. cover the costs for health and social services and supports for First Nations children in situations when a First Nations child does not have access to a publicly funded program usually available to other children
3. facilitate access to all services and supports for all First Nations children without delay or disruption

Canada’s approach to supporting Jordan’s Principle includes proactive measures to help prevent any delay in accessing needed services by First Nations children.

What services and supports are included?

If a First Nations child needs a publicly funded health or social service or support that other Canadian children receive, and cannot access it through existing programs in the community, then it is an eligible service or support through the Child-First Initiative.

So far, coverage has been provided for a variety of services and supports, including:

- respite care
- mental health services
- rehabilitative therapies
- services for children in care
- transportation to appointments
- medical supplies and equipment
- special education supports and services
- long-term care for children with specialized needs

Who do children or families contact to get access to services and supports?

Anyone who is aware of a First Nation child who is not receiving the health and social services and supports he/she needs, is encouraged to contact us through:

- the regional Jordan’s Principle Focal Point contact
- the regional office of Health Canada or Indigenous and Northern Affairs Canada

How are local services being coordinated?

Local Service Coordinators will help identify First Nations children in need and act as the primary local contact for First Nations children and families. The Service Coordinators will work closely with the regional Jordan’s Principle Focal Point contacts.
Who are Service Coordinators and how can they help children and families get access to services and supports?

Local Service Coordinators are being staffed across Canada to provide children and families with a knowledgeable local resource to help them navigate the full range of existing federal and provincial health and social programs and services to address their needs. The Service Coordinator role includes:

- outreach to local communities
- intake, assessment and coordination
- case management
- data collection, analysis and reporting to support Jordan’s Principle implementation and longer-term policy and program reforms

The Service Coordination function will be delivered by one or several existing service delivery organizations in each region (e.g., Tribal Councils, Regional Health Authorities, Indigenous Non-Governmental Organizations or other provincially mandated organizations). They will be funded by Health Canada through Contribution Agreements.

How quickly are requests processed under Jordan’s Principle?

The Service Access Resolution Fund is used to pay for services and supports that cannot be covered under any other existing federal, provincial or territorial program. To avoid delays or disruptions in services to children, requests are processed within 5 to 7 business days, and all urgent requests are addressed within 24 hours. Once a request is processed, the requester will be contacted to discuss next steps.

What is the Child-First Initiative?

One of the new policy activities that has been put in place to support Jordan’s Principle is the Child-First Initiative. This three-year initiative, announced in July 2016, aims to facilitate and improve access to health and social services and supports for First Nations children. The Child-First Initiative will:

- improve access to services and supports for First Nations children; and
- help Canada, provinces and territories, and service providers understand the extent to which First Nations children experience difficulties in getting the services they need, including possible gaps in coverage and services that are particularly vulnerable to disputes.

In 2016, the Government of Canada committed up to $382.5 million over three years for the Child-First Initiative. It includes:

- enhanced service coordination to help proactively identify children with needs and address them
- a fund to address the unmet health or social needs of First Nations children that may arise from jurisdictional service gaps or unavailable services in a First Nations community
- ongoing engagement with First Nations, provinces and territories
- data collection, analysis and reporting to support Jordan’s Principle implementation and longer-term policy and program reforms

Why doesn’t Jordan’s Principle have its own fund to cover services and supports?

Jordan’s Principle is about meeting the needs of all First Nations children immediately and over the long term. We are working closely with our First Nations partners to build a structure of well-coordinated care for the years to come. Funding required for the long-term structure has not yet been determined so a fund has been set up under the Child-First Initiative to cover immediate needs.

How does Jordan’s Principle work with the Non-Insured Benefits (NIHB) Program?

Any request submitted for a First Nations child with an identified need that is not funded under NIHB may be considered for coverage.

What if a First Nations child doesn’t have their status registration number yet?

If the child is under one year old, then the parent/guardian status registration number will be used. If the child is older than one year old, but is eligible to be registered, then the child will still be covered under Jordan’s Principle. In cases where a registration number is required to access a service, the parent/guardian status registration number will be used.

Does Jordan’s Principle apply to First Nations children living in the territories?

Yes, First Nations children in all three territories are covered by Jordan’s Principle.

Can families appeal decisions under Jordan’s Principle?

Yes, appeals should be submitted in writing to the regional Focal Point contact. The Jordan’s Principle Focal Point will work with the child and/or their family throughout the appeal process to provide advice and guidance, and will submit the appeal to Health Canada.

