Recruitments, Retirements & Role Changes

We welcome Dr. John Page and Dr. Rozeanna Skorlj who are finishing their PEM fellowship training and will start as attending CHED physicians in July 2020.

Dr. Felipe Briglia will be joining the Section of Pediatric Gastroenterology effective July 2020. Please join us in welcoming him to Winnipeg and to the Department.
We are pleased to welcome Dr. Rafiaa Valji to the Section of Pediatric Respirology, effective July 2020.

Dr. Raquel Consunji-Araneta will be retiring from the Section of Pediatric Respirology. Her last day will be June 30, 2020.

We are also saying goodbye to two of our PEM physicians, including Dr. Rami Ableman, who has accepted a position in Calgary starting in July, and Dr. Stevi Golden-Plotnik who has accepted a position in Edmonton but will still work shifts until September 2020.

Dr. Lonny Ross retired from Pediatric Plastic Surgery on May 29, 2020.

We would like to welcome Dr. Shannon Deane who will join the Section of Allergy and Clinical Immunology effective July 2020.

Dr. Tanya Brown will be leaving the Section of Hematology Oncology as of June 30th. We would like to wish her good luck in her future endeavors. Dr. Jayson Stoffman will be taking over her role as Program Director for Pediatric Hematology Oncology during the interim.

Dr. Bita Hashemi will be leaving the Section of Genetics & Metabolism on August 15th. We wish her all the best in her future endeavors.

Dr. Shayne Taback was selected to become the Vice-Chair for the Royal College of Physicians and Surgeons National Clinician Investigator Program Advisory Committee for the July 1, 2020 to June 30, 2021 academic year.

ANNOUNCEMENTS

Maintaining Psychological Health during COVID-19

Clinical Health Psychology (Shared Health/Max Rady College of Medicine) is providing an interactive session for medical staff colleagues and their departments and teams. This session includes identifying common reactions to the COVID-19 pandemic and the potential outcomes following the peak (or peaks) of the pandemic such as burnout and exacerbated or delayed mental health impacts. It covers practical evidence-based strategies to manage these stresses, and ways to enhance wellbeing and build resilience during this challenging time, for the individual and for the team, using lessons learned from past outbreaks and disasters. The session is led by clinical psychologists, who work with the unit or department to tailor the information to the unique circumstances and challenges of the group. The session is provided virtually, and can be delivered flexibly as a Grand Rounds, Webinar, or as a Q & A session, during the day or in the evening.

For more information, contact CHP's lead for this initiative: Dr. Maxine Holmqvist - mholmqvist@hsc.mb.ca.
On behalf of Dr. Patricia Birk, Provincial Specialty Lead, Child Health Program and Head, Pediatrics and Child Health, we are very proud to announce that Dr. Michael Moffatt has been awarded the Canadian Pediatric Society 2020 Alan Ross Award.

Established in 1976, the Alan Ross Award is the most prestigious honor given by the Canadian Pediatric Society. The award recognizes lifelong excellence in the fields of pediatric research, education, healthcare and advocacy.

Dr. Michael Moffatt was the Professor and Head of the Department of Pediatrics and Child Health at the University of Manitoba and Medical Director for the Child Health Program of the Winnipeg Regional Health Authority from 1998 to 2003. In February 2004, he took on the role of Executive Director of Research, Quality and Decision Support for the Winnipeg Regional Health Authority. He received a B.Sc.(1967) and MD (1970) from the University of Toronto. After a Rotating internship at the Royal Victoria Hospital, he spent two years as a General Practitioner in Fort Rae NWT where he developed a lifelong passion for northern and aboriginal health issues. He did his Pediatric residency at the Montreal Children’s Hospital qualifying with an FRCP and Certification in Quebec in 1977. He was a Robert Wood Johnson Clinical Scholar at McGill from 1977-79 and completed a Masters in Epidemiology and Health in 1981. After 4 years on Faculty at McGill, he moved to Manitoba in 1983, where he has continued to practice Pediatrics and has also held positions as Director of the JA Hildes Northern Medical Unit, Director of IM-PACT Injury Prevention Centre (1996-98) and Head of the Department of Community Health Sciences at different times. His research interests have included pediatric epidemiology, population health and clinical research in the health of First Nation and Inuit children, iron deficiency, enuresis, SIDS, early childhood caries and injury prevention. Developing interests include quality improvement in health, patient safety and knowledge translation. Clinically, he continues to provide consultation in general pediatrics to 3 northern communities.

He is currently Executive Director of Research and Applied Learning for the Winnipeg Regional Health Authority. This portfolio includes the Quality and Accreditation Services Team, Patient Safety, Health Information and Research and Evaluation and Library Services for the region. Assisting the Region in becoming an Evidence-Informed, Learning Organization is a major goal of his portfolio. He is also a Professor in the departments of Community Health Sciences and Pediatrics and Child Health at the University of Manitoba. He has supervised numerous graduate students and teaches in clinical pediatrics.

Please join us in congratulating Dr. Moffatt on this well-deserved incredible achievement.
On behalf of Dr. Patricia Birk, Provincial Specialty Lead, Child Health Program and Head, Pediatrics and Child Health, we are very proud to announce that Dr. Suzanne Robinson has been awarded the Academic Pediatric Association 2020 Research Award for Best Abstract by a Resident based on her abstract entitled, “Comparing the 2004 NIH and 2017 AAP blood pressure guidelines in Canadian children 6-18y using Canadian Health Measure Surveys.”

The goal of this award is to recognize research excellence by trainees in the fields of General Pediatrics (including Public Health, Epidemiology, Health Policy, and Underserved Populations), Health Services Research, Education, Adolescent Medicine, Child Abuse, Developmental/Behavioral Pediatrics, Emergency Medicine and Hospitalist Medicine.

Dr. Robinson is a third-year pediatric resident at the University of Manitoba. Here at the University of Manitoba, Dr. Robinson is recognized as an exceptional trainee, who has combined her clinical and research work with a number of other academic and personal pursuits, including lead authorship on at least two well received case-studies, service on the departmental search committee for a new chair, and upcoming publication in an anthology of essays by Canadian medical trainees.

Please join us in congratulating Dr. Robinson on this incredible achievement.
CHILD HEALTH PROGRAM
MOPC's & RESPECTIVE UNITS
Day Manager pager# 0940 | Utilization Facilitator, Kirsten Klassen (204) 226-3671

Lisa Merrill, Manager of Patient Care
WN2116 | 7-2495 | (204) 795-8695
- NICU
- The section of Neonatology
- Neonatal Sleep Lab

Amanda Pineda, Manager of Patient Care
WN2114 | 7-7674 | (204) 795-4606

Neil Crossland, Manager of Patient Care
CH102B | 7-4913 | (204) 471-3742
- CH Clinic
- Infectious Disease
- Subspecialty office of GI and Rheumatology
- Respiriology
- Pediatric Urodynamic Lab

Kristyn Ball, Allied Health Manager
CH212 | 7-2260 | (204) 794-0125
- Ophthalmology Clinic
- Children's Dentistry Clinic
- Child Protection Centre
- Child Life
- Pediatric Cardiology

Chelsey Bremner, Manager of Patient Care
CH519 | 7-4029 | (204) 330-0714
- CH5 – Medicine
- CK4 – Pediatric Special Care Unit (PSCU)
- Complex Care, Home Care – Enteral Feeding

Audra Kolesar, Manager of Patient Care
CK531 | 7-2572 | (204) 795-8914
- CK5 – Oncology/ Nephrology (incl. BMT)
- Pediatric Hemodialysis Unit (PHDU)
- The section of Nephrology, Nephrology Clinic

Lindsay Dojack, Manager of Patient Care
CS217 | 7-8878 | (204) 795-8934
- Pediatric Day Unit (PDU)
- CHP Float Pool
- Section of Neurology
- EEG

Sheila Hutton, Manager of Patient Care
JL45 | 7-2526 | (204) 795-8658
- CH Emergency Department

**Graciana Medeiros, Manager of Patient Care*
(Joint Director for Surgery – Laura Walton)
JL208 | 7-4297 | (204) 471-1785
- CH Operating Room (Slating)
- Recovery Room (PACU)
- Anesthesia Support (AOR, CHOR, WOR)

Sandie Kowalski, Manager of Patient Care
JL369 | 7-1214 | (204) 795-8620
- PICU
- PICU Administration

**Michelle Prange, Manager (Joint Director for Surgery – Laura Walton)
AE407 | 7-8979
- Children's PAC
- Pre Admission Clinic

Katrin Param-Vital, Manager of Patient Care
CK395 | 7-2568 | (204) 471-3958
- MS377 – Day Surgery
- CK3 – Surgery

**Nikki Hill, Manager (Joint Director for Respiriology – Tracy Simco)
CE431A | 7-7089
- Pediatric Sleep Lab
- Pulmonary Function Lab

Mary-Ellen Lee, Manager of Patient Care
CH419 | 7-2558 | (204) 795-8596
- CH4 – Acute Medicine
- DERCA / Endocrinology / Maestro
- Asthma/Allergy
- RSV
- The section of Hospital Medicine

Nicole Sneath, Acting Director of Patient Services, CH
CE208G | 7-2434 | (204) 795-9841
Admin Assistant: Rachel Rennie | 7-2993
- Fax# 7-4807

Updated: June 22, 2020
STATEMENT ON RACISM AND INTOLERANCE

Date: June 2, 2020

In solidarity with our American colleagues and families, the Pediatric Chairs of Canada wish to extend our sincerest condolences to the families of George Floyd, Breonna Taylor, Ahmaud Arbery and others who have died. As academic pediatricians, very familiar with the words “I can’t breathe”, we now have a more complete understanding of their true meaning. Naively, we have wanted to believe that a life regardless of colour, race, religion, economic status, or age is valued equally across our globe, but sadly, we know this not to be true. Racism and intolerance exist, and Canada is not immune. In addition to the discrimination experienced by our black community, the troubled history of our First Nations, Metis, and Inuit peoples exemplifies this, as does the challenges faced by our LGBTQ2+ community, visible minorities, religious minorities and those with disabilities.

As child health leaders, it is critical that we acknowledge not only that racism and intolerance exist, but we know that acknowledgement is not enough. Racism and intolerance are unacceptable - in our homes, in our schools, in our institutions, on our streets - anywhere in Canada! Children and youth are at greatest risk for adverse health outcomes when racism and intolerance live insidiously in our communities. As pediatricians, we are dedicated and honoured to positively influence the health and wellbeing of children and youth. We commit ourselves and our profession to the spirit of change that comes from doing what is right for our children and families, our colleagues, and our healthcare system. Let’s work together to stamp out racism and intolerance, everywhere.
La Liberte Sciences Magazine for Kids

*No Mercy for the Coronas!* tells the story of a castle that the villagers have to work together to protect against new and unfamiliar invaders (the coronas).

Created by La Liberté and POP Comm, and developed with the participation of scientists and researchers at Children’s Hospital Research Institute of Manitoba (CHRIM), University of Manitoba and St. Boniface Hospital Albrechtsen Research Centre’s Youth BIOlab Jeunesse, this home-grown effort is a tribute to leadership and expertise, right here in Manitoba.

In this 60-page publication, information, science, and communication professions come together to explain to youth in a fun and reliable way what happens to the human body when it is attacked by a virus like SARS-CoV2.

If you’d like to help support this project and important research into how viruses like COVID-19 are impacting children, please visit goodbear.ca/covid19. Fifty percent of your donation will help fund research at CHRIM, and 50 percent will support the No Mercy for the Coronas project.

Please visit [https://www.lalibertesciencesmagjunior.ca/](https://www.lalibertesciencesmagjunior.ca/) for the full magazine.

Below is a sample of what you can find in this valuable resource:
People get sick from the virus, but even more from the response of the body trying to fight the virus. This virus can make the body’s defences overreact, like an allergic reaction. In young kids, their defence cells fight calmly against the virus. As people get older, their defence cells can become more aggressive and sometimes overreact, damaging healthy lung cells while trying to attack the virus.

I am scared for my grandma and grandpa. Is that true that, like older oastles, older people get a lot sicker because of this virus?
1. Encourage your children to talk openly with you about the coronavirus:
   - This will help normalize any feelings and/or questions your child has about COVID.
   - Sharing fact-based, age-appropriate information can help correct misinformation children may have received from peers or other sources that may be fuelling anxiety.
   - Encourage your children to come to you with any questions they have so they can get accurate information (e.g. Why are people wearing masks? Why can’t I go grocery shopping with you anymore? Why can’t I see my friends anymore?)

2. Remain calm and reassuring:
   Children will look to parents and caregivers to determine how they should react.
3. Focus on details that are relevant to children:

- Share information about the things that you and your children can control—such as hygiene practices they can do to keep themselves healthy (e.g. wash hands, cough into elbow).
- Unless they ask, don’t volunteer information that might be worrisome.

4. Help your child focus on things that they can do that will create a positive environment for your family and community:

- Planning family activities (e.g. fort making, baking, slumber parties).
- Taking time to stay connected to friends and family from afar.
- Help foster generosity and kindness by involving children in opportunities to help those in the community who are most vulnerable & lonely (e.g. baking treats or making meals for older family members, sending a homemade card to patients and/or health care workers in the hospital).

https://www.lalibertesciencesmagjunior.ca/
DIRECTORS REPORTS

UGME - Dr. Maury Pinsk

UGME updates:

Preclerkship: When pre-clerkship closed down due to COVID-19, clinical skills was preempted. It is being revamped as a bootcamp as part of Transition to Clerkship, but with increased time allocated to Paediatrics at our request. This year we will be able to offer comprehensive newborn, child and adolescent history and physical exam sessions in teaching OSCE style formats. Doing so is allowing us to trial moving down to one observed history and physical during clerkship (from two), as students will have had a refresher on pediatric clinic skills. Many thanks to Sam Marin for leading this effort, and for Fabiana Postalow, Margo Lane and Chris Hohl for helping with curriculum development.

Clerkship: COVID-19 also affected clerkship, with Period 5 stopping mid March. Medical students returned May 25 with a modification of the rotation design to accommodate social distancing and conserving PPE. First and foremost, all didactic teaching moved to virtual formats. The late reintroduction of medical students is creating a significant overlap starting September 14, where an 8-week block with up to 30 medical students will be on paediatrics. To accommodate this, we are introducing a night float week with 3 call shifts (down from 4), including a weekend. This will eliminate post call days entirely. Students will not be doing night float call Wednesday night overnight to allow a attendance at the the academic half day on Thursday. CTU is thus reduced from 3 weeks to two weeks, but despite that change, the elimination of post call days means that students will be physically present 8 days instead of 9 days. On the ambulatory component, we are creating a week of subspecialty exposure which will be a combination of in and outpatients opportunities, and allow students to choose their subspecialty exposure. General paediatrics will be reduced from 5 to 4 half day clinics, and ER/MTA will reduce from 4 to 2 shifts. Well-baby, neonatology and dermatology will be unchanged. These changes will allow us to double the capacity of the rotation, and keep the size of CTUs manageable. Many thanks to all preceptors for their flexibility and support for these changes. Also starting in Period 1 (August 21), Entrada will roll out as the new electronic platform for clerkship, and along with that new evaluation forms that can be completed at point of care. The forms have been changed to reflect a CBD model of assessment, and map behind the scenes to the FITER, which persists as the final assessment tool for clerkship.
**Finance Committee Updates**: The Finance Committee has been involved in reviewing several new policies and documents, as well as planning for the impact of COVID-19. First, the Accuro contract was reviewed, and remains unsigned by the Department of Pediatrics and Child Health. This reflects concerns of how the financial obligations to maintain Accuro may be binding, especially if a new EMR is mandated by Shared Health. This is not a change from the status quo. We have reviewed the draft contracts for GFT members, which will allow contract renewals to be spaced every 3 years, instead of annually, as well as more clearly outlining expectations on academic deliverables. Finally, COVID-19 is anticipated to have a negative impact on clinical billings, and thus the overhead budget. The Finance Committee and Department Chair endorse meeting any shortfall by using reserve funds, and not making any changes to the tithe at this time.

**PGME - Dr. Jayson Stoffman & Dr. Megan Cooney**

PGME continues to adjust and adapt to online academic activities and virtual clinics. We have generally been able to maintain our rotations and schedules, which is a testament to the adaptability and flexibility of everyone involved. This has also been an opportunity to innovate – the OSCE and Bootcamp will be moving to a virtual platform, and we are discovering novel ways to deliver education in an ever changing environment. I know that this will be invaluable learning as we prepare to transition to CBD on July 1, 2021. Thanks to all the Faculty preceptors for your support throughout this process.

We are currently preparing for our incoming cohort of residents and getting ready to say farewell to the residents who will be leaving us. This was certainly not the departure we envisioned for them, but are glad we are able to celebrate a virtual graduation and grateful to the support of the Department in providing them with a virtual dinner party. We wish them all success in their future endeavours!

As we come to the end of this academic year, I want to acknowledge the hard work of the Pediatric PGME office. **Rhonda** and **Kathlyn** continue to work incredibly hard behind the scenes to support the residents and the program through the expected and unexpected challenges. Finally, I want to extend my thanks to all of the residents, who continue to show great commitment and dedication to their education and clinical service, and showed incredible professionalism over these last very challenging months.
Rehabilitation Clinics at SSCY Centre - Dr. Gina Rempel

Clinic processes have been adjusted related to COVID-19 recommendations. As of now, clinics are ramping up for in-person visits for therapy and clinics to meet the target of 30% in-person visits for children requiring rehabilitation services. In-person visits are happening for all children who need urgent adjustment of their equipment that cannot be addressed virtually.

**Outpatient Clinics**

**Feeding Clinic** - Feeding Clinic continues to run at near full volume with most visits being done by phone at this time. Allied health, physicians and nursing staff are doing most of their work onsite with use of the polycom to allow for social distancing during phone visits with families. Onsite visits are occurring when a physical assessment is required. Families are doing home weights (yes – using Fish Scales provided by Feeding Clinic) and sending the information in for the telephone consultation. A weighing area has been set up in the front reception area to facilitate families with larger children who may require the wheelchair scale or hoyer lift scale for weighing. This is working well and limits the child’s exposure to more acute settings for weights needed to update feeding and nutrition plans.

**Complex Care** – Nurse Clinician and physician are contacting all families by phone to assess needs and assist with issues such as supplies and medication.

**Spina Bifida Clinic** – This clinic also continues on a teleconference basis and videoconferencing when required to view a device or brace.

**Orthopedic and Spine Clinics** - These clinics are operating totally by videoconferencing with x-rays occurring the day previous when required for management. New referrals are being screened by videoconferencing to assess acuity.

**Muscular Dystrophy and Respiratory Clinic** – Is occurring via video or teleconference with allied health, nursing and physician participation.

**Spasticity Clinic** – Nurse Clinician, physician and PT contact families by telephone and assessment occurs via video conference when required.

**Outpatient Physiotherapy and Occupational Therapy**

Therapists are working a combination of remote access to the medical record and onsite with phone calls or videoconferencing occurring for most of the appointments. Virtual home visits for environmental access such as ramps or lift systems are occurring, as well as, outdoor home visits to assess ramp access are available with phone screening and social distancing.

**Specialized Communication Resources for Children**

All staff are working from home aside from the admin support person. The Relate Parent series continues via videoconferencing and reported to be working well. We continue to produce communication boards and symbols for families and therapists to distribute.
We are excited about the operationalization of CHEDVIP (Children’s Hospital emergency department violence intervention program) to help support youth who are victims of violence and for our soon to begin lab support within Children’s ED.

We are so grateful for everyone’s assistance during these last few months as we have navigated the arrival of potential COVID patients in our ED. In particular we would like to thank our nursing leaders and educators who have been true partners in every sense of the word and for our Pediatric leaders for their advocacy and support of necessary modifications for best patient care.

Quality - Dr. Valerie Brule & Dr. Kyle Millar

Your Quality Improvement team is working hard on many projects and we look forward to presenting our vision to you in the near future. Currently, we are proceeding as though accreditation will occur in November 2020 so stay tuned for “need to know” information coming in early fall. This summer we also plan to roll out our escalation protocol for when patients are deteriorating or at risk of doing so. This is phase one to future implementation of a pediatric early warning system. Any questions, comments or concerns, please email vbrule@hsc.mb.ca

16th Annual Child Health Research Days

Save the date: October 7-8, 2020 | Virtual Conference

Registration details will be announced soon
The first virtual Department retreat held Friday, June 12th was a great success. We had over 100 attendees for the majority of the afternoon. The feedback we have been receiving in the Department has been positive and our next virtual retreat will be either this fall or early 2021. The retreat was recorded and the link will be distributed to the entire department.

As well, many people requested the poem that was displayed at the end of the retreat. Please find this beautiful poem by Dzung X. Vo attached on the next page for your enjoyment.
i can’t breathe
said George Floyd
the knee of four hundred years of racism
on his neck

i can’t breathe
said the woman
with fear
in her eyes
her lungs attacked by coronavirus
as she was put onto the ventilator

i can’t breathe
said the nurse, exhausted
after a long shift
sweating under a hot surgical mask
and foggy goggles

i can’t breathe
said the young man
poisoned by a toxic drug supply
and generations of trauma and loss

i can’t breathe
said the one hundred thousand
dead americans
a nation
and a world
in mourning

i can’t breathe
said cities choked in smoke
from a planet on fire

breathe my dear
said the buddha of our time reminding us of the way
to love and healing and transformation

breathe my dear said the beloved community
grieving
and waking up together

breathe my dear
said mother earth
and let my oceans, mountains,
and forests embrace you

right now
when it seems so hard just to breathe

right now
just breathe

Dzung X. Vo