In June 2009, the Winnipeg Children’s Hospital celebrated its Centenary Anniversary, marking 100 years of providing quality medical care to the children of Manitoba, Northwestern Ontario, and Nunavut.

Annie A. Bond and the Local Council of Women opened the first Children’s Hospital on Beaconfield St. in Point Douglas on February 6th, 1909. Since then, the Children’s Hospital has grown to meet the needs of the community. In 1947 the hospital moved to Aberdeen Avenue in the North End before its final relocation to its current site at the Health Sciences Centre.

A number of events were held during June 2009 to commemorate the Centenary of the Hospital, including the placing of a commemorative cairn at the site of the first Children’s Hospital in Point Douglas.

The work that Annie Bond and the Local Council of Women spearheaded 100 years ago continues to be recognized in the current Hospital. This is due to the commitment of the staff, medical trainees, and volunteers who dedicate their time and efforts to provide the best possible patient care and research in pediatric medicine.

For more information, visit the Department of Pediatrics and Child Health website: http://www.umanitoba.ca/medicine/units/pediatrics
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2008-2009 *BIENNIAL REPORT*
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
Activities in the Department over 2008 and 2009 can be highlighted by one word - “change”. Many of these changes have been instituted in parallel with strategic and dramatic changes either adopted or evolving at the Regional and Faculty levels. Many of the changes have occurred in the pattern of clinical service delivery; and, these changes have resulted in how we deliver our educational programs and meet the needs of an expanding number of learners.

Regardless of the reason for change, as pediatricians and pediatric sub-specialists, we remain strong advocates and will serve as role models for our trainees to ensure they develop the necessary skills to be the next generation of skilled academic pediatricians and sub-specialists. We have accomplished a great deal over the past two years as we continue to learn and work in an inter-professional environment here in Winnipeg, in rural and Northern Manitoba, and beyond. Although many changes seem to result from crisis situations, it is important to remember that a crisis is a “terrible thing to waste”, and that we have capitalized on opportunities for growth and change. In fact, as I reflect over the past two years, I am struck by, and am very grateful for the overwhelming commitment of our Department members to the academic mission, by their ability to embrace change and by their passion in “doing the right thing”. 

There has been growth and consolidation in many areas of the Department that are outlined in this biennial report. This report does not capture all the contributions—individually and collectively—of the members of the Child Health Program and the Department of Pediatrics and Child Health; and, the great achievements and the fantastic cooperation of all, working towards the common goal of excellence in the care of newborns, infants, children and adolescents through excellence in education and first class research. While this report focuses on 2008 and 2009, as it is being issued late in 2010 I would like to make a few references to accomplishments which have occurred in 2010- these and many others will be repeated in the next Biennial Report.

Some highlights broken down into the three pillars of our academic mission include:

**Education:** Firstly, there have been significant changes implemented in the General Pediatric Residency Program, and the recent external review by the Royal College of Physicians and Surgeons of Canada has recommended full accreditation of this training program. Sincere thanks to Aaron Chiu for his leadership and commitment as Program Director and to the whole Pediatric Residency Coordinating Committee.

**Research and Academic Activities:** The first Chair in the Department of Pediatrics and Child Health – The Robert Wallace Cameron Chair in Evidence Based Child Health, has been filled by Dr. Jon McGavock, Research Scientist. He has also been awarded a Canadian Diabetes Association New Scholar Award for his work on the prevention of Type 2 diabetes in youth.
Two Department members have received their Masters degrees in Community Health Sciences: Alison Dart (Nephrology) and Chelsea Ruth (Neonatology). The following individuals joined us in 2008 and 2009 — Darcy Beer (Peds ER), Ilan Buffo Sequeira (Peds Cardiology), Adriana Condello (Peds ER), Geoff Cuvelier (Peds Hem/Onc), Annette Fischer, (Community Peds), Karen Gripp (Hospital Medicine), Marni Hanna (Community Peds), Fiona Fleming (Community Peds), Shareef Mustapha (Ambulatory Peds), Dion Pepelassis (Peds Cardiology), Fabiana Postolow (Neonatology), Chelsea Ruth (Neonatology), Karen Stannard (Peds Neurology), Stasa Veroukis (PICU), and Donna Wall (Peds Hem/Onc). I would also like to welcome those who joined us in 2010— Abdalla Ali (Ambulatory Peds), JP Appendino (Neurology), Jared Bullard (Infectious Diseases), Beth Collin (Dermatology), Carrie Daymont (Hospital Medicine), Sergio Fanella (Infectious Diseases), Jodi Jones (Peds ENT), Richard Keijzer (Peds Surgery), Terry Klassen (Peds Emergency and MICH), Ed Leung (Neurology), Michael Narvey (Neonatology), Bob Schroth (Dentistry), and Brandy Wicklow (Endocrinology).

Service: Special congratulations to Dr. David Grewar (St. Boniface, retired), who was inducted into the Order of Manitoba in July 2010 for services in Pediatrics and Aboriginal and Newborn Medicine, with an extraordinary contribution to northern health care. The creation of the Section of Hospital Medicine for our inpatient medical wards has been a key change since 2008—this Section will greatly enhance our training programs and patient care. The procedural sedation team and Pediatric Day Unit (PDU) are also major advances and continue to be highly touted.

I would like to express my sincere gratitude to the following individuals for their unwavering support to the Department of Pediatrics & Child Health and the Child Health Program:

- J. Dean Sandham, Dean (to June 2010), Faculty of Medicine, University of Manitoba for his commitment to academic excellence;
- Brian Postl, CEO, WRHA (to June 2010) and Dean, Faculty of Medicine, University of Manitoba (as of July 2010);
- Brock Wright, VP and CMO, WRHA;
- Beth Beaupre, Executive Director, Joint Operating Division, and;
- Adam Topp, COO, and the entire Senior Management Team of the Health Sciences Centre for a very productive working relationship.

The Department is also closely aligned with and is indebted to Pediatric General Surgery, Pediatric subspecialty surgery areas (ENT, Ophthalmology, Urology, Orthopedics, Neurosurgery, Craniofacial and Plastics), Pediatric Anesthesiology, Pediatric Dentistry, as well as the Rehabilitation Centre for Children (RCC) and our other community partners.

Finally, I would like to especially acknowledge significant roles of all full and part-time members with primary academic appointments in our Department, as well as those individuals who hold cross-appointments in the Department, and all of our administrative staff. Without exception, they all play noteworthy roles in the Department. This may only be apparent when you have the privilege like I have to step back and see the Department in its entirety. From this perspective I witness the steady commitment and contributions all Department members make through supporting and promoting our academic mission through teaching, through basic and clinical research and ultimately through the superb seamless care provided to the most precious members of our society - our children.
The Department of Pediatrics and Child Health would like to extend its sincere gratitude to the following individuals and groups who have helped put together 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. Paulette Shonoski (from March 2009)(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 and the Manitoba Institute of Child Health (MICH) for their unwavering support;

- Special thanks to the following individuals and those who work with them:
  - Sarah Delaquis, Special Projects Assistant, Pediatrics & Child Health
  - Hailey Benoit, Special Projects Assistant, Pediatrics & Child Health
  - Pauline Karlenzig, Administrative Assistant, Pediatrics & Child Health
  - Chris MacNeil, GFT Services Manager, Pediatrics & Child Health
  - Valerie Parker, Administrative Assistant to the Head, Pediatrics & Child Health, and Medical Director, Child Health Program
  - Donna Kenny Workum (from June 2009), Managing Director, Pediatrics & Child Health
  - Lesia Sianchuk, Executive Director, Children’s Hospital Foundation of Manitoba (www.goodbear.mb.ca)
  - Jack Wallace (to April 2010) and Mal Anderson (from April 2010), Executive Director, University Medical Group

- Extra special thanks to Sarah Delaquis and Chris MacNeil for spending endless hours putting together this Biennial Report;

- Lastly…the community at large for supporting the Children’s Hospital and the work done by all of our staff.

Photo Credits: Children’s Hospital Foundation of Manitoba, University of Manitoba Libraries (Archives and Special Collections),
PEDIATRICS & CHILD HEALTH
GFT/UMFA Faculty Demographics by Gender

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PEDIATRICS & CHILD HEALTH
GFT/UMFA Faculty Demographics 2002-Present

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...A YEAR-OVER-YEAR COMPARISON

PEDIATRICS & CHILD HEALTH
Grant Value vs. Staffing Level

Total Prorated/Annual Grant Amounts

Total Grant Funding
GFT Staffing Level

PEDIATRICS & CHILD HEALTH
Grant Monies 2005-2009

Total Prorated/Annual Grant Amount

Total Grant Funding
Local Investigator as PI

Year

2005 2006 2007 2008 2009

$17,385,437.5
$13,201,160.9
$18,251,690.4
$13,991,016.9
$18,400,138.3

$2,621,551.04
$2,250,161.30
$6,150,396.92
$2,510,830.67
$895,097.01

2008-2009 BIENNIAL REPORT
The Section of Allergy and Clinical Immunology currently consists of three full time physicians, Drs. A. Becker, E. Simons, and N. Cisneros, one full time basic scientist, Dr. Z. Peng and a number of scientists who have cross appointments in the section including Dr. K. Simons (Pharmacy), K. HayGlass (Immunology), and A. Kozyrskyj (Community Health Sciences). Several community allergists are also members of the section. One of our community colleagues (T. Gerstner) works part-time in our Ambulatory Consultation Clinic. The Section continues to be highly productive in terms of clinical care, research, education, and administration. The epidemic of allergic diseases, including food allergy and asthma, creates a major strain on the Section’s resources and the waiting list for new non urgent consultations is approximately 1 year. To help deal with this unacceptable wait time, Dr. Cisneros has begun monthly community clinics (one in Brandon and one at the Medical Arts Building in Winnipeg). We have also initiated a Transition Clinic with our “adult” colleague, Dr. C. Kalicinsky to more effectively prepare our patients with chronic allergic disease and asthma for more effective self management as adults.

For patients with severe asthma we have established a “High Risk” Asthma Team lead by our Clinical Nurse Specialist, Ms. C. Gillespie working with our nurse clinicians, F. Ernst and S. Johnson, our clinic nurse D. Marks and ably supported by our social work colleagues (C. Farwell and T. Plett). Our Certified Asthma Educators in the Children’s Asthma Education Centre see children admitted to hospital with asthma and referrals from the emergency department, Pediatricians and Family Physicians. We continue our small group interactive Family Asthma Program classes and have begun to work with primary care physicians in a Family Practice community based asthma education project. Our Provincial Outreach Program coordinator (L. Stewart) works with the RHAs and continues to expand our support for provincial asthma education.

We have been fortunate enough to attract support of a private donor (the Thompson family) working with the Children’s Hospital Foundation and Manitoba Health to orchestrate redevelopment of the Children's Asthma Education Facilities into a renovated Centre for Allergy and Asthma. This will allow for greater efficiencies in management and education for patients and families with asthma and other allergic diseases. The Centre will provide a setting where physician, nurses, educators and social workers are able to work together with patients and their families.

The Section continues to be extremely active in research with more than one million dollars per year in research funding and many publications in high quality journals resulting from the research which has been undertaken.

Our Section and its members continue to be recognized nationally and internationally for excellence in clinical care, education and research. Drs. E. Simons and Becker have been actively involved with guidelines development at the national and international level. Members of the Section have received national and international awards in recognition of their important contributions.
The Section of Pediatric Ambulatory Care 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 pediatricians who regularly visit these communities.

- Numerous medical sub-specialty clinics are also offered by the Section, such as: Neonatal, Encopresis/Enuresis, Adolescent and Eating Disorder clinics.

- Dr. M. Lane acts as an ongoing liaison with the Adolescent Psychiatry Team, and is also the specialist for the Adolescent Eating Disorders Program.

- The Section of Pediatric Ambulatory Care is actively involved in the education of residents, medical students and International medical graduates.

- 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 course of play; this sub-section consists of Drs. Zetaruk and Hyman.
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 we have been busy with a number of different research projects. As with any research lab, of the various projects in which we are involved, some have been completed, some are nearing completion, some continue to be ongoing and finally some are just starting.

- Two projects have been completed during this time, namely a collaborative study on the role of immunoglobulin G and its receptor (FcRIIA) polymorphisms in bacterial-induced platelet aggregation, and a study detailing the molecular basis of the low-incidence Rh antigen, LOCR that was originally brought to our attention because it caused hemolytic disease of the newborn. We are particularly proud of this second study, as it signals the complete characterization of this unique antigen, from its original description, to its blood group system assignment, and ending with its molecular basis.

- In addition, two other studies (one dealing with a family segregating for an Rh modifying gene, the other detailing the biochemical and molecular basis of succinylcholine sensitivity in Hutterite kindred) have been completed and the data are being collated for consideration of publication in *Vox Sanguinis* and *Molecular Genetics and Metabolism* respectively.

- Finally, as experienced gene mapping specialists and linkage analysts we have been actively involved in The Centre for the Investigation of Genetic Disease (a group of clinical and basic science researchers who are collaborating on specific projects in an attempt to reduce morbidity and mortality in children with genetic diseases).

- During the last two years, our Centre has continued investigations on Chudley-McCullough Syndrome, Noonan Syndrome and CPT1 Deficiency.

**Medical & Scientific Staff:**

Teresa Zelinski (Section Head) Gail Coghlan
The Section of Pediatric Cardiology underwent significant expansion with the recruitment of Drs. Ilan Buffo and Dion Pepelassis. Their arrivals marked the beginning of a new era for this section which continued to be the sole provider of pediatric and fetal cardiac services in this region.

- The section performed over 3500 outpatient assessments and over 750 inpatient consultations annually.
- The out of province cardiac surgery program coordinated the surgical care of over 150 children annually in surgical centers across Canada.
- Dr. Pepelassis’ arrival resulted in the resurrection and expansion of the cardiac catheterization program. He also performed a number of higher risk procedures at Stollery Children’s Hospital in Edmonton.
- Dr. Buffo’s arrival marked the birth of Winnipeg’s first full service pediatric arrhythmia program. His expertise enabled pediatric holter monitors and pacemaker assessments to be analyzed by a dedicated pediatric electrophysiologist. He also established the use of pediatric implantable loop recorders in this population.
- Dr. Soni further expanded fetal cardiology resulting in a significant improvement in antenatal detection rates and a reduction in neonatal cardiac morbidity.
- Dr. Soni continued to develop the pediatric cardiac transplantation program with further centralization of care in Winnipeg. The ongoing ability to provide rescue ECMO services enabled the sickest of these children to survive to transplantation.
- The Winnipeg program continued to be an important member of the Western Canadian Children’s Heart Network. Under this umbrella, Dr. Soni served as a member of the Clinical Operations committee, fetal and transplantation taskforces 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 was appointed president of the Canadian Pediatric Cardiology Association commencing a 3 year term in this position. 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, and cardiac biomarkers in addition to remaining actively involved in teaching at the undergraduate and postgraduate levels.
The Child Development Clinic continues to provide multidisciplinary diagnostic and early intervention services for infants and children with developmental problems. Multiple clinic formats are provided. Partnerships throughout Manitoba have occurred with a goal of ensuring efficient, timely, evidence-based diagnosis and intervention for children. There are multiple service sites including the clinics at Children’s Hospital, St. Boniface General Hospital, Rehabilitation Centre for Children (RCC) and St. Amant Centre. Rural outreach clinics are provided throughout the year to Brandon, Dauphin, The Pas and Morden (Boundary Trails) as well as some Telehealth assessments in the Manitoba FASD Centre.

The Section maintains an active teaching program to undergraduate medical students, pediatric, psychiatric and genetics residents and learners from other disciplines.

The Section is actively involved in multiple research projects.

Specific clinic formats include regular child development assessments, autism assessments, Newborn Follow-up Clinic, Feeding Clinic and FASD clinics which now occur as part of the Manitoba FASD Centre.
Medical & Scientific Staff:
Charles Ferguson (Section Head)  Debbie Lindsay

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 Police 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, Human Ecology)
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 provide pediatric residents with valuable experience 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.
Medical & Scientific Staff:
Jill Keddy-Grant (Section Head) Rochelle Van De Velde 
Phillipa E. Kellen

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.

- 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.
- Dr. Beth Collin will be joining the section of pediatric dermatology in January 2010.
- Thanks to our Clinic Nurse Sheila Kroeker for all of her help and dedication.
Medical & Scientific Staff:

Elizabeth Sellers (Section Head) Janet Grabowski
Heather Dean Shayne Taback

The Section of Diabetes and Endocrinology provides clinical services to pediatric patients with diabetes, pre-diabetes and endocrine disorders. Such ailments that affect growth, reproductive development, adrenal or thyroid gland functions, and disorders of lipid metabolism and bone health are seen by the endocrinology service. Section members also participate in teaching activities for undergraduate and postgraduate students in medicine, nursing, nutrition, clinical dietetics, psychology, kinesiology, pharmacology, dental hygiene and social work. All Section members pursue research activities related to endocrine and diabetes.

• 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 Hospital and on an outpatient basis from our clinic in the Community Services Building. Children with diabetes are also seen on clinical outreach trips in Manitoba and northwestern Ontario.

• The number of new referrals with Type 1 and Type 2 diabetes is escalating yearly. In 2007, the caseload of children with diabetes was seven times higher than when the Diabetes Education Centre for Children and Adolescents (DER-CA) opened in 1985. The number of newly diagnosed children seen with either Type 1 or Type 2 diabetes was also the highest yet recorded. The DER-CA has developed the internationally acclaimed transition program for young adults with diabetes, known as the Maesto Project. This program is funded by the WRHA to provide support, advocacy, education and research opportunities while coordinating surveillance services using a systems navigation model.

• The DER-CA demonstrates its exceptional service and ability to perform as an integrated, interprofessional team as the complexity of diabetes management continues to increase.

• The Section has taken the leadership role in the Department and the Faculty in developing new models for Interprofessional Education.

• The Section continues to participate and provide leadership for the provincial Newborn Screening Program for congenital hypothyroidism and congenital adrenal hyperplasia.

• Research and academic activities focusing on obesity and type-two diabetes have further expanded through collaboration with Dr. Jon McGavock, research scientist at the Manitoba Institute of Child Health.

• The Section also provides support, advocacy and service to local, national and international organizations to improve the life experience of children with diabetes and endocrine disorders.
**Medical & Scientific Staff:**
Stan Moroz, (Section Head)  Pushpa Sathya

The Section of Gastroenterology continues to assess and treat children and adolescents with a wide variety of gastrointestinal, liver, and nutritional problems.

Diagnostic procedures such as endoscopy, liver biopsy, esophageal pH and intestinal motility studies are performed. Some therapeutic interventions, such as polypectomies and variceal banding, are also done.

Since Dr. Stan Moroz’s retirement in 2008, the Section finds itself without full-time Pediatric Gastroenterologists—in spite of very aggressive ongoing recruitment efforts. This hopefully will soon be rectified. In the interim, the Department is pleased to announce that Drs. Gina Rempel, Patricia Birk, and BJ Hancock are acting Section Heads and are providing leadership to ensure care for children with gastrointestinal problems is maintained. They are assisted by Karine Dupuis, Pediatric GI Nurse Practitioner.

The section is now called Pediatric GI, Hepatology, and Nutrition and is also grateful for the support from our adult GI colleagues.
The Program of Genetics and Metabolism provides leadership in delivering comprehensive, accessible genetic, metabolic, and related care for Manitoba, northwestern Ontario and Nunavut, serving both children and adults of all ages.

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

- A strong belief in continuing quality improvement and providing an ethical approach to patient care, education and research is always present.

- 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.

- 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, Metabolic Service 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.
The Section of Pediatric Hematology/Oncology/BMT provides broad-based inpatient and outpatient clinical service to pediatric patients with cancer and blood disorders. The Section continues to care for children with bone marrow failure syndromes, immunodeficiency, hemoglobinopathies and haemostasis and thrombosis abnormalities.

- The Section provides services to children from urban and rural Manitoba, as well as portions of eastern 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 the follow-up phases of care.

- A number of specialized programs assess the needs of unique segments of the population. These include: the Pediatric Stem Cell Transplant and the Bleeding disorders programs. A Hemoglobinopathy Program is under development.

- Dr. Wall successfully led the Stem Cell Transplant Program to FACT accreditation and full COG membership in 2009, allowing the Section to participate in important Phase III clinical trials evaluating the use of cord blood as an alternative donor source for transplant.

- Dr. Stoffman led the Bleeding Disorders Program in the initiation of a twinning project with the Hemophilia Society of Delhi, India, sponsored by the World Federation of Hemophilia.

- The Section is involved in the education of residents in Hematology, Pediatrics, Pathology, and Radiation Oncology and of medical students from the University of Manitoba and abroad. Members of the Section provide clinical and didactic teaching to all levels of medical trainees as well as undergraduate and postgraduate research training opportunities.

- Research activities of Section members include leadership and participation in multicentre clinical trials in cancer therapeutics and supportive care, stem cell transplantation, and blood disorders. Individual research projects range from clinical studies to molecular biology. Research themes include: neuro-development, inflammatory mediators in stem cell transplant, development of quality of life tools, neonatal thrombosis and platelet biology.
The Section of Pediatric Hospital Medicine (SPHM) is a new Section within the Department of Pediatrics. Initially dealing specifically with the first closed teaching service at Children’s Hospital, it was officially introduced in 2008. Its scope of responsibility was expanded at that time to include the other general pediatric medicine teaching services and to address a wide variety of issues that pertain to the care of the hospitalized child.

The section embraces the philosophy of excellence in the four pillars of hospitalist medicine: clinical work, administration, research, and education (“CARE”).

The three general pediatric medicine services report to the section head of SPHM via their service chiefs. The section head in turn reports directly to the department head. The section head sits on various committees that direct inpatient care and also works directly with others such as unit managers, other section heads, and the postgraduate program.

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. They also maintain individual interests in various areas of pediatrics such as education and research.

The Section continues to actively recruit more hospitalists. As the section increases in number it will incorporate new skill sets and responsibilities. It is also beginning to liaise at the national and international levels in order to broaden its scope.

It is an exciting time and the potential seems unlimited! The Section’s fundamental mission will remain the same: provision of the best possible care to the children we are privileged to serve.
Medical & Scientific Staff:

Joanne Embree (Section Head)       Maryanne Crockett

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

- 2009 was a very dramatic year for the section with the occurrence of the 2009 pandemic H1N1 (swine) influenza which had a significant impact in Manitoba in June/July 2009. Members of the section presented the summaries of the activities related to this at local, national and international meetings.

- Section members have been very involved as associate members of the newly established Centre for Global Public Health and are developing additional research collaborative projects with the International Research Group at the University of Nairobi.

- Dr. Maryanne Crockett became the program director for Pediatric Infectious Diseases in September 2008. The graduates in the fellowship program in Pediatric Infectious Diseases (Drs. Fanella, Al-Suwaidi and Bullard) have been successful in their Royal College Fellowship examinations in Pediatric Infectious Diseases. Dr. Fanella has completed a two-year research fellowship and will be joining the section in July. Dr. Al-Suwaidi has returned to the United Arab Emirates to a position as an infectious diseases consultant. Dr. Bullard has also successfully completed his Fellowship in Medical Microbiology and will be joining the section in July as well as taking on the role of Assistant Laboratory Director at Cadham Provincial Laboratory. Dr. Bridger is just completing her clinical fellowship training and will remain with us for an additional year as a research fellow.

- Dr. Joanne Embree was honored to be President of the Canadian Pediatric Society for the 2008-2009 year. She has also just completed a two year role as one of the interim Directors of Research for the Manitoba Institute of Child Health along with Dr. Kent Hayglass and Dr. Barbara Triggs-Raine.
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 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 has been host to the Western Canadian Neonatal OSCE annually since 2006, with the 2008 OSCE being 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 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 coordinates services to provide care under three sub-programs: Pediatric Renal Transplantation, Pediatric Dialysis and General Consultative Pediatric Nephrology, including regional outreach.

- 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.
- Dr. Allison Dart was recruited to the Section as a clinician researcher, with a clinical focus in dialysis and renal outreach and research focus in the epidemiology of renal disease risk in Manitoba.
- The Section is participating in 11 active (8 multicenter) clinical trials, of which Winnipeg is the primary or core center for six.
- The Section is a leader among pediatric specialty programs with the development of formal processes for transition to adult care that are integrated into the clinical programs, with the collaboration of allied health and adults specialists.
- The Northern Outreach clinic in Thompson has been redeveloped and is now providing care of new referrals and follow-up patients from the Bum'twood region.
- Innovative teaching tools for new dialysis patients were introduced and the teaching room for Peritoneal Dialysis was relocated and renovated to improve the teaching environment for patients.
- The 5th anniversary of opening the Pediatric Hemodialysis Unit was celebrated with a plaque honoring Dr. Malcolm Ogborn and Julie Strong.
- The Transplant Manitoba – Pediatric Kidney Program has initiated a major revision of policies and procedures. Dr. Birk has also established a liver transplant clinic to improve supervision of immunosuppressive therapy and renal disease in this population.
- The Section also continues to provide leadership on Children’s Hospital program initiatives, such as the Medication Reconciliation Project, and the new diagnostic imaging order entry and decision-support system.
- The Kidney Camp, held each summer at Camp Stephens, celebrated its 12th year of supporting children with kidney disease.
- Other clinical program achievements for 2009 include: manual blood pressure measurement (standard of care) in the renal clinic, patient satisfaction questionnaire for the renal clinics, new benchmarking tools, improved renal clinic flow and efficiency in response, follow-up service for cardiac transplant recipients with renal disease, and a database to track outcomes of children treated with continuous renal replacement therapy.
The Section of Pediatric Neurology continues to treat children with a wide variety of neurological abnormalities, 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.

- Section members continue to conduct clinical research in the following areas: seizure disorders, neuro-ophthalmology, cerebellar disease, childhood stroke 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, their parents and school personnel, as well as other staff members principally about seizure disorders and headaches.

- We were delighted to welcome to the Section as a part-time member, Dr. Andrew Skalsky, specialist in Rehabilitation Medicine. Dr. Skalsky joined us on January 1, 2009. Dr. Skalsky obtained his M.D. from the University of Minnesota, Minneapolis, completed a residency program in Physical Medicine and Rehabilitation at the University of California-Davis in Sacramento, California and then went on to complete a Neuromuscular Medicine Clinical Fellowship at the University of California-Davis and at the Shriners' Hospital for Children – Northern California, Sacramento, California. Dr. Skalsky has a special interest in Neuromuscular Disorders.
**Medical & Scientific Staff:**

- Milton Tenenbein, (Section Head)
- Adriana Condello
- Amin Kabani
- Bryan Magwood
- Darcy Beer
- Elisabete Doyle
- Fiona Fleming
- Gerald Brennan
- Grant Yung
- Jennifer Teskey
- Lynne Warda
- Marilyn Raizen
- Matthew Lazar
- Murray Kesselman
- Norm Silver
- Scott Sawyer
- Shelagh Mackenzie
- Sue Webb
- Tracy Ridley

With approximately 50,000 visits annually, the Section of Pediatric Emergency continues to provide primary, secondary, and tertiary medical care for the children of Manitoba, Northern Ontario and Nunavut.

- The most notable aspect in the past year is our continued census growth. We have increased approximately 5% per annum during each of the past two years. However, we have managed to maintain efficiency as shown by stable waiting times and length of stay.
- Members of the Section are instructors in Advanced Pediatric Life Support (APLS) courses for physicians in Winnipeg and Manitoba to improve their skills in the management of critically ill and injured children.
- 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.
- 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. Particular areas of research expertise include Injury Prevention and Clinical Toxicology.
- Considerable medical education is provided to several different learners including Medical Students, Pediatric Residents, Emergency Medicine Residents, Family Practice Residents, and Pediatric Emergency Residents.
- The Manitoba Poison Control Centre is located within the Emergency Department and is staffed by the attending physicians. These individuals manage queries from the public and medical professionals regarding exposure to potentially dangerous substances.
Medical & Scientific Staff:
- Murray Kesselman (Section Head)
- Betty Jean Hancock
- Tanya Drews
- Stasa Veroukis

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 or 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.

The Section teaches resuscitation, critical assessment and organ support to Pediatric, Anesthesia and Emergency residents.

The Pediatric Intensive Care Unit is currently pursuing three improvement projects. These include: an initiative to reduce ventilator-associated pneumonia in children, an initiative to improve the early recognition and treatment of severe sepsis in children, and multidisciplinary “safety huddles” to identify and address in a timely fashion potential safety or efficiency issues in the PICU.
Medical & Scientific Staff:
Hans Pasterkamp (Section Head) Brenda Louise Giles
Raquel Consunji-Araneta

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, 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 continue to increase. 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; Dr. Faisal Al-Somali is now in his second year of fellowship training.
- The members of the Section remain active in research and scholarly activities. Their presentations and publications covered defence mechanisms against damage by oxygen free radicals respiratory support and pulmonary rehabilitation in children with chronic lung diseases, the development of acoustic techniques for respiratory diagnosis in collaboration with biomedical engineering, and pediatric tuberculosis.
The Section of Pediatric Rheumