*Pictures courtesy of the Children’s Hospital Foundation

Department of Pediatrics and Child Health
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Our Mission Statement

Department of Pediatrics and Child Health
Faculty of Medicine - University of Manitoba

MISSION

“To create, preserve and communicate knowledge, and thereby, contribute to the cultural, social and economic well being of the people of Manitoba, Canada and the world by providing high quality medical education and by participating in first class research”

VISION

- To provide high quality medical education to future physicians and current physician/trainees while participating in the education of other health care providers.
- To contribute to the advancement of medical education by supporting physicians, trainees and stakeholders in research advancement.
- To provide the most up to date, evidence-based education, that leads to clinical competency from routine pediatric health care.
- To care for the medically complex and high-risk patients, including all medical sub-specialties across the continuum of care.
- To train physicians to have a passionate desire and ability to provide excellence in clinical care.
- To contribute to the advancement of the science of medical care through research and academic enquiry.
- To provide high quality, comprehensive, family-centered health care for children in Winnipeg, Manitoba, Northwestern Ontario and Nunavut.
Our Mission Statement

Child Health Program
Winnipeg Regional Health Authority

MISSION

“Working together for healthier children by providing high quality, comprehensive, family-centered health care”

VISION

To ensure that all children reach their full potential by:
- Continually improving the services we provide
- Advocating for children
- Being leaders in research and learning
- Providing care that is high quality, evidence-based and accountable
- Valuing our staff and fostering an environment of teamwork, professional growth, and mutual respect

VALUES

Continuous Improvement    Vision
Safety                      Innovation
Mutual Trust and Respect    Learning
Timeliness                  Advancement of Knowledge
Family Centered Care        Leadership
Cultural Sensitivity        Accountability
Communication              Teamwork
Client Satisfaction         Partnership
Department Head’s Message

Cheryl Rockman-Greenberg, MD, CM, FRCPC, FCCMG

Professor & Head, Department of Pediatrics and Child Health, University of Manitoba
Medical Director, Child Health Program, Winnipeg Regional Health Authority

As my tenure as Head of the Department of Pediatrics and Child Health and Medical Director of the WRHA Child Health Program draws to a close, I wish to express my sincere appreciation to everyone who has contributed and continues to contribute to the academic life of our Department and our Program and especially to everyone’s unwavering commitment to the infants, children and youth who are entrusted to our care. I have thoroughly enjoyed my tenure as the Chair of the Department of Pediatrics and Child Health and Medical Director; it has fulfilled all of my expectations and the rewards to me personally have been infinite. It has been an exhilarating, surreal and humbling experience that I will remember for the rest of my life.

I am very grateful to the leadership at the University and WRHA that has provided me with many examples of how to lead and guide change even in the face of obstacles. The experiences I have had in my administrative roles have fulfilled all of my expectations but the rewards to me personally have been truly infinite. I know that the Child Health Program at Children’s Hospital and at St. Boniface General Hospital provides exemplary care. I know we are a truly top-notch Department, with top-notch research and academic faculty and we provide exemplary clinical care at Children’s Hospital, at St. Boniface General Hospital, in Community Pediatricians’ offices, in urban and rural community sites with which we are affiliated such as the Rehabilitation Centre for Children, St. Amant Centre, Pan Am Clinic, Primary Care networks, Cancercare Manitoba, Brandon, Thompson and Dauphin. As a top-notch academic clinical Department we maintain very close ties with many University departments including Community Health Sciences (and the Manitoba Centre for Health Policy), Biochemistry and Medical Genetics, Physiology, Family Medicine, Surgery and Medical Microbiology to name a few and especially with the Manitoba Institute of Child Health.

The 2012 and 2013 biennial report provides you with an overview of our Department with the consolidation and expansion in all areas of our mandate - clinical care, teaching, research and administration. This report contains updated information about the demographics of our Department, recruitment over the past 10 years, the age and gender distribution of the Department, the breakdown of the main roles of our Faculty members and the governance of our educational programmes. We have new information about the Sections of Pediatric Palliative Care and Rehabilitation Medicine and the PhD Basic Scientists in our Department.
The Department continues to promote the principles of creating a culture of respect and the highest professional standards. We are a Department that values science and research and has made major investments in research, both transformational basic science as well as translational and targeted research through the recruitment of clinician scientists, PhD scientists and the establishment of an endowed professorship in addition to our endowed Chair in Child Health.

We are also in the midst of the creation of another endowed professorship and, with time, hopefully an additional endowed Chair. I know we will continue to work together with multiple stakeholders to help face challenges of childhood diseases, of developing innovative ways of providing care for children using a Shared Care model, of developing innovative ways of teaching and learning with interprofessional education, and ongoing Faculty Development.

The Department is the university academic home for those interested in pediatrics and child health. The career of every person in the Department is important and every member of the Department has to feel valued, especially early in their careers. We will continue to support the Vision of the Department: “To provide the most up to date, evidence -based education that leads to clinical competency for routine pediatric care and to contribute to the advancement of science through research and academic inquiry”. The challenges remain many but I know that our clinical programs will continue to promote core values of social responsibility and professionalism and we will enhance the Department’s and the Child Health Program’s roles as the main hub for tertiary care, for the care of the child with complex needs and for the most vulnerable infants, children and youth in all of Manitoba, remaining aligned with the strategic goals of WRHA, other RHAs and Primary Care initiatives of the Province and with right mix of general and subspecialty pediatricians, academic clinicians, clinician scientists, PhD scientists and clinician investigators.

For those who are interested, the Department also maintains an up-to-date website http://umanitoba.ca/faculties/medicine/units/pediatrics/index.html and this Report is available as a PDF download on the Department of Pediatrics and Child Health Website (http://umanitoba.ca/faculties/medicine/units/pediatrics/quality_initiatives/7452.html).

From someone like myself who has had the privilege of witnessing first-hand the steady commitment and contributions made by all of you, and on behalf of the most precious members of our society- our children- Thank you!
Departmental/Academic Composition

Composition of our Department - December 31, 2013

GFTs Primary Appt in Pediatrics: 89
- Clinician Scientists: 9

Non-GFT General Pediatricians Primary Appt in Pediatrics: 47
- Community: 39
- Hospital-based: 8

Non-GFT Subspecialists: 29
- Allergy: 4
- Child Protection: 1
- Dermatology: 4
- Developmental Pediatrics: 2
- Emergency: 13
- Infectious Diseases: 1
- Palliative Care: 3
- Rheumatology: 1

PhD Basic Scientists Primary Appt in Pediatrics: 9

DEPARTMENTAL TOTAL: 174

Cross Appointed (MDs and PhDs): 64

OVERALL TOTAL: 238

Academic Composition

- 1 Endowed Chair (Robert Wallace Cameron)
- 1 Endowed Professorship
- 9 Clinician Scientists
  - General Academic Pediatrics/Hospital Medicine (3)
  - Neonatology (2)
  - Pediatric ED (1)
  - PICU (1)
  - Allergy (2)
- Clinician Investigators
  - Endocrinology & Metabolism, Pediatric Nephrology, Pediatric ID, Genetics & Metabolism, Child Development, Pediatric Neurology, Pediatric Hem/Onc; Pediatric Respirology; Rheumatology; Rehab Medicine; Pediatric GI
GFT Academic Rank

- **18 Professors**
  - 11F; 7 M
  - None promoted in last 10 years

- **30 Associate Professors**
  - 15 achieved academic promotion in last 10 years
  - 4 M; 11 F

- **41 Assistant Professors**

- **GFTs with Advanced Degrees (total 28)**
  - *In past 10 years:*
    - 7 new GFT recruits with PhDs
    - 7 new Masters degrees
      - 1 MEd; 1 MBA; 5 Masters in Comm Health Sci/Clin Epi/Public Health

- **Numerous Faculty leadership positions**
  - Associate Deans; Assistant Dean; Curriculum Renewal Leads
  - Clinician Investigator Program Lead
  - Leadership Training Courses

2012/2013 Pediatric Residents and Subspecialty Trainees

- **Residents: 35**
- **Fellows: 26**
  - **9 Fellowship Training Programs:**
    - Neonatology
    - Infectious Diseases
    - Allergy and Clinical Immunology
    - Developmental Pediatrics
    - Hematology/Oncology
    - Nephrology
    - Respirology
    - Emergency Medicine
    - Genetics
Proportion of GFTs by Category from 2005-2013

There were no

Age and Gender Distribution of GFTs at the end of 2013 (n=89)

- Male (Mean Age = 50)
- Female (Mean Age = 48)
- Total

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-40 y.o.</td>
<td>16</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>40-50 y.o.</td>
<td>32</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>50-60 y.o.</td>
<td>21</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>60-70 y.o.</td>
<td>17</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>70-80 y.o.</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>80-90 y.o.</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Awards and Announcements

2012
- **Dr. Bob Schrotth**, recipient of the 2012 Rh Award in Health Sciences. (Dr. Robert Schrotth; Pediatrics and Child Health, Preventive Dental Science, Manitoba Institute of Child Health) is committed to improving the oral health of children in Manitoba. His research was the first to identify the link between tooth decay in kids and the prenatal nutrition of their mothers. He is currently investigating the relationship between vitamin D deficiency and oral health in young children.
- **Dr. Charles Ferguson**, recipient of the 2012 Leighton Young Distinguished Pediatrician Award
- **Dr. Kent Hayglass**, Department of Immunology, Pediatrics, & Medical Microbiology, recipient of the Dr. John M. Bowman Memorial Winnipeg Rh Institute Foundation Award of 2012, in recognition of his outstanding research accomplishments.
- **Dr. Kiem Oen**, selected by the Canadian Rheumatology Association; recipient of the CRA Distinguished Rheumatologist Award for 2012.

2013
- **Dr. Allan Becker**, received a Queen Elizabeth II Diamond Jubilee Medal in 2013. Dr. Becker was nominated for the award by the Manitoba Lung Association.
- **Dr. Cheryl Rockman-Greenberg**, 2013 February CORD Rarity Award, Canadian Organization for Rare Disorders.
- **Dr. Cheryl Rockman-Greenberg**, received the 2013 Dr. John M. Bowman Memorial Winnipeg Rh Institute Foundation Award. The Dr. John M. Bowman Memorial Winnipeg Rh Institute Foundation Award was established in 1997 and is awarded to an established University of Manitoba faculty member in recognition of outstanding research accomplishments.
- **Dr. F. Estelle R. Simons**, elected to the Canadian Academy of Health Sciences. She was installed as a member on September 19, 2013 in Ottawa.
- **Dr. F. Estelle R. Simons**, 2013 recipient of the major award for Allergy in Canada from the Canadian Society of Allergy and Clinical Immunology the “Jerry Dolovich Award”. This recognizes life time achievement in the specialty in Canada.
- **Dr. Faisal Al-Somali**, Manitoba Medical Students Association (MMSA) award for clinician of the year.
- **Dr. Faisal Al-Somali**, PUGME – Community- based pediatrician of the year award.
- **Dr. Faisal Al-Somali**, awarded the Most Outstanding Clinician award in Pediatrics at the IMG Graduation & Award Ceremony.
- **Dr. Geoff Cuvelier**, awarded Clinical Teacher of the Year by Med 3 and Med 4. This was presented to him at the MMSA awards.
- **Dr. Karen Gripp**, PUGME - awarded Hospital - based pediatrician of the year award.
- **Drs. Kristy Wittmeir, Brandy Wicklow, Angela Griffith, Elizabeth Sellers, Heather Dean and Jon McGavock’s** article “Success with Lifestyle Monotherapy in Youth with new-onset Type 2 diabetes”, published March 2013 Paediatrics & Child Health, winner of the 2013 Dr. Noni MacDonald Pediatrics and Child Health Award.
- **Dr. Michael Narvey and NICU team**, Program’s Leading Practice submission “Use of Telemedicine to Support Care of Newborns in Rural Manitoba” - recognized as a Leading Practice by Accreditation Canada. [http://www.accreditation.ca/knowledge-exchange/leading-practices](http://www.accreditation.ca/knowledge-exchange/leading-practices)
- **Dr. Sylvia Kovnats**, recipient of the 2013 Leighton Young Distinguished Pediatrician Award at the annual Manitoba Pediatric Society dinner held on Monday June 17 2013.
The Department of Pediatrics and Child Health would like to extend its sincere gratitude to the following individuals and groups who have helped assemble this report:

- The Program Management Team of the Child Health Program (WRHA):
  - Dr. Cheryl Rockman-Greenberg (Medical Director)
  - Ms. Susan Fogg (Director of Patient Services and Program Director)
  - Ms. Dianna Evangeline (Administrative Director)
  - Ms. Cheryl Susinski (Executive Director, Rehab Centre For Children);
- Our dedicated physicians, nurses, medical students, Pediatric Residents and Fellows, research assistants, allied health professionals and other health care workers who work tirelessly to provide the best in care for our patients and are committed to advancing pediatric medicine;
- Our administrative support staff – the “unsung heroes”; those who provide the necessary but often unheralded work behind the scenes to support those who provide care;
- Our Department of Pediatrics and Child Health Section Heads who contributed immensely to this Report;
- Our deepest gratitude to the **Children’s Hospital Foundation of Manitoba** (www.goodbear.mb.ca) and the **Manitoba Institute of Child Health** (www.mich.ca) for their unwavering support;
- Special thanks to the following individuals and those who work with them:
  - Angie Horrock, Administrative Assistant to the Head, Department of Pediatrics & Child Health, and Medical Director, Child Health Program
  - Raman Dhaliwal, Business Manager, Pediatrics & Child Health
  - Monica Redondo, Financial Assistant, Pediatrics & Child Health
  - Lawrence Prout, President and CEO, Children’s Hospital Foundation of Manitoba
  - Mal Anderson, Executive Director, University Medical Group
- Extra special thanks to **Cybel de Juan** for spending endless hours putting together this Biennial Report;
- Lastly, to the **WHRA and the Faculty of Medicine, University of Manitoba** and the community at large for supporting the Department, the Children’s Hospital and the entire Child Health Program and the work done by all of our staff.
Medical and Scientific Staff:

Allan Becker (Section Head)      Nestor Cisneros
Anna Drewniak                   Tom Gerstner
Elinor Simons (started 2014)    Tracy Pitt
Elissa Abrams (started 2014)    Zhikang Peng
Estelle Simons

The Section of Allergy and Clinical Immunology continues to advocate for and to demonstrate excellence in clinical care, research and teaching. Full-time academic clinicians are Dr. Allan Becker and Dr. Estelle Simons. Dr. Nestor Cisneros continues as Training Program Director, continues to hold consultation clinics at the hospital but has also established a community clinical practice. Assisting with the training program is Dr. Tom Gerstner who also contributes clinical teaching time within the Section of Allergy and Clinical Immunology. Consultant clinician support is also provided on an intermittent basis by Dr. Tracy Pitt and Dr. Elinor Simons.

We celebrated the first full year of our move to the Thompson Children’s Allergy and Asthma Centre. This Centre encompasses the Children’s Asthma Education Centre, (CAEC) led by Ms. Cathy Gillespie, which supports inpatient and outpatient referrals and provides community support in primary care physicians’ offices. In addition, the Children’s Asthma Education Centre has established a school based asthma education program, the “Roaring Adventures of Puff” (RAP).

The Centre continues to provide excellence in asthma education in both individual sessions with children and families as well as with our primary focus on small group interactive teaching sessions. The addition of SMART Board™ technology has made our sessions more interactive, especially for children and teens. In addition, Telehealth sessions were introduced in the Children’s Asthma Education Centre to support professional development relating to asthma for health care professionals throughout the province. We have also developed an Asthma Education video, “Asthma Control, Pieces to the Puzzle” which is available for distribution to health care professionals and to families. The CAEC website continues to provide an asthma resource for families and health care professionals. The educators, with the support of Dr. Cisneros, have received funding from the Children’s Hospital Foundation to support development and piloting of a food allergy and anaphylaxis education program for parents of young children with severe food allergy. A pilot program was initiated this year, and early results indicated that it is both needed and will be successful in support of children with food allergy and their families.

During 2012/13, Dr. Estelle Simons celebrated thirty-eight years in the Department of Pediatrics and Child Health with her 550th peer-reviewed publication. Her current research is focused on anaphylaxis and includes the development of a non-invasive method of epinephrine (adrenaline) administration for patients who develop anaphylaxis in community settings. In 2012/2013, she gave invited plenary lectures on anaphylaxis on five continents and received several major international awards. Additionally, she continued to lead a team of 100 global allergy/immunology specialists in developing and disseminating the World Allergy Organization Guidelines on the Assessment and Management of Anaphylaxis. This illustrated publication has been widely circulated and adopted by many specialty and primary care groups worldwide. The key messages of the Guidelines have been translated into 14 languages. Updates of the evidence base supporting the recommendations in the Guidelines were published in 2012 and 2013.

Dr. Zhikang Peng continues her active research program focused on understanding and modification of inflammatory diseases including allergic diseases and colitis. Active immunization has been the focus of her research as noted in her publications. She also has been an invited speaker nationally and internationally, with a particular focus on vaccine therapy for inflammatory diseases.

Dr. Allan Becker continues a strong research program focused on the understanding of early life events in the development of chronic complex diseases, primarily with allergy and asthma in young children. He continues as an active member of the Global Initiative on Asthma (GINA) in both the science committee and as a co-author of the Global Initiative of Asthma Guidelines for the assessment and management of asthma in young children. Dr. Becker also serves on the Project Review Committee for the NIH supported consortium AsthmaNet. He is Co PI of the Canadian Healthy Infant Longitudinal Development (CHILD) study and site director in Manitoba for that study. His research team, led by Ms. Rishma Chooniedass, has an enviable record for recruitment and retention of families for this important study defining gene-environment interactions in development of allergy and asthma. He has lectured and conducted workshops nationally and internationally.

Our training program for Clinical Immunology and Allergy continues to attract Pediatric trainees and has a linked academic program with the Internal Medicine Clinical Immunology and Allergy program. Our educators and trainees have presented research from the Section of Allergy and Clinical Immunology at national and international meetings. The Section is well represented in those academic venues. The Section continues to receive substantive research support of well over one million dollars per year of peer reviewed research grant funding.
Ambulatory Care

The Section of Pediatric Ambulatory Care which consists of Drs. L.M. Collison, Postl, Moffatt, Hyman, Ali, Hildes-Ripstein, Lane, Al-Somali, 't Jong, S. Collison, Lindsay, and Longstaffe provides medical care to an outpatient and inpatient group of pediatric patients, many of whom have complex problems. Through their affiliation with the J. A. Hildes Northern Medical Unit, and the Department of Community Health Sciences, Section members provide ongoing consultation services for communities in northern Manitoba, Nunavut and northwestern Ontario.

- The Section of Pediatric Ambulatory Care provides medical care, particularly to Winnipeg’s inner city, through the general Children’s (Outpatient) Clinic. It also provides Northern Referral Clinics at the outpatient clinic for children from northern Manitoba and Nunavut. These communities are also served by direct liaisons with the consultant Ambulatory pediatricians who regularly visit these communities.

- Numerous medical sub-specialty clinics are also offered by the Section, such as: Neonatal, Encopresis/Enuresis, Teen clinic, and Behavioral clinic.

- The section has also established a Satellite Clinic at 200 Goulet Street in St. Boniface with clinics for older children with FASD, behavioral concerns, ADHD, eating disorders, a Teen Specialist clinic, and two clinics run by Child and Family Services under the direct care of Dr. Ming-Ka Chan. The Satellite Clinic also has a consulting Psychiatrist Dr. Julie Enyingi from MATC who attends on Friday mornings to review specific consultations on site.

- Dr. Geert ‘t Jong has recently joined the section as a Research Scientist and General Pediatrician, contributing in out-patient clinic, in-patient coverage (Pine Service), and on-going research.

- Dr. Faisal Al-Somali is also a recent recruit dividing his time (50% general pediatrics and 50% Respirology.)

- Dr. Margo Lane acts as an ongoing liaison with the Adolescent Psychiatry Team, and is also the specialist for the Adolescent Eating Disorders Program and Teen clinics at Children’s Hospital and the Satellite office.

- The Section of Pediatric Ambulatory Care is actively involved in the education of residents, medical students, International medical graduates, physician assistants, and nurse practitioner students. Dr. Abdalla Ali is the Education Coordinator for all the learners.

- Residents rotate through both General Pediatric Medicine and Adolescent Medicine, and accompany Section members on their northern consultation trips. Trainees also attend the more focused clinical programs.

- Within the Section of Ambulatory Care, the sub-section of Sports & Dance Medicine cares for children who have sustained musculoskeletal injuries in the course of play; this sub-section consists of Drs. Zetaruk and Hyman.

The General Pediatricians from the Ambulatory section also participate in Ward Service, attending on Pine Service. Dr. Jeff Hyman is the Medical Director and Drs. Ali and Al-Somali, ‘t Jong and Kristin Hamilton, frequently rotate as Service Chiefs.

Medical and Scientific Staff:

- Gina Rempel (Feeding Clinic)
- Jeff Hyman
- Margo Lane
- Merilee Zetaruk
- Michael Moffatt
- Sally Longstaffe
- Susan Collison

Geert ‘t Jong

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The Section of Blood Group Serology (Rh Laboratory) continues to function as a local, national and international reference centre for the resolution of blood group incompatibility problems.

During the past two years, the Section of Blood Group Serology (Rh Laboratory) has been involved in a number of basic science and clinical research projects. As with any research lab, some projects have been completed, some are nearing completion, some are on-going, and finally some are just starting.

Of the projects recently completed, three involved the identification of disease-causing genes, and definition of the underlying mutations. A locus for the autosomal dominantly inherited condition known as hereditary xerocytosis was mapped to chromosome 16, mutations in the G-protein signalling molecule were identified as the cause of an autosomal recessively inherited form of deafness, and null mutations in the ubiquitous transport molecule ABCG2 gene were identified as defining the JR− blood group phenotype.

Our studies of inherited Severe Combined Immunodeficiency in two isolated populations of Manitoba are soon to be published and because of this information, targeted prenatal screening will facilitate early diagnosis and treatment.

We continue our studies of the Lan− and Vel− blood group phenotypes, with respect to altered expression and defining the alleles responsible for rare blood types, in an effort to identify compatible blood for select patients. Finally, we continue our work on Noonan’s Syndrome, CPT1 Deficiency, and the genetic basis of Rh incompatibility.
The Section of Pediatric Cardiology continued to undergo significant growth and expansion in terms of clinical activity, research, and teaching endeavors. The Section continues to operate with a complement of 4 full-time cardiologists (Drs. Soni, Pepelassis, Buffo, and Schantz).

- The Section performed over 3700 outpatient assessments and over 750 inpatient consultations per year.
- The out of province cardiac surgery program managed by nurse clinician, Lea Legge, and social worker, Garry Robinson, coordinated the surgical care of over 150 children per year in surgical centers across Canada and facilitated the necessary out of province family support. The program bid farewell to Garry Robinson who retired in December, 2013 after many years of service at VCHC. Our new social worker, Cathy Farwell, began her new role at VCHC in December, 2013 also.
- Dr. Pepelassis continued to build on the depth of the cardiac catheterization program with over 80 procedures performed per year. He also performed a number of higher risk procedures at Stollery Children’s Hospital in Edmonton. He and nurse clinician, Pam Wiebe, continued their collaborative work on the National Taskforce on Pediatric Pulmonary Hypertension.
- Dr. Buffo continued to expand and develop a dedicated pediatric arrhythmia program. He continued to perform radiofrequency ablation procedures both at St. Boniface Hospital and Stollery Children’s Hospital in Edmonton. His expertise enables pediatric holter monitors and pacemaker assessments to be analyzed by a dedicated pediatric electrophysiologist and he expanded his interpretation expertise to all pediatric holter monitor tests performed across the entire province. He also established the use of pediatric implantable loop recorders in this population. Nurse clinician, Amber Ducheck, undertook extensive training to become the first dedicated pediatric pacemaker nurse in this program and collaborated with Dr. Buffo to establish a pacemaker clinic based out of Variety Children’s Heart Centre. This saves patients having to travel to St. Boniface hospital for pacemaker follow-up.
- Dr. Soni further expanded fetal cardiac services resulting in a significant improvement in antenatal detection rates and a reduction in neonatal cardiac morbidity. Over 120 fetal cardiac assessments were performed by her representing further growth of this program.
- Dr. Soni along with nurse clinician, Lea Legge, continued to develop the pediatric cardiac transplantation program with further centralization of care in Winnipeg. A joint collaborative transplant follow-up clinic between Pediatric Nephrology and Cardiology was established. Cardiac transplant cardiologists travelled from the University of Alberta and the Toronto Hospital for Sick Children to carry out joint transplant clinics here. The ongoing ability to provide rescue ECMO services enabled the sickest of these children to survive to transplantation.
- Dr. Schantz began to lay the foundation for a provincial Pediatric Cardiac Outreach Network and successfully organized and ran a pilot outreach clinic at Thompson General Hospital in September, 2013.
- The Winnipeg program continued to be an important member of the Western Canadian Children’s Heart Network. Dr. Soni was appointed by the Deputy Ministers of BC, Alberta, Saskatchewan and Manitoba to become the next Deputy Chair of the WCCHN, a position previously held by Dr. Brian Postl. Dr. Soni continued to serve as a member of the Clinical Operations committee, fetal, echocardiography database and transplantation taskforces, Dr. Pepelassis served on the research taskforce and Dr. Buffo served as a founding member of PACE West, a Western Canadian network coordinating pediatric arrhythmia services.
- At the national level, Dr. Soni completed her 3 year term as the president of the Canadian Pediatric Cardiology. Dr. Pepelassis served as a member of the Canadian Taskforce on Pediatric Pulmonary Hypertension and Dr. Soni served as a member of the Canadian Heart Failure Study Group Steering Committee.
- The Section continued to develop research interests in the areas of fetal cardiology, rheumatic fever, epidemiology of specific forms of congenital heart disease and acquired pediatric heart disease (e.g. Kawasaki’s disease) and cardiac biomarkers in addition to remaining actively involved in teaching at the undergraduate and postgraduate levels.
Overview: The Section of Developmental Pediatrics continues to provide multidisciplinary diagnostic and early intervention services for infants and preschool children with developmental and behavioural problems. In partnership with the Ambulatory Section and with the Section of Community Pediatrics, diagnostic and support services are provided for some school children with developmental and/or behavioural problems. Multiple assessment formats have been developed with single discipline, double discipline or multidisciplinary assessment formats as indicated.

Intake/assessment formats: A staged multidisciplinary intake process has been developed with quality standards developed and achieved for timing of planning and feedback about the assessment plan. Telephone consultation is available to families and referral sources about referrals and processes. In partnership with the Section of Child Protection 2 weekly clinics are help to provide assessments for preschool children with developmental and/or behavioural problems in the context of past abuse/neglect or other trauma.

The Section offers 2 week diagnostic nursery sessions three times yearly to assist with assessment of more complex children. A Neurodevelopmental Consultant is part of the Clinic assisting with diagnostic testing and observation of children with more complex problems. There is also regular consultation provided to children from Dr Jack Perlov, Department of Child and Adolescent Mental Health who works in partnership with the developmental paediatricians in assessment of children with potential psychiatric diagnoses. The Child Development Outreach Service provides home or day care observations for children with more complex challenges to assist with diagnosis and provide short term intervention in the home or day care when needed. In partnership with the Department of Clinical Health Psychology, multidisciplinary assessments are provided as needed and treatment needs determined and facilitated.

Provincial Outreach Clinics: The Section offers regular community outreach clinics in Brandon, Dauphin, Morden and The Pas Manitoba.

Partnership Manitoba FASD Centre/FASD Network: Under the directorship of the Executive Director Rehabilitation Centre for Children and the Department of Pediatrics, the Section provides clinical and research support to the above with participation in multidisciplinary clinics, research, teaching and Medical Directorship by Dr Longstaffe. Dr Hanlon-Dearman has a Province of Manitoba Research Scientist Award with a significant contribution to leading edge research in partnership with Healthy Child Manitoba and the Centre for Health Policy. The Section has been helpful in contributing to the development of the Manitoba FASD Network with a goal of bring diagnosis and help closer to home for children and families affected by FASD. Rural diagnostic clinics are in a process of development in provincial Regional Health Authorities. Section members have participated in national and international research and educational events/projects. In November 2013, Section members participated in training of multidisciplinary Scottish health care teams in the diagnosis of FASD at the invitation of the Scottish Government with co-ordination by Dr Maggie Watts, Scottish Winston Churchill FASD scholar.

Other Partnerships: Multiple community and provincial partnerships exist which facilitate an excellent standard of diagnosis and care planning for children with developmental problems and clinical research as well as multiple educational activities across medical and other disciplines.

Teaching: The Section assists with educational efforts for all levels of undergraduate and post graduate trainees in paediatrics as well as participating in training of International Medical graduates and in mentorship activities. Elective residents in psychiatry receive clinical training and residents in Genetics participate in a rotation through the Section.

Newborn Follow Up Program: The Newborn High Risk Follow-up Program, operating under the direction of the Section of Neonatal Medicine and through the Child Development Clinic is a provincial program operating from Children’s Hospital and St Boniface Hospital. The multidisciplinary team provides patient care to graduates of the neonatal intensive care units focusing on optimizing development and growth, and identifying potential neurodevelopmental concerns to facilitate early intervention. The program participates in local, and national/international outcomes research studies and is a member of the Canadian Neonatal Follow-up Network. Members are active in education of trainees from multiple health care disciplines and as a resource to community providers. Approximately 300-400 neonates are enrolled each year and followed by a multidisciplinary team including: developmental paediatricians, nursing, occupational therapy, physiotherapy, speech language pathology, audiology and dietician.
For over 25 years the Child Protection Centre (CPC) has provided excellent medical and psychosocial care, consultation, assessment, and early intervention. It serves as a model for advocacy for infants and children.

The population served includes inpatients and outpatients from Manitoba, Northwestern Ontario, and the North, with total client contacts averaging approximately 1,500 per year.

The CPC has maintained its relationship with Child and Family Service agencies and Law Enforcement Services in the investigation of cases with suspected child abuse and/or neglect.

Participation in external committees is also part of the CPC’s mandate, including the various Child and Family Services Abuse Committees, the Provincial Advisory Committee on Child Abuse, and the Children’s Inquest Review Committee.

Multidisciplinary services are also provided in the form of:

- The Child Protection Development Clinic;
- Parental capacity assessments and recommendations;
- Psychological assessments of abused children;
- Psychometric assessments of parents’ intellectual functioning and/or mental health diagnosis;
- Child behavior observation and advice to agencies, day care centers and foster homes; and;
- Post-disclosure play sessions and personal safety teaching.

In addition to its regular teaching responsibilities for pediatric residents and selective psychiatry residents and undergraduate student rotations, CPC also hosts International Medical Graduate trainees and psychology interns.

As well, the types of community based teaching requested of the Child Protection Centre vary from year to year but often include the following groups:

- Child and Family Services agencies
- Winnipeg Police Service
- Royal Canadian Mounted Police
- Continuing Medical Education (medicine)
- Hospital staff (other than HSC)
- General public education (radio/T.V.)
- University student education (faculties of Social Work, Law, Nursing, Education and Human Ecology)

Medical and Scientific Staff:

Debbie Lindsay (Section Head)  Tavis Bodnarchuk (started 2014)
Charles Ferguson (Retired, Dec 2013)
The Section of Community Pediatrics continues to be busy, meeting the challenges of providing comprehensive pediatric medical care in the community and in hospital. As well, the Section meets its obligations to the Department and the University of Manitoba by providing teaching to medical students and residents.

Community Pediatricians are committed to providing pediatric residents with valuable experiences in their offices. Residents are given the opportunity to work alongside Pediatricians and act as consultants, as well as accompany Pediatricians on northern consultation trips.

Section members are part of numerous committees in the Department and provide valuable input and involvement in improving the quality of care to children.

Many community pediatricians are involved in multiple capacities at the national level, both in the Canadian Pediatric Society and the Royal College of Physicians and Surgeons of Canada.

Numerous challenges continue as the Section continues to evolve and redefine its role both in the Hospital and the University. We are committed to maintaining open and meaningful communication with all partners involved to ensure the highest quality of care for our patients and the best training and education for our learners.
Dermatology

Medical and Scientific Staff:

Jill Keddy-Grant (Section Head) Phillipa E. Kellen
Beth Collin Rochelle Van De Velde

The Section of Pediatric Dermatology provides a comprehensive consultation service and follow up for children with skin diseases in the Children’s Clinic. Patients are seen in the clinic in a timely manner, where wait times are considerably less than at dermatologists’ private offices. The Section also provides consultation services for patients admitted to the Children’s Hospital. A pre-transplant skin screening service has recently been started.

- The Telehealth link continues to be used to provide services to remote communities of Manitoba and Nunavut.
- Recently members of the Section have been involved in clinical research focusing on psoriasis, atopic eczema and acne.
- The Section of Pediatric Dermatology excels as an ongoing teaching section. Medical students, family practice residents, and pediatric residents attend clinics held by the Section regularly.
The Section of Pediatric Endocrinology and Metabolism is actively involved in clinical, educational, research, and administrative activities. Section members provide clinical services to pediatric patients with diabetes and endocrine disorders including those affecting growth, puberty, reproduction, pituitary, adrenal, thyroid, gender and bone health. Educational activities include teaching of undergraduate and postgraduate students in medicine, nursing, dietetics, physician assistant program, psychology, kinesiology, pharmacology, dental hygiene and social work. The Section is very active in research related to endocrinology and diabetes. Section members also provide administrative leadership locally at a Departmental and Faculty level, nationally, and internationally. The Section has expanded from 3 to 5 physicians in the last 2 years and there has also been further expansion within the interprofessional team with additional diabetes educators and the addition of psychologists to the care team to further enhance patient care. The Section and its members demonstrate exceptional service and ability to perform as an integrated, co-located interprofessional team and members have taken leadership roles in developing and practicing interprofessional education and collaborative care. After many years of extraordinary clinical service in the Section’s diabetes clinics, the clinic said good-bye to a respected team member, Dr. Janet Grabowski.

The Section provides clinical services to an increasing number of patients in Manitoba as well as eastern Saskatchewan, northwestern Ontario and Nunavut. Section members provide consultation services on an inpatient basis at Children’s and St. Boniface Hospitals and on an outpatient basis from our clinic in the Community Services Building. Children with diabetes are also seen on outreach trips to northern communities. In 2012, the clinic received a permanent telehealth link and has begun to further expand its use to enhance clinical service.

The Pediatric Endocrine Clinic cares for over 600 patients. In 2012, the Section provided consultation on 301 new endocrine patients, including 66 inpatient consultations. In 2013, the number of consultations increased to 354, including 76 inpatient consultations. The Gender Dysphoria Assessment and Action for Youth (GDAAY) program, a specialized clinic within the Pediatric Endocrine Clinic established in 2011, continues to grow with 22 new consultations in 2012, 24 new consultations in 2013, and 36 patients being followed on an ongoing basis. A specialized Bone Health Clinic was started in 2013 and will continue to enhance the comprehensive patient care provided by the Section. The Section also continues to provide leadership and clinical care for the provincial Newborn Screening Program for congenital hypothyroidism and congenital adrenal hyperplasia.

The Section provides diabetes care through its Diabetes Education Resource for Children and Adolescents (DER-CA) Centre, established in 1985. The DER-CA currently provides care to almost 800 children with diabetes. In 2013, the DER-CA saw 146 new patient consultations, including 119 children with newly diagnosed diabetes, 10 children previously cared for elsewhere and now referred to the DER-CA for ongoing care, and 17 children who did not meet the criteria for the diagnosis of diabetes. In 2012, there were 141 new patient consultations, including 120 children with newly diagnosed diabetes, 11 children previously cared for elsewhere and now referred to the DER-CA for ongoing care, and 10 children who did not meet the criteria for the diagnosis of diabetes. Of the 119 patients with newly diagnosed diabetes in 2013, 60 were children with type 1 diabetes, 56 had type 2 diabetes, and 3 were children with other forms of diabetes. Of the 120 patients with newly diagnosed diabetes in 2012, 56 were children with type 1 diabetes, 53 had type 2 diabetes, and 11 were children with other forms of diabetes. Over the years, the number of children with Type 1 and Type 2 diabetes seen in the DER-CA continues to increase. While the annual number of children with newly diagnosed type 1 diabetes has remained relatively stable over the last decade, the number of children diagnosed annually with type 2 diabetes has increased significantly. To assist patients and families in transition to adult medical services, the DER-CA is partnered with the WRHA transition program for young adults with diabetes, the Maestro Project. The DER-CA saw significant program growth in 2012 and 2013. The Manitoba Pediatric Insulin Pump (MPIP) program was announced in 2012 and the DER-CA started program development and patient care for MPIP program patients soon after and the program is now fully operational.

Members of the Section are involved in various research and academic activities in many areas of diabetes and endocrinology including the DREAM (Diabetes Research Envisioned and Accomplished in Manitoba) theme at the Manitoba Institute of Child Health.

Section members also provide support, advocacy and administrative service to local, national and international organizations and committees to improve the care and life experience of children with diabetes and endocrine disorders.
Gastroenterology

Medical and Scientific Staff:

Wael El-Matary (Section Head)  Karine Dupuis, NP
Jennifer Griffin  Mark Deneau

The Section of Gastroenterology, Hepatology and Nutrition continues to improve the quality of life for children in Manitoba and the surrounding regions with all forms of gastrointestinal and liver disease. This is accomplished by excellence in clinical care and by practicing evidence-based medicine. The Department of Pediatrics and Child Health has successfully recruited Dr. Wael El-Matary in September 2011, who assumed the role of Section Head. In 2013, Dr. El-Matary was joined by Drs. Jennifer Griffin and Mark Deneau. The Section is pleased to now have three full-time faculty and aims to provide high quality teaching and to establish an active and productive research program.

The Section is extremely grateful to all faculty members who have been very supportive and helpful to the Section especially Dr. Patricia Birk and Dr. Aviva Goldberg who provided medical care to the liver transplant patients until the end of June 2013, and Dr. Gina Rempel and Dr. BJ Hancock who have provided care for children with short bowel syndrome and other causes of gastrointestinal failure.

The clinical service is divided into 3 major subdivisions. The Luminal GI Service lead by Dr. El-Matary, the Hepatology and Transplantation service lead by Dr. Deneau and The Nutrition service lead by Dr. Griffin. The Section has developed several multidisciplinary specialty outpatient clinics and programs include:

- The monthly Celiac disease clinic lead by Karine Dupuis (the GI nurse practitioner) and Nicole Aylward (the GI dietician) under the leadership of Dr El-Matary
- The monthly Inflammatory bowel disease clinic lead by Dr. El-Matary
- Dr. Griffin has joined the Manitoba Home Nutrition Program and is involved in coordinating joint outpatient clinics for short bowel patients with Dr BJ Hancock, Pediatric Surgery as part of MHNP. She has taken over as the lead for this program starting in January 2014
- Dr. Griffin is collaborating with Dr. Gina Rempel to coordinate care for inpatients on TPN and nutritional issues
- Dr. Deneau joined the cystic fibrosis team and is now part of the bi-monthly multidisciplinary clinic, helping to manage the nutritional, pancreatic and hepatobiliary manifestations of this disorder
- Dr. Deneau is setting up the monthly Hepatology and transplantation clinic, assisted by Dr. Griffin

The Section has introduced up-to-date tools and equipment that help in optimizing patients’ care. The video capsule endoscopy program was introduced in 2012 by Dr El-Matary. Dr Deneau has added ultrasound-guided liver biopsy to the diagnostic services provided by the section. Dr. Griffin is organizing calibration and use of breath tests for several medical indications, including lactose intolerance.

Several papers from the Section members were published in peer reviewed journals and several abstracts were presented at national and international meetings and conferences. Dr. El-Matary is the co-applicant and site representative of the newly established Canadian Pediatric IBD Network, funded by the CIHR. He is also the site representative for the Western Canadian Pediatric IBD network. Dr. Griffin is the site representative in the Western Canadian Intestinal Failure Program. Dr. Deneau became the site representative for the Canadian Pediatric Hepatology/biliary atresia Research Group.

The section has a very active teaching program lead by Dr. Griffin who joined the Pediatric Residency Program Committee and took over as leader of the Rotation Reviews subcommittee. The section members are Involved in the mentorship program for both pediatric residents and medical students.
The WRHA Program of Genetics and Metabolism provides comprehensive, accessible genetic, metabolic, and related care for Manitoba, northwestern Ontario and Nunavut, serving both children and adults of all ages.

Below are some activities and values we hold within our Program:

- Assessment, diagnosis, management and genetic counseling of children with birth defects, developmental disabilities, inherited metabolic diseases and with known or suspected genetic or inherited disorders is ongoing.

- We hold a strong belief in continuing quality improvement and providing an ethical approach to patient care, education and research is always present. Numerous quality initiatives have been successfully completed and new projects are currently underway in our program [http://home.wrha.mb.ca/quality/improvement/plans.php](http://home.wrha.mb.ca/quality/improvement/plans.php)

- Our Program was reviewed and was accredited by Accreditation Canada in 2009. Two leading practices were noted (Hereditary Breast Ovarian Cancer Clinic and Pediatric Metabolic Clinic). The next site visit will be held in 2012.

- The Program is responsible for the province-wide prenatal genetic diagnostic service and Maternal Serum Screening Program, which involves the assessment and counseling of adult patients and couples.

- The Program plans to extend clinical assessments with the use of TeleHealth to enhance its responsiveness to service provision in rural areas. We continue to be one of the top ten utilizers of TeleHealth in the province.

- Recent developments have led to the scope of clinical services being expanded into several areas of adult medicine. This includes the augmented utility of molecular testing to determine carrier status of individuals in high-risk populations or in families at risk for genetic and genetic metabolic disorders.

- The Program provides medical genetics consultation to multidisciplinary teams, including Manitoba FASD Centre, the Hereditary Breast and Ovarian Cancer Clinic, the Neuromuscular Clinic, the Craniofacial Clinic, the Cleft Palate Clinic and Cystinosis Clinic.

- A number of important services are provided, including General Medical Genetics (Adult and Children) Services, Prenatal Genetic Screening and Diagnosis Service, Adult and Pediatric Metabolic Services and Cancer Genetics Service.

- The Program continues to ensure the highest quality of care through self examination and accreditation reviews, while providing exemplary clinical service to all patients and Programs of the Winnipeg Regional Health Authority. The Program is committed to maintaining national and international standards of care and providing genetic education for other health care professionals and the public.

- In 2011, the Newborn Screening Program was expanded to screen for several dozen metabolic disorders using new technology by tandem mass spectrometry as well as screening for cystic fibrosis.

- In 2011, we have been able to offer microarray (array comparative genomic hybridization) for the assessment of genetic disorders that cause intellectual disabilities, autism and multiple congenital anomalies.

- We are currently spearheading an initiative to develop a Master’s in Science training program in Genetic Counseling with the University of Manitoba

- Please see our Website @ [http://www.wrha.mb.ca/prog/genetics/index.php](http://www.wrha.mb.ca/prog/genetics/index.php) for more information.
The Section of Pediatric Hematology/Oncology/Blood and Marrow Transplantation provides broad-based inpatient and outpatient clinical service to pediatric patients with cancer and blood disorders. This includes children with bone marrow failure syndromes, immunodeficiency, hemoglobinopathies, hemostasis and thrombosis disorders. The Section provides care and consultation for children from urban and rural Manitoba, Saskatchewan, Northwestern Ontario and Nunavut.

Approximately 50 new childhood cancer patients are seen each year, and the Section follows several hundred children on active treatment and in follow-up phases of care. This involves a committed multi-disciplinary Pediatric Hematology/Oncology/BMT team that provides care at Children’s Hospital, CancerCare Manitoba, and in the community.

Two specialized programs address the needs of unique subsets of the population: the Pediatric Blood and Marrow Transplantation Program and the Bleeding Disorders Program. A program for children with hemoglobinopathies is under development.

Dr. Jayson Stoffman and members of the Manitoba Pediatric Bleeding Disorders Program have been involved in a successful twinning project with the Hemophilia Society of Delhi (India) sponsored by the World Federation of Hemophilia, an international organization that promotes collaboration between developed and developing hemophilia programs. Members of our team have been working with the Delhi clinic staff to enhance their capacity and assist in the clinical care of their patients.

Dr. Magimairajan Issaivanan, a pediatric neuro-oncologist joined the section in November 2012. He was granted a Career Development Award that was converted to Operating grant for the period 2012 to 2017 from Fr. Peter J. McKenna Research Scholar St. Baldrick’s Foundation (USA) with a total funding of $550,000 (US). Dr. Issaivanan’s research interests include the following: developmental Neuro-biology as relevant to Brain tumors; chemotherapy and radiation sensitization of Brain tumors and novel therapeutics of pediatric Brain Tumors.

Dr. Geoff Cuvelier received the Manitoba Medical Students Association, Clerkship Award for Clinical Teaching, 2012/2013.

Research activities of Section members include leadership and participation in multicentre clinical trials in cancer therapeutics, supportive care, stem cell transplantation, and blood disorders. Research themes include: inflammatory mediators in the setting of stem cell transplantation, quality of life instruments for children with hemophilia, neonatal thrombosis and platelet biology.
The Section of Pediatric Hospital Medicine (SPHM) is a relatively recent addition to the Department of Pediatrics. Initially tasked with directing the first “closed” teaching service at Children’s Hospital, its scope of responsibility was subsequently expanded to include other general pediatric medicine teaching services. It has gone on to address a wide variety of issues that pertain to the care of the hospitalized child.

The SPHM embraces the philosophy of excellence in the four pillars of Hospitalist Medicine: Clinical work, Administration, Research, and Education (“C.A.R.E.”).

Pediatric hospitalists work as attending physicians on the closed teaching units, as members of committees that relate to inpatient care, and as educators for pediatric trainees. While providing leadership in patient management, they work collaboratively with the other members of the health care team, such as their primary care colleagues, nursing, members of allied health, and pediatric trainees.

Responsibilities of the Section Head include administrative direction of pediatric medicine inpatient services; co-chairing the Medicine Patient Care Team, a multidisciplinary team that provides leadership on a wide range of inpatient care issues; representing inpatient services on committees such as Child Health Quality Council, the Pediatric Residency Program Committee, and various working groups. Recently the Section Head became co-lead for the upcoming Child Health Medicine Team Accreditation taking place in 2016.

There has been significant growth in both Section numbers and activities. It now includes 8 enthusiastic members who enrich the Section with their diverse backgrounds and also includes community paediatricians who attend on a part-time basis. There are now regular formal Section meetings. It has begun reaching outside the walls of the hospital, such as working with Family Medicine to find “medical homes” for patients without primary care providers.

Individual members participate in a wide variety of activities. These include clinical work in Children’s Emergency; CFS clinics; St. Amant Centre; locum work in northern Manitoba; and a consult and hospital follow-up clinic. Other activities include clinical research and training program involvement at undergraduate and postgraduate levels. There is a strong interest in patient flow, quality, and development/revision of processes that enhance inpatient care.

Section members will continue to work alongside other “front line” health care team members in and out of the hospital as it moves forward with its fundamental mission: provision of the best possible care to the children we are privileged to serve.
Infectious Diseases

Medical and Scientific Staff:

Maryanne Crockett (Section Head)  
Jared Bullard  
Joanne Embree

Paul Van Caeseele  
Sergio Fanella

The Section of Pediatric Infectious Diseases continues to be active in education, research and clinical activity.

- Dr. Jared Bullard is the Associate Medical Director at Cadham Provincial Laboratory. He is also the Pediatric Liaison to the Manitoba HIV Program and sits on numerous working groups for Manitoba Health and the Department of Pediatrics.

- Dr. Maryanne Crockett (Section Head) is a member of the Committee to Advise on Tropical Medicine and Travel (CATMAT) and became the Chair of the CATMAT Malaria Sub-Committee in 2013. She is actively involved in several global health projects in Kenya and India with the University of Manitoba’s Centre for Global Public Health.

- Dr. Joanne Embree finished her term as Department Head of Medical Microbiology in June 2013. She is currently redeveloping the Pediatric Infection Prevention and Control Service at the Children’s Hospital. She has also taken on the role of President of Healthy Generations, the charitable foundation associated with the Canadian Paediatric Society.

- Dr. Sergio Fanella is the Program Director for the Pediatric Infectious Diseases sub-specialty residency program and has been busy preparing for the Royal College Accreditation External Review in early 2014. He is continuing his research on antimicrobial resistance and established an Antimicrobial Stewardship Program in 2013.

- Dr. Paul Van Caeseele is the chair of the Royal College of Physicians and Surgeons Examination Board in Medical Microbiology (2009-14).

- Dr. Guillaume Poliquin completed his sub-specialty residency in June 2013, is undertaking a PhD in Medical Microbiology at the University of Manitoba and regularly participates in clinical activities of the Section.

- Current sub-specialty residents in Pediatric Infectious Diseases include Dr. Lorine Pelly (2012-14) and Dr. Nora Alfattoh (2012-14).
Neonatology

Medical and Scientific Staff:

Michael Narvey (Section Head)  Man (Ann) Yi
Aaron Chiu  Molly Seshia
Cecelia de Cabo  Rebecca Caces
Chelsea Ruth  Ruben Alvaro
Fabiana Postolow  Sharon Moisiuk
Ganesh Srinivasan  Shyamala Dakshinamurti
John Baier  Yasser El-Sayed (started 2014)

The Section of Neonatology provides excellence in patient care, teaching and research at the two tertiary sites: Health Sciences Centre and St. Boniface General Hospital. Section members are involved in undergraduate and postgraduate education, not only in the Department of Pediatrics and Child Health but also in the departments of Physiology, Medical Rehabilitation, the Faculties of Law and Engineering, the Centre for Healthcare Innovation at the Faculty of Medicine and at the national level.

- The Neonatal-Perinatal Medicine Fellowship Training Program provides a focus for the Sections’ many academic educational activities. The diversity of this program is second to none in Canada. The Section hosted the Western Canadian Neonatal OSCE annually 2006-2012. The 2008, OSCE was the inaugural event of the Clinical Simulation and Learning Facility (CLSF).

- Significant contributions are continuously being made to the understanding and treatment of persistent pulmonary hypertension of the newborn, and the understanding of the control of breathing in newborn infants continues to be made from the neonatal sleep laboratory.

- The Manitoba Respiratory Syncytial Virus (RSV) Prevention Program, led by a member of the Section of Neonatology, is considered a model for the rest of Canada.

- In September 2006, the Section hosted the first annual John M. Bowman Neonatal Symposium, in honor of the late Dr. Bowman, a founding member of the Section who pioneered the prevention and treatment of Rhalloimmunization.

- The neonatal service is an active member of the Canadian Neonatal Network. Section members have led or been involved in many local and nationally funded quality initiatives (CIHR, CHSRF, CPSI, CMPA). Multidisciplinary learning and health systems research opportunities in this area are abundant.

- Optimization of health outcomes for the Manitobans of tomorrow requires ongoing excellence, innovation, team-based learning and continuous improvement in maternal and newborn care.

- The Neonatal Transport Team celebrated their 30th Anniversary in 2011. Based at Health Sciences Centre Winnipeg, the team provides ground and air transport for infants from communities throughout Manitoba, Northwestern Ontario and remote areas of Nunavut to Neonatal Intensive Care Units at HSC and St. Boniface General Hospital.

- Dr. Yasser El-Sayed successfully completed a formal Targeted Neonatal Echocardiography (TNE) training program at SickKids, has joined the Section in 2014 as a GFT and is formally implementing a TNE program locally.
The Section of Nephrology improves the quality of life for children with all forms of kidney disease in Manitoba and surrounding regions. This is accomplished by the seamless integration of high-quality research, education and excellence in clinical care. The Section provides care under six designated services, each with a respective service chief: Transplantation (Birk), Dialysis and Chronic Kidney Disease (Pederson), Inpatient Consultation (Birk), Acute Continuous Renal Replacement Therapy (Dart), Northern Outreach (Dart) and Outpatient General Nephrology (Goldberg).

Leading research programs under the Section include the iCARE study (Dart; diabetes) and the PROBE study (Blydt-Hansen; transplantation). The iCARE study is a pillar of the DREAM theme (Dart, Blydt-Hansen) for diabetes research at the Manitoba Institute of Child Health. Section members are also co-investigators on a number of national and international collaborative research grants.

Faculty members from the Section continue to participate actively in all levels of medical education at the University of Manitoba, including undergraduate medical education and preceptorship programs in Nephrology and Pediatrics, pediatric and nephrology postgraduate training programs, nursing and faculty development.

Each clinical service has an interdisciplinary structure with annual strategic planning to set program development targets and quality improvement initiatives (e.g. benchmarking via the NAPRTCS registry). This is tied to ongoing upgrades of clinical protocols. With the help of funding by the Children's Hospital Foundation, we are completing a revamp of patient and family education resources.

- The Transplant Manitoba – Pediatric Kidney Program is completing a major revision of policies and procedures, and was successfully accredited by Health Canada. The service is continually adapting its process to improve transition to adult care, and has also clarified its criteria for referral and intake.
- The Dialysis & CKD service has created a structured intake process and is seeking to improve integration of services with the Manitoba Renal Program.
- The Northern Outreach clinic in Thompson is above capacity, and is providing care of new referrals and follow-up patients from the Burntwood region. We are an active participant in the FINISHED project, to screen for kidney disease among adults and children in First Nations communities. We are developing a Renal Health Framework for the Province under the Provincial Renal Health Steering Committee with Manitoba Health. We are also seeking to develop outreach and improve local management capacity in the Island Lake area including recruitment of another Nephrologist who will be responsible for this program.
- General Nephrology clinics are at capacity for patient volumes. Waiting times for new consults have improved however, due to improved efficiencies thanks to enhancement of clerical support with reduced no-show rates and more timely booking of consults. There is reduced capacity to book follow-up visits, which is managed by coordinated interval assessment by the Nephrology Nurse Clinician.
- In addition to general consultation clinics, we offer specialty clinics including cardiac transplant/CKD clinic, rheumatology/renal clinic, cystinosis/genetic kidney disease clinic, and have completed the first year of a renal/type 2 diabetes clinic. The renal/type 2 diabetes clinic is already at capacity, with a waiting list.
- Ambulatory blood pressure monitoring service is administered from Unit Y (Children’s clinic) and is available by consultation.

The Kidney Camp, held each summer at Camp Stephens, celebrated its 16th year of supporting children with kidney disease.
Neurology

Medical and Scientific Staff:
Frances Booth (Section Head)        Michael Salman
Edward Leung                  Mubeen Rafay
Juan Pablo Appendino

The Section of Pediatric Neurology continues to treat children with a wide variety of neurological disorders, including seizure disorders (epilepsies), strokes, tumors, headaches, nerve and muscle disorders, metabolic and degenerative diseases, infectious diseases, developmental malformations and developmental delay.

- The Section provides both inpatient and outpatient services to children in Manitoba, Nunavut and parts of Ontario and Saskatchewan.

- In order to enhance the care of children with seizure disorders which are difficult to control, we have increased the use of vagus nerve stimulators in some of these children with encouraging results. With the support of the administration and with the help of the EEG technologists, clinical engineering and E-Health, we now have the ability to access EEG (electroencephalogram) monitoring remotely which has been of great help in providing care to children who require prolonged monitoring of their EEG’s. With our neurosurgery colleagues, we continue to work toward the goal of providing epilepsy surgery to Manitoba children who would benefit from these procedures.

- Section members continue to conduct clinical research in the following areas: seizure disorders, neuro-ophthalmology, cerebellar disease, childhood stroke, metabolic disease, neuromuscular disease and sleep disorders.

- The Section members teach medical students and both pediatric and adult neurology residents at the bedside and in more formal teaching sessions.

- The pediatric neurology nurse clinicians educate patients, parents, other care givers and school personnel as well as other staff members principally about seizure disorders and headaches.
With approximately 50,000 visits annually, the Section of Pediatric Emergency Medicine continues to provide primary, secondary, and tertiary medical care for the children of Manitoba, Northern Ontario and Nunavut. We continue to work to maintain and improve patient waiting times and lengths of stay.

The Emergency Department also administers the Home Phototherapy program and provides significant outpatient IV antibiotic therapy to community children. The Emergency Department continues to provide acute care telephone consultation to health centres throughout Manitoba, Northern Ontario and Nunavut.

The Section has taken an active role in Quality Improvement processes, by developing standard care maps for common pediatric emergency medical conditions, by developing efficiencies in patient care through triage-initiated pain control, oral rehydration and x-ray imaging, and by monitoring patient flow patterns, to name a few.

Both the city’s and the province’s ambulance medical advisory committees have representatives from Pediatric Emergency Medicine physicians to ensure that medical needs of children in the pre-hospital arena are not overlooked. As well, the Section is a member of the regional Emergency Medicine Joint Council and contributes expertise on the needs of children to the emergency departments throughout Winnipeg.

Members of the Section administer and instruct Pediatric Advanced Life Support (PALS) courses for physicians and other health care professionals in Winnipeg and in Manitoba to improve their skills in the management of critically ill and injured children.

The Section has expanded and improved its research activities. Research activities include: studies conducted primarily by the attending physicians, studies in cooperation with other Children’s Hospital Physicians and multi-centered studies in cooperation with children’s hospital emergency units in other cities in Canada and the USA. Recent and ongoing research includes investigation of concussion, youth impacted by violence, asthma, determining contributing factors to medical errors, and examining best practices for discharge instructions. A new research assistant program, in partnership with the Manitoba Institute of Child Health, is being implemented to support new studies. Particular areas of research expertise include Injury Prevention, Clinical Toxicology, knowledge translation and Infectious disease surveillance and vaccine use. The Section continues to collaborate with the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP), with Pediatric Emergency Research Canada (PERC), and with Translating Emergency Knowledge for Kids (TREKK).

The Section continues to provide a care medical training program to many programs of study, including Medical Students, Pediatric Residents, Emergency Medicine Residents, Family Practice Residents, and Pediatric Emergency Medicine Residents. As well, the Section provides pediatric educational experiences to paramedics at all levels, nurse practitioners and other health care practitioners.
Pediatric Palliative Care

Medical and Scientific Staff:

Mike Harlos (Section Head) 
Bruce Martin
Chris Hohl

David Lambert 
Erin Shepherd (Clinical Nurse Specialist)
Janice Nesbitt (Clinical Nurse Specialist)

The Pediatric Palliative Care and Symptom Management Service was established by Dr. Mike Harlos in Sept. 2006. Although for the initial two years the only staff was a 0.5 EFT physician, it presently has 1.2 FTE physician and 1.0 Clinical Nurse Specialist.

The service supports children living with life-limiting/life-threatening illness, their families, and the health care teams involved in their care. Potential care settings include home, St. Amant, Children’s Hospital wards, critical care units (PICU/NICU), and labour & delivery areas. Rural patients within approximately 100 kilometers are supported through home visits and by telephone. Telehealth and telephone support is provided to patients, families, and health care teams in more distant locations, including remote First Nations communities, Nunavut, and northwestern Ontario.

The Pediatric Palliative Care and Symptom Management Service is one of the busier in the country, with the number of new referrals ranging from 50 to over 80 per year. Perinatal palliative care for a non-survivable fetal anomaly represents the largest group of referrals, with the initial visit most often taking place prenatally in the Fetal Assessment Unit. The service strives to support patients and families in their chosen care setting, particularly for end-of-life care. Up to one third of patients have been able to be supported at home until death.

Educational activities include clinical rotations for residents in Pediatrics, participation in Academic Half Day, and providing education sessions to nursing staff.
Pediatric Intensive Care

Medical and Scientific Staff:

Murray Kesselman (Section Head) Jeff Burzynski
Betty Jean Hancock Stasa Veroukis
Greg Hansen

The Pediatric Intensive Care Unit provides support to children age 6 weeks to 16 years and brings a broad knowledge of pediatrics and specialized skills in pediatric critical care to this diverse group of children.

This Section provides:

- Trauma Care
- Post-operative care
- Advanced support for complex problems involving the heart, lungs, kidney or brain, long-term ventilation.
- Airway support for children with chronic respiratory of neuromuscular disorders.
- Specialized monitoring that cannot be provided on the regular ward.
- A Procedural Sedation Team to support procedures in the Pediatric Day Unit and in Pediatric Diagnostic Imaging and, a Rapid Response Team to provide early intervention and stabilization for pediatric ward patients.
- Renal support, CRRT is also provided to neonates as well as older children.

The Section teaches resuscitation, critical assessment and organ support to Pediatric Anesthesia and Emergency residents. We are adding Simulation to the training.

The Pediatric Intensive Care Unit is currently pursuing three improvement projects. These include: an initiative to reduce ventilator-associated pneumonia in children, and multidisciplinary “safety huddles” to identify and address, in a timely fashion, potential safety or efficiency issues in the PICU.

The Section welcomed Dr. Greg Hansen in 2013 and looks forward to the enhancement in our research activities.
Medical and Scientific Staff:  

**Gina Rempel (Section Head)**

**Steering Committee:**
Neil Machutchon; Cheryl Susinski;  
Kathy Miller; Leslie Galloway; Ryan Skrabek;  
Matthew Hildebrand; Brent Moyer

The Section of Pediatric Rehabilitation and Complex Continuing Care was established in 2011 under the leadership of Dr. Gina Rempel and with the support of members from a broad range of disciplines. The purpose of the section is to ensure that children’s acute rehabilitation and complex continuing care needs are being met in a coordinated way while in hospital that is consistent with best practice in rehabilitation and that ensures a seamless transition to community services. Since its inception, the Section has focused on two pilot projects through the redeployment of existing resources.

The first project focuses on children with acute rehabilitation needs. The purpose of this project is to improve the rehabilitation assessment, planning, care management coordination and discharge planning for pediatric patients in Children’s Hospital who have in depth rehabilitation requirements. The initial phase of the project has focused on children with spinal cord injuries, multiple fractures, multiple trauma and amputations. The linkages to adult physiatry for these populations have been strengthened through the addition of two rehab clinicians. The role of the rehab clinicians is to provide specialized screening assessments, review cases with adult physiatry, assist with goal setting and development of recommendations for in-patient rehab care, provide consultation to appropriate pediatric subspecialist and multidisciplinary team members and liaise with community based services with respect to the post-hospital rehabilitation plan. Discussions are presently occurring as to whether the services of the rehab clinicians could be expanded to include the acquired brain injury population.

The second pilot project has focused on children with complex continuing care needs. A small subset of this population has been offered enhanced care coordination services which has included intensive information brokering at the admission, in-patient and discharge stage to ensure that what has occurred and worked (or not worked) with the client in the community and/or on previous admissions is available to all care providers.

The pilot phase of both of these projects is winding up and decisions will be made about next steps. A briefing note for funding of this Section has been developed and will be updated based on information gathered from the pilots.
The Section of Respirology provides services to ambulatory and to hospitalized children with a wide range of respiratory problems including: asthma, cystic fibrosis, tuberculosis, sleep-related breathing disorders, and chronic lung diseases that require ventilation support at home.

Diagnostic services include: flexible bronchoscopy, sweat chloride testing for cystic fibrosis (incl. testing as part of newborn screening), pulmonary function testing, including exercise and methacholine bronchial provocation testing for asthma, and sleep studies.

The Section participates regularly in multidisciplinary ambulatory clinics for patients with neuromuscular disorders at the Rehabilitation Centre for Children.

Demands on the pediatric tuberculosis program remain high. As part of TB management, assessments and advice via Telehealth are available to northern communities.

The Section remains involved in the development and application of guidelines and care maps for the management of asthma and bronchiolitis at the Children’s Hospital.

The Section offers one of the six Royal College accredited training programs in Pediatric Respiratory Medicine in Canada.

In addition to teaching Fellows, residents, and students in allied health professions, the physicians in the Section regularly present at continuing medical education events locally, nationally and internationally; Dr. Faisal Al-Shallal continued in his second year of Fellowship training.

The members of the Section remain active in research and scholarly activities. Their presentations and publications covered the use of respiratory sounds in the diagnosis of disease, Cystic Fibrosis in the Canadian Hutterite population, the spectrum of pediatric tuberculosis seen in Manitoba, and techniques for lung volume recruitment in patients with neuromuscular disorders.

Medical and Scientific Staff:

Hans Pasterkamp (Section Head)  Faisal Al-Somali
Brenda Louise Giles (until 2013)  Raquel Consunji-Araneta
The Section of Pediatric Rheumatology diagnoses and treats children and adolescents with rheumatic and connective tissue diseases and vasculitis. These are all diseases that involve inflammation and include arthritis as well as more systemic diseases, such as systemic lupus erythematosus, dermatomyositis (inflammation of the muscle), scleroderma, and inflammatory diseases of vessels (vasculitis).

- Procedures such as treatments by intravenous infusion or injection are performed in the Pediatric Day Unit, which provides excellent support.
- A combined Pediatric Nephrology and Rheumatology clinic specializes in coordinated care of patients with connective tissue diseases and vasculitis who have kidney involvement.
- Through generous and much appreciated donations, pediatric rheumatology care team members have been able to attend national and international conferences for allied health professionals dedicated to care of patients with arthritis.
- The Section continues to be heavily involved in Canadian multi-centre research projects and is very pleased that many of its patients generously give their time and effort for these projects.
- Section patients currently participate in a country-wide multicentre study examining the impact of physical activity on outcome of arthritis in children and in an internet-based self-management program for teens with arthritis. Several manuscripts on completed projects tracking outcomes in a large Canadian inception cohort of children with arthritis have been published or prepared for publication.
- The Pediatric Immunology Service diagnoses and treats children and adolescents with immunodeficiencies, which are defects of the immune system resulting in increased infections. This service will be reorganized shortly to include all subspecialists involved in the care of these patients at Children’s Hospital.
- We are awaiting the arrival of our 2 newly hired pediatric rheumatologists in Sept 2014 and Jan 2015 respectively.
Shareef Mustapha

The St. Boniface Hospital site of the Department of Pediatrics and Child Health Program provides neo-natal and ambulatory pediatric care for children from Manitoba, Nunavut and Northwestern Ontario. Care is provided at a primary, secondary and tertiary level utilizing a multi-disciplinary model. The 2012-2013 academic year was a busy and productive one both on the clinical and the academic front. The SBH program site reports to Dr. M. Helewa, Site Medical Director of Obstetrics and Gynecology at St. Boniface Hospital; Ms. M. Warren, Director of the Woman and Child Program at St. Boniface Hospital, and Dr. C. Greenberg, Professor and Head of the Department of Pediatrics and Child Health. 

Activities at the SBH site include:

Neonatology

- Over 5,000 neonates are cared for at SBH annually.

- Neonatologists, General Pediatricians, Family Physicians, and Midwives provide care to neonates at St. Boniface Hospital. Care is provided in NICU and in family centered care units.

- Please see detailed report for the Section of Neonatology under separate cover.

Ambulatory Pediatrics

- Approximately 10,000 pediatric encounters are provided in ACF Pediatrics annually.

- The pediatric patients served, vary in degree of medical and social complexity thus ranging from well children from well adapted families to children with complex medical and social issues. The specific needs of the child are addressed on an individual basis.

- Children living with medically and/or socially complex issues are cared for by patient focused multidisciplinary teams including nurses, a nurse practitioner, physicians, social workers, dieticians, audiologists, speech therapists, occupational therapists and physiotherapists.

- The physicians currently providing care to children attending the St. Boniface ACF area include general pediatricians, child development subspecialists, a pediatric general surgeon, orthopedic surgeons and otolaryngologists.

- Excellent resources are available for patient care including child oriented collection and processing of laboratory samples and specific diagnostic procedures.

- ACF Pediatrics provides learning opportunities for undergraduate medical students, nurse practitioner students, physician assistant students, residents and fellows in the Departments of Pediatrics and Family Medicine and students from other disciplines such as Social Work and Medical Rehabilitation.

- Dr. M. Moffatt has done a review of the role and functioning of ACF Pediatrics at St Boniface Hospital in 2013 and has made recommendations regarding the importance of developing the future mission and vision for provision of care and academic pursuit in pediatrics at St Boniface Hospital.
Medical and Scientific Staff:

Alison Elliott
Curtis Oleschuk
Jonathan McGavock
Kelly Russell
Kristy Wittmeier
Lorne Seargeant
Robert Schroth
Teresa Zelinski
Zhikang Peng

Dr. Alison Elliott, PhD, MS, CGC, is the Program Director for the Winnipeg Regional Health Authority Program of Genetics and Metabolism. She is an Associate Professor with a cross-appointment in Biochemistry and Medical Genetics. She obtained her PhD from the University of Manitoba and is a board-certified genetic counsellor. Her research interests include limb malformations, skeletal dysplasias and rare syndromes. She is spearheading the development of a Masters in Science program in Genetic Counselling at the University of Manitoba.

Dr. Curtis Oleschuk is a certified Clinical Biochemist with Diagnostic Services Manitoba. His PhD and Masters degrees were in the fields of Pharmacology and Toxicology. His role within Diagnostic Services Manitoba is to provide scientific and medical leadership in diagnostics within the broad field of clinical biochemistry and specifically therapeutic drug monitoring and toxicological analysis. Within this role, he has maintained a collaborative research profile in the areas of drugs of abuse and individualized medicine.

Dr. Jonathan McGavock is the Robert Wallace Cameron Chair in Evidence-based Child Health in the Department of Pediatrics and Child Health in the Faculty of Medicine at the University of Manitoba. He established the Centre for Physical Activity and Cardiometabolic Health at the Manitoba Institute of Child Health to study the prevention and management of type 2 diabetes in youth. Additionally, his group applies novel MRI technology to uncover the mechanisms through which physical activity reduces the risk for type 2 diabetes in youth. Jonathan has been partnering with several First Nations communities over the last 4 years to help establish programs to prevent and manage type 2 diabetes in children and adolescents.

Dr. Kelly Russell completed a PhD in Epidemiology specializing in sport injuries at the University of Calgary. After finishing a post-doctoral fellowship in sport-related brain injuries at St Michael’s Hospital in Toronto, Kelly joined the Department of Pediatrics at the University of Manitoba as an Assistant Professor in September 2012. She is also a Research Scientist with the Manitoba Institute of Child Health. Her research interests are to identify risk factors for sport injuries among children and adolescents, understand risk taking behaviors, and prevent these injuries through protective equipment use and improving the sports-related built environment. She is also interested in Return to Learn and health-related quality of life following a sport-related concussion.

Dr. Kristy Wittmeier is the Director of Knowledge Translation at the George and Fay Yee Centre for Healthcare Innovation SUPPORT Unit and Physiotherapy Innovations & Best Practice Coordinator for the Winnipeg Regional Health Authority. She started her career as a physiotherapist at Children’s Hospital, and has since completed her Master’s degree and PhD, specializing in physical activity as a tool to prevent and manage obesity-related conditions in youth. Her current positions, and affiliation with the Manitoba Institute of Child Health allow her to combine research and practice in an effort to improve patient outcomes.

Dr. Lorne Seargeant is a PhD chemist who is the Director of the Metabolic Laboratory, Diagnostic Services Manitoba, which provides specialized diagnostic testing largely focused on the detection and monitoring of patients with inherited disorders or metabolism. He actively teaches and collaborates on many Departmental projects.

Dr. Robert Schroth is an Associate Professor in the Departments of Preventive Dental Science (College of Dentistry) and Pediatrics and Child Health (College of Medicine) in the Faculty of Health Sciences, University of Manitoba. He is also a research scientist at the Manitoba Institute of Child Health. He obtained his DMD in 1996, an MSc in Community Health Sciences (2003) and his PhD in Community Health Sciences (2010). His research focuses on infant and preschool oral health and the epidemiology of Early Childhood Caries. He co-leads the Healthy Smile Happy Child initiative in Manitoba and provides clinical dental care at two inner city clinics in Winnipeg, Mount Carmel Clinic and Access Downtown.

Dr. Teresa Zelinski – see Section of Blood Serology

Dr. Zhikang Peng is a Professor in the Section of Allergy and Clinical Immunology, Dept. of Pediatrics and Child Health, Univ. of Manitoba. She received an MD in 1968 and an MSc in 1982 from School of Medicine, Fudan University. From 1986 to 1991 she was trained as a post-doctoral fellow at Johns Hopkins University and the Univ. of Manitoba. In 1992, she became a faculty member at the Univ. of Manitoba. Her research interests include: 1. Development of novel immunotherapeutic approaches to down-regulate excessive immune responses in allergic asthma and inflammatory bowel disease. 2. Mosquito allergy. Dr. Peng has also established a leading laboratory in the world for the study of mosquito allergy at the molecular level. She received a certificate of Teaching Excellence from the University of Manitoba and is currently supervising post-doctoral fellows and teaching immunology courses.
Medical and Scientific Staff:

Eleanor MacDougall (Director)  
Abdala Ali  
Heather Dean (also IPE lead for Faculty of Medicine)  
Karen Gripp  
Ming-Ka Chan  
Shayne Taback (Director of Clinical Investigator Program, Faculty of Medicine and Physician Assistant Education coordinator for Pediatrics)  
Stasa Veroukis  
Maureen Collison  
Fellowship Program Directors  
(see org chart for listing)

Maureen Collison

The Pediatric Residency Program at the University of Manitoba is a four-year postgraduate program. The first three years are core general years of Pediatric Training. The fourth year of training may be the beginning of subspecialty training or the fourth year in general pediatrics. This program has expanded with a total group of residents now numbering at 36 pediatric postgraduate trainees. Their training occurs mainly at Children’s Hospital, but offsite training locations include, St. Boniface Hospital, and rural experiences in Brandon and Thompson General Hospitals as well as Northern and Remote trips with consultant pediatricians. Recent development has added the Dauphin Region Health Center to the options for rural placement.

The PGY3 resident cohorts have been actively involved in health advocacy for the pediatric population in the province of Manitoba. In the last 2 years, their efforts have facilitated the implementation of mandatory bicycle helmet use in children and youth under the age of 18 years, and increased the awareness of the GDAAY program and services, for Gender Dysphoric Youth. This year, they will be focusing on provincial legislation to ban the use of tanning booths, in youth under the age of 18 years. We look forward to this important child advocacy activity.

Residents continue to be actively supported in the development of their skill in research. The number of residents from the program participating in the Resident Research Competition in recent years has increased. The support provided by Dr. Jon McGavock and MICH, has been instrumental at assisting pediatric residents achieve valued scholarly experiences.

The year 2014 brings the next RCPSC Accreditation visit. We remain very optimistic the Pediatric Residency Program will remain at a high standard at training young physician trainees in the art and science of Pediatric medicine.

We look forward to continued success at developing new pediatricians for the future.
The Pediatric Undergraduate Medical Education program provides a comprehensive learning environment to support medical students in acquiring the knowledge, skills and attitudes in Pediatrics, which will serve as a foundation for providing competent child care, within the context of the Undergraduate Medical Education Program, Faculty of Medicine, University of Manitoba.

In the current Pre-Clerkship curriculum, pediatric concepts are integrated into the systems blocks and clinical skills curriculum providing the foundational knowledge required for the core Pediatrics rotation in the clerkship years. The Faculty of Medicine is currently undergoing a curriculum renewal, and the new med I – II curriculum will be rolled out for the class of 2019 starting in August 2014. The new curriculum will utilize spiral learning, allowing students to revisit previously learned core topics to build upon, as new topics are learned.

The Pediatric Clerkship rotation is an intensive six-week block of ambulatory and inpatient components to provide the students with a broad experience in child health care issues. The clerkship curriculum was revised for the class of 2015, and started in August 2013 with a new Transition to Clerkship (TTC) program. This was followed by a new shadowing week to ease the students into their first clerkship experience. Students work under the close supervision of pediatricians and pediatric residents supplemented with a strong structured cognitive curriculum. We offer numerous electives in pediatrics subspecialties and general pediatrics to local and visiting students interested in pursuing further clinical experiences.

The 440 students enrolled in the Faculty of Medicine all of whom receive comparable pediatric learning experiences. We rely extensively on the expertise of all our geographical full-time, community pediatricians, and residents to provide the optimal learning environment. Approximately 125 individuals provide more than 5,000 hours of undergraduate medical education yearly, in addition to supervision in various clinical settings. Faculty members are active in supporting the medical students, Pediatric Interest Group, participating in innovative activities to promote Pediatrics as a career.

We are members of the Pediatric Undergraduate Program Directors of Canada (PUPDOC) and the International Council on Medical Student Education in Pediatrics (COMSEP) through which resources and scholarship of teaching are disseminated. We are leaders in the new national Canadian Pediatrics Curriculum and present education workshops at international meetings. Faculty has been active in the recent successful accreditation of the Faculty of Medicine.

Manitoba Medical Students’ Association – Winner & Nominees for Educational Excellence


Most Outstanding Clinician - Winner: Dr. F. Al-Somali


Most Outstanding Resident – Nominees: Drs. A. Bingham, N. Rashid, and D. Stammers

Departmental Teaching Award Winners

Pediatrician: Drs. K. Gripp, F. Al-Somali, and J.P. Appendino

Resident: Dr. D. Stammers
Faculty Development

Medical and Scientific Staff:
Ming-Ka Chan (Director)

Faculty Development is available for assisting the educational programs within the Department of Pediatric and Child Health (Offices of Undergraduate and Postgraduate Medical Education, Northern and Rural Medical Education, and the IMG, NP & PA programs) in the development of educational strategies to improve the teaching and learning environment for medical students, residents, fellows and other learners in the health care professions as well as faculty. Needs assessments are used to help define the educational needs for department members and to promote the evolution of ideas and skills so that department members may become better educators. Collaboration with the Department of Medical Education, Faculty of Medicine, University of Manitoba is ongoing.

Teaching Philosophy as it relates to Pediatrics and Child Health

- To provide the best education for different levels and types of learner
- To foster the development of future health care professionals in the CanMEDS model and develop caring, compassionate, competent and ethical professionals who are excited about learning and patient care.
- To promote life-long learning
- To promote self assessment and reflection
- To create a cooperative learning environment and promote inter- and intra- professional teamwork
- To create and maintain a dynamic needs based, learner-centered curriculum whose outcome is a clinician who delivers patient-centered care.
- To promote the scholarship of teaching
- To promote ongoing faculty development and create dedicated educators
- To meet the goals and objectives of the Undergraduate, Postgraduate and other Education Programs
- To meet the goals and objectives of the Mission and Vision of the Child Health Program
- To meet the responsibilities we have to our patients and society.

Academic/Scholarly Aspects of the Program

University of Manitoba

- Pediatric Medical Education Interest Group (monthly)
  - Resident, fellow and faculty members (50+ total members) - Accredited group learning activity as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada
- Workshops and Seminars in collaboration with the Department of Medical Education, Faculty of Medicine, University of Manitoba
  - Teaching on the Run Series (Monthly sessions:) – Sessions include; ‘Bedside Teaching’; ‘Teaching Psychomotor Skills’; ‘The One-minute Preceptor’; ‘Feedback and Evaluation’; ‘Giving Difficult Feedback’; ‘The Learner in Difficulty’ and ‘Orientation and Setting Expectations’
  - Faculty Development Workshops – ‘The Learner in Difficulty’ – joint endeavor with the Department of Psychiatry
- Pediatric Transition to Senior Resident Workshops (annual) – facilitated by Dr. J Hyman, Chief Resident and Dr. M-K Chan

National

Canadian Pediatric Chief Residents’ Conference (annual) – facilitated by Dr. Chan and Dr. WTA Watson

2012 and 2013 Biennial Report
The mandate for the Child Health Quality Team (CHQT) includes Quality Improvement, Accreditation, Risk Management, Standards, Utilization and Decision Support for the Child Health Program in the Winnipeg Regional Health Authority. The CHQT has provided leadership and support to the following initiatives during the past twelve months.

- **The Surgical Patient Flow Project:** The Working Group continues its work with the Surgical Program and, along with the Program Management Team, received an Innovation Award in the Leadership category from the Manitoba Patient Access Network in November 2011. The Working Group has completed over 70 quality improvement projects. The Working Group continues to identify quality improvement opportunities within the Surgical Program.

- **Accreditation:** The Child Health Program will welcome the surveyors from Accreditation Canada in April 2013. The Child Health Medicine and Neonatology teams, with the assistance of the CHQT and support from the Program Management Team have established core working groups to manage the Accreditation process. The Rehabilitation Centre for Children is also preparing for accreditation. Each Team will develop a Quality Improvement Roadmap.

- **Lean Methodology:** The CHQT continues to learn about and utilize Lean methodology. With the support of the CHQT, staff on CK3, CH3, CH4, CK5 and CH5 used 6S Methodology (Sort, Straighten, Shine, Standardize, Safety, and Sustain) to reorganize the medication and supply rooms on their units. These projects have resulted in many positive outcomes, including reduced inventory, less time spent by staff looking for supplies and improvements in infection control. Pending 6S projects include PICU, PACU and the Emergency Department.

- **EPIQ II Project (Evidence-Based Practice Improvement for Quality):** The CHQT is providing support to the EPIQ-2 Project. This is the second phase of a project initiated by the Canadian Neonatal Network. Funding for this project ends in September 2012. Discussions about how to sustain the positive outcomes continue.

- **Canadian Paediatric Trigger Tool:** Dr. Gerarda Cronin was instrumental in the development and testing of the Canadian Pediatric Trigger Tool (CPTT). The CPTT is in the process of being installed for use by the Child Health program. It is anticipated that the CPTT will assist the Child Health Program in their Patient Safety journey.

- **Pediatric Emergency Department Asthma Care Map:** Revisions to the Pediatric Emergency Department Asthma Care Map were approved in 2011. The Care Map documents can be accessed on the WRHA Intranet Site under Evidence Informed Practice Tools.

- **Current Projects:** The Discharge Planning Pilot Project; Implementation of a documentation tool for Assessment of Oral Rehydration for Children with Acute Gastroenteritis in the Emergency Department; Review of the Tonsil Care Map; and Process Reviews of the General Nephrology and Neurology Clinics, are improvement initiatives that will be completed within the next year.

- **Balanced Scorecard:** Sixteen quality indicators are tracked by the CHQT in the Balanced Scorecard on a biannual basis.

- **Child Health Quality Council:** The Child Health Quality Council revised its Terms of Reference in 2012 and revisited its membership to broaden involvement from other programs. A Quality Plan for 2012/2013 is in development.

- **Statistical Information and Support to the Child Health Program Management Team:** The Quality Analyst for the CHQT provides on-going statistical and analytical support to the Program Management Team. These reports assist with program planning. The CHQT provides monthly reports to the Program Management Team on specific issues, for example, the number of hours of constant care and the number of children who require cardio-respiratory monitoring.

- **Dr. Carrie Daymont** joined the team as the new Medical Director in July 2012.

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**Medical and Scientific Staff:**

- **Carrie Daymont (Medical Director)**
- **Leslie Galloway (Quality Officer)**
- **Jenny Dimaunahan**
- **Milton Tenenbein (Director, Patient Safety Audit)**
- **Janet Grabowski (Chair, CH Standards Committee)**
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2013


See PhD Scientists section for Dr. Zhikang Peng’s publications


2012


2013


2012


2013


2012


2013


2012


Wittmeier KDM, **Wicklow BA**, **Sellers EAC**, Griffith ATR, **Dean HJ**, McGavock JM. "Success with Lifestyle Monotherapy in Youth with New-Onset Type 2 Diabetes." Paediatr Child Health. 2012;17(3):129-132. **Awarded the Noni MacDonald Award by the Canadian Paediatric Society, "An important contribution to paediatric practice".**


Van Walleghem N, MacDonald CA, **Dean HJ**. "Transition of Care for Young Adults with Type 1 and 2 Diabetes." Pediatr Ann. 2012;41(5):e106-e110.

MacDonald LL, Aylward N, **Sellers EAC**, Sloshower S, **Dean HJ**. "Development of an Interprofessional Diabetes and Oral Hygiene Education Program for Youth with Type 2 Diabetes." Can J Diabetes. 2012;36:327-331.

Dart AB, **Sellers EAC**, **Dean HJ**. "Kidney Disease and Youth Onset Type 2 Diabetes: Considerations for the General Practitioner." Int J Pediatr. 2012;237360.

Millar K, **Dean HJ**. "Developmental Origins of Type 2 Diabetes in Aboriginal Youth in Canada: It’s More Than Diet and Exercise." J Nutr Metab. 2012;127452.


Ball BW, Sellers EAC, Wicklow BA, Dean HJ, Diabetes guidelines, CMAJ. 2013;185:237.


2012


2013


2013


Hematology/Oncology/BMT

2012


2013


**2012**


**2013**


Infectious Diseases

2012


2013


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2012


2013

Harlos MS, Steneke S, Lambert D, Hohl C, and Chochinov HM. "Intranasal Fentanyl in the Palliative Care of Newborns and Infants." J Pain Symptom Manage. 2013;46(2):265-74. *(This is the only publication describing the use of intranasal fentanyl in newborns. The protocol described in the article has been adopted by the pediatric palliative care services at SickKids Hospital in Toronto and BC Children’s Hospital/Canuck Place Hospice. We have also recently supported Montreal Children’s Hospital in the use of intranasal fentanyl)."


2012


2013


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Wittmeier K, Wicklow BA, Sellers EAC, Griffith ATR, Dean HJ, McGavock JM. “Success with Lifestyle Monotherapy in Youth with New-Onset Type 2 Diabetes.” Paediatr Child Health. 2012;17(3):129-132. **Awarded the Noni MacDonald Award by the Canadian Paediatric Society, “An important contribution to paediatric practice”.


Guan Q, Ma Y, Aboud L, Weiss CR, Qing G, Warrington RJ, Peng Z. "Targeting IL-23 by employing a p40 peptide-based vaccine ameliorates murine allergic skin and airway inflammation." Clin Exp Allergy 2012;42(9):1397-405. *(selected for the Editor's Choice)*.


**2013**


Guan Q, Moreno S, Qing G, Weiss CR, Lu L, Bernstein CN, Warrington RJ, Ma Y, Peng Z. "The role and therapeutic potential of myeloid derived suppressor cells in TNBS-induced colitis." J Leukoc Biol 2013;94(4):803-11. This paper has been identified by the journal as one of the most accessed papers in the last six months since publication.


*See Blood Serology Section for Dr. Teresa Zelinski’s publications*

*See Genetics and Metabolism Section for Dr. Alison Elliott’s publications*
2012


2013


# Members of the Department

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*note not all departmental members are present in this May 2013 photo*
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