ADDITIONAL INFORMATION

For more information about JORDAN’S PRINCIPLE and how to access services and supports, call 1-800-567-9604 or visit www.canada.ca/jordans-principle.
ANNOUNCEMENTS

Annual Holiday Party
The annual holiday party will not take place this year, respecting budget constraints in our environment. The Department is bringing a holiday greeting to all patient waiting areas in the form of an award-winning children’s book “When We Were Alone”. This book aims to create awareness about residential schools and underscores our priority to do our part in the important process of truth and reconciliation.

Department of Pediatrics & Child Health Annual Retreat
Mark your calendars for the Department of Pediatrics & Child Health Faculty Retreat & Appreciation Dinner, hosted at the Metropolitan Entertainment Centre (MET) on **Saturday, March 10, 2018**. The welcome will start at **12:30 PM**, followed by the Keynote Addresses and workshops, which will continue throughout the afternoon.

We will discuss changes to medical education through the method of Competency Based learning with Dr. Amy Acker and reflect on physician wellness with Dr. Janet Serwint. The Faculty Appreciation Dinner, hosted by the Pediatric Residents will begin at **5:30 PM**.

Learn more.

Child Health Research Days
Pathways to Equity: Better Health for All Children
Thank you to everyone who attended this year’s Child Health Research Days (CHRHD), Pathways to Equity: Better Health for All Children.

For the first time, CHRHD was held off campus at the Canadian Museum for Human Rights and the Fort Garry Hotel. It was also the first event to include a public component – the “Healing from Trauma” forum, which was featured several times in the media and had a great turn out from CHRIM members and the general public.

Other event highlights include the trainee presentations, the awards dinner, and our fantastic lineup of speakers including out of town guests Cindy Blackstock, Johnnuye Lewis, Anne Kazak, Nancy Kassam-Adams, and Patrick McGowan. We are already looking forward to next year’s event, which is set to be even bigger and better. Next year’s theme will focus on the environment.

2018 Dr. Leighton N. Young Distinguished Pediatrician Award - Call for Nominations
Established in 1991-1992, the Dr. Leighton N. Young Distinguished Pediatrician Award is an important tradition in the Department of Pediatrics and Child Health. It recognizes active Department members in mid or late career who have made and sustained outstanding contributions in the areas of patient care, teaching, administration and community service.

If you wish to nominate someone for this award, please use the forms below to submit your nominee. Deadline is January 15th, 2018.

To learn more about the award or get the nomination form, click here.

Mandatory Training for All Faculty Members and Staff Members in UofM
The Government of Manitoba enacted the Accessibility for Manitobans Act (AMA) in Dec. 2013, requiring compliance across all Manitoban businesses, organizations, and institutions in the coming years. The University of Manitoba’s Accessibility Plan was released last December and outlines our institution’s current initiatives, and future plans to make our campuses as inclusive as possible for our entire community.

All faculty and staff members are requested to take the training by November 1, 2017; completion of the training will be tracked and monitored in compliance with the provincial legislation.

- An online course with three short modules are available on UMLearn. Training modules take approximately 35 minutes and can be completed at one’s own pace. Please follow UMLearn Accessible Customer Service Training course.

For more information or resources, please visit The U of M Accessibility Hub (located under Training & Resources)

PHIA Training: WRHA Renewal a Mandatory Requirement
All members of the WRHA are expected to retrain and submit their PHIA Pledge form every three years. If your last renewal is more than three years ago, or if you have worked in the WRHA for more than three years, please complete your training here. Members can submit their completion form to our Pediatrics Administrative Office, who will continue to keep track of the renewals, and send reminders. She will forward the completion forms to WRHA Medical Staff Administrative Services as applicable.

For UofM, a separate PHIA module is available, along with a pledge that only needs to be completed upon hiring.
ANNOUNCEMENTS

Nominating Committee
This is a new committee within the Department of Pediatrics and Child Health that advises the Department Head, Dr. Terry Klassen, about potential Department member nominees for various local, provincial, national and international medical and academic awards. The committee has collated a list of awards that will be reviewed during the quarterly committee meetings.

The committee advises Dr. Klassen and final nominations are up to his discretion. This committee’s existence does not preclude others from nominating members for awards at their discretion as in the past. Rather, the development of this committee is to ensure that the Department has a formal process for considering and tracking our members for these awards that may have been missed in the past. If assistance is needed in the nomination, we are able to help. Otherwise, we would request that the committee be informed of nominations being put forth by others to allow the Department to track them.

The committee welcomes input and is available to consider nomination packages put forth by others if requested. The committee has a well formed list of general academic, medical and pediatric awards but not, as of yet, for subspecialty awards. If members or Sections wish, we can assist in putting nominees forward for these subspecialty wards if assistance is desired.

The Nominating Committee currently consists of a non-voting chair, Ms. Inge Zeldenrust, and its 4 committee members, Dr. Teresa Zelinski as the Academic Promotion Committee chair, Dr. Ming-Ka Chan, Dr. Wail Kassem, and Dr. Seth Marks.

It should be noted that there are also other award and tenure committees separate from this Nominating Committee. These include the Academic Promotion Committee chaired by Dr. Teresa Zelinski, the Emeriti Nominating Committee considering Emeritus submissions and advising the Department Head, and the Leighton Young Award Committee chaired by Dr. Stan Lipnowski.

Any questions or award nominations for consideration by the Nominating Committee can be forwarded to Inge Zeldenrust, Department of Pediatrics and Child Health Nominating Committee Chair.

Epilepsy Monitoring Unit - Grand Opening
The grand opening for the Epilepsy Monitoring Unit (EMU) will be on **February 9, 2018**. The EMU was graciously funded in May 2017 by Lilibeth and Michael Schlater, who donated two million dollars to the Children’s Hospital Foundation of Manitoba. We are immensely grateful for this tremendous gift that will make such a difference in the lives of so many of our patients.

Electronic Performance Feedback Update
Thank you to all of the GFT and Department members who took part in the annual performance review process. Close to all of the 96 GFT members have had their annual performance review. Thank you for your buy in and use of this tool.

Children’s Hospital Foundation of Manitoba Innovators Event
Throughout the past year, four different teams took part in the Children’s Hospital Foundation of Manitoba (CHF) Innovators Event. The teams presented their projects to a panel of donors in order to win a small amount of funding over a number of years. Congratulations to the Quality Improvement First Do No Harm project for being the inaugural Innovators winners. The project will help prevent Acute Kidney Injury.
Manitoba Fire Fighters have always been there when help is needed. On Monday, December 10, 2017, those men and women donated $1,000,000 for the establishment of The Firefighters’ Burn Fund Paediatric Endowment Fund with the Children’s Hospital Foundation of Manitoba, ensuring that their legacy of hope and healing endures.

“To firefighters, there is no greater measure of courage than burn patients struggling to survive devastating injuries”, states Martin Johnson, Chairman of the Firefighters’ Burn Fund of Manitoba. “The heroism of burn survivors inspires the men and women of Manitoba’s Fire Service to volunteer their time and effort in raising funds to support exceptional burn care, treatment, rehabilitation and research at the Children’s Hospital. Their incredible dedication to helping their community has led to this moment.”

The purpose of the Fund will be to support four areas:

- Treatment, patient care programs, and the purchase of specialized equipment for all stages of burns treatment (thermal, electrical, chemical, frostbite etc.) provided in the Emergency Ward, Operating Theatres, Intensive Care Unit, and Burn Unit, and also including pain management and rehabilitation services for children.
- Support ongoing educational opportunities, and developing research skills, etc.
- Funding for Camp Phoenix, a camp for children aged 6 to 16, who have been patients in the Children’s Hospital burn unit.
- Support research that has a real or potential impact on paediatric burn injuries.

“There is no greater gift than supporting a child in their hour of need”, states Lawrence Prout, President & CEO, Children’s Hospital Foundation of Manitoba. “The difference that the Manitoba Firefighters will make will be felt for generations to come.”

Special thanks to all of the men and women of the Manitoba Fire Paramedic Service for going above and beyond to raise money to support the kids!

4th Annual Christmas for Kids

Special thanks to all of the Children’s Hospital Foundation of Manitoba families, staff and researchers that came out to share their stories of hope and courage at the 4th Annual Christmas for Kids, presented by Sleep Country Canada.

Over $116,000 was raised to support the purchase of patient monitors in the Children’s Hospital. Incredible!
DIRECTORS REPORTS

Community Pediatricians - Dr. J. Grabowski / Dr. G. MacDougall
- Pediatrics has been moved in to the new building at the Manitoba Clinic; they will continue moving in a different floor each week. It’s been going well and patients are enjoying the new atmosphere as well as the view of the city.
- The new EMR is up and running and has been working well so far.

St. Boniface - Dr. W. Kassem
- Things are going well, we are continuing to meet our objectives.
- ACF Pediatrics may be moved somewhere else, depending on the expansion of the Emergency Department, but that has yet to be determined.

SSCY – Dr. A. Hanlon-Dearman/Dr. G. Rempel
- We are continuing to develop our various interprofessional clinics.
- We just had our holiday get together, which included a visit from some of the Winnipeg Jets.
- We continue to work on developing an autism team and process for receiving referrals. Dr. Ana Hanlon-Dearman will present about this process at Grand Rounds on January 18, 2018.

UMG/Finance Committee– Dr. M. Kesselman
The new members have had their first two meetings. In the second meeting, the Committee elected Dr. Kesselman as the new Chair for a one year term.
- We will be closing the overhead year by December 31, 2017 and will be reporting about our expenditures, and the budget for 2018, in the Departmental Council of March, 2018.
- The changes that needed to be made to implement the new overhead model are close to finalized. We’d like to thank all GFT members for their buy in for the changes, the high quality conversations, and a very quick turn-around of contracts.
- In future meetings, we will be exploring ways to become compliant in the CRA ruling that no GFT salaries can be funded from overhead. We are well on our way, but there is some work to be done in this area.
- Please contact your Finance Committee Chair with any questions and ideas about overhead spending.
  Other members of the Committee available to you are Dr. Chan, Dr. Strong, Dr. Pinsk and Dr. Dakshinamurti.

Quality/Doctors Manitoba – Dr. A. Chiu
- Congratulations to both Nephrology and Pharmacy. They took part in the inaugural Innovators event, presented by the Children’s Hospital Foundation of Manitoba (CHF), and presented their projects to a panel of judges/donors. The Innovators decided to fund the committee’s work, an Acute Kidney Injury prevention program called “First Do No Harm”.
- We want to welcome Dr. Valerie Brule to the Patient Safety and Quality project. Her first task will be implementing a pediatric early warning system.
- With the CHF’s support we’re hoping to hire a data collector for a two year term to help us collect real-time data on pediatric line infections on the ward.
- This year we’ve been focusing on communications. We will be presenting at Grand Rounds on February 8, 2018, talking about both written and verbal communications within and across teams.
DIRECTORS REPORTS

Child Health Pain Initiative - Every Child, Every Time – Dr. K. Gerhold

- We are working on preparing the results from the pain audit, which we hope to release soon.
- We are in the process of inviting people to the first working group, which will be on needle pain. Everyone is encouraged to let us know if there are currently any strategies within your sections to manage needle pain.

UGME - Dr. M. Pinsk

We are currently in Period 2 for the year and things have been going well.

- The new OH+P format with a formative and summative assessments with a single preceptor has been well received by students, and allowed for easier detection of learners who need more support during histories and physicals.
- The new evaluation forms in ambulatory have also been broadly rolled out, and the feedback provided appears to be excellent with more direction to learners to improve. Period 1 NBME results showed no failures of the 14 who wrote, which is apparently the best Period 1 result in the last 5 years. Many thanks to all who have contributed to this success through innovation in their portion of the academic curriculum, assisting with assessment of learners, and participation in clinical precepting. The College is interested in adopting the methodology of using the NBME results to assess curricular gaps more broadly in other clerkship programs.
- Faculty evaluations have started to roll out in a Survey Monkey pilot – while we are getting more evaluations back than previous years, the students have already declared they don’t like Survey Monkey and would like this functionality integrated into OPAL. Discussions of the same are ongoing.
- Curriculum review of the 3rd year tutorials will commence in January 2018 with the Pediatric UGME Committee starting to revamp the format and content of the sessions offered on Tuesday noon hours.
- I am happy to report that 16 medical students will be joining us for electives in pediatrics and pediatric subspecialties in the Transition to Residency block in 2018. Recruitment for teaching is ongoing into the new year – many thanks to those who have volunteered for the clinical skills and academic sessions.

SAVE THE DATE

10 MAR
Department of Pediatrics Retreat
281 Donald Street (The MET)
12:30 - 5:30 PM
(followed by the Faculty Appreciation Dinner)

15 MAR
Next Departmenal Council Meeting
Frederic Gaspard, Theatre A
8:00 - 9:00 AM

5 APR
10th Irene Uchida Lecture
Frederic Gaspard, Theatre A
8:00 - 9:00 AM

3 MAY
Harry Medovy Lectureship
Frederic Gaspard, Theatre A
8:00 - 9:00 AM

Weekly Event
Recurs every Thursday from 8:00 - 9:00 AM

Pediatric Grand Rounds
Frederic Gaspard, Theatre A
DIRECTORS REPORTS

PGME - Dr. K. Gripp/ Dr. L. Doyle

- We’re in the midst of CaRMs right now, which is always very exciting. We have 130 applicants for 9 CMG positions. And 94 IMG applicants for 1 position here, including the Canadian studying abroad. We would like to thank Dr. Tavis Bodnarchuk, Dr. Raquel Consunji-Araneta, as well as Chief Resident Dr. William Li for helping us go through the Canadian Medical Graduate files.
- The common offer date for interviews will be on December 20, 2017, and that’s for all pediatric programs across Canada. We will be starting interviews on January 23, 2018, which will go over a period of 6 days.
- Competence By Design (CBD) is progressing really well. The plan is still a launch date of July 2019. We recently presented at Pediatric Grand Rounds to give a bit more information about CBD and what it will look like for everyone. We’re hoping to have some sessions facilitated at the Faculty Retreat, which will be more specific to your needs.
- Please remember that Morning Report is held on Tuesday mornings and is senior dedicated teaching. We still need some preceptors for that so if you are available between 8 and 9 on a Tuesday morning to teach those sessions, please let Rhonda Payne from the PGME office know.
- As part of our accreditation update in the fall of this year, we will be required to talk about the faculty evaluations of residents and how quickly they are being submitted after training. That was one of the things they identified as being very delayed in our program, so we’re hoping we can give a good report of timely evaluations in the fall.

Physician Assistant - Dr. S. Taback

Starting in January, we will have multiple learners on different services at the same time. Thanks to the residents and the other education directors, we’re being reported as the highest quality educational environment.

Subspecialty Programs – Dr. S. Fanella

- We’re looking ahead to the Pediatric Subspecialty match of 2019. The interview dates will be March 20 – May 7, 2019. We are trying to have as many common interview dates as possible as it worked very well last year.
- Dr. Merrilee Zetaruk has rejoined the committee as the Program Director for Sports and Dance Medicine which is an Area of Focused Competence (AFC) program.

Faculty Development - Dr. M. Chan/Dr. E. MacDougall

- Faculty Development Fund – call for applications will go out soon. See your emails for more detail.
- Med Ed Interest groups are continuing monthly. The next session is on January 8 led by Dr. Eleanor MacDougall on Career Transitions. All residents, fellows and faculty are welcome.
- Special visits
  - Johny van Aerde and Graham Dickson are visiting from January 9-10, 2018 to discuss healthcare leadership development and their white paper. Contact Ming-Ka if you are interested in meeting with them. They will be staying to facilitate a PLI session on physician engagement on January 11-12, 2018. Click here for more details.
  - Jamiu Busari from Maastricht will be visiting from May 22-25, 2018 to spend time with residents and fellows to discuss peer leadership development as well as meet with faculty to engage around leadership development in healthcare.
- The Mentorship working group has been working to develop orientation and onboarding materials for all faculty. Angie Horrocks took over the administrative portfolio in December 2017. Thank you to Lorelie Contreras for her past work.
DIRECTORS REPORTS

Transfusion Practices Committee – Dr. J. Stoffman

There is now some traction to get a massive transfusion protocol into pediatrics. We’re in the process of setting up a meeting for January with the key people in our group, which would be from Surgery, Anesthesia, ICU, and Emergency to meet with the people from Diagnostic Services Manitoba (DSM) and Transfusion Medicine. We’re looking at how to adapt the current adult protocol to be more specific to Pediatrics. In March 2018, we should have an update and timeline for bringing the protocol into Pediatrics.

Accuro Advisory Committee – Dr. A. Goldberg

- Pediatrics continues to have a strong attendance at the Accuro team meetings.
- The Section of Respirology will go on Accuro shortly and the Section of Genetics & Metabolism will be on in the Spring of 2018.
- Accuro has created some inter-section communication barriers. When sections that are not on Accuro work with sections that are on Accuro, it can create some issues. We need to work on fixing this.

PRCC/Research – Dr. G. ‘t Jong

- We are very grateful to our new committee member, Dr. Kristy Wittmeier, who brings a new perspective to the group.
- We’ve had a reasonable number of submissions every month and it’s all going well.

Children’s Hospital Research Institute of Manitoba – Nichola Wigle

- We’ve been working on a communications review and we are going to be transitioning to a new website. Rebecca Rallo, our Director of Communications & Marketing, may be in contact with you in the new year for updates.
- We want to ensure we’re connecting with other programs that are currently established. If there are any other research programs that are running, we want to create some linkages there and provide support.
- We’ve entered into a partnership with the Centre for Healthcare Innovation (CHI) to bring in some additional project management support to CHRIM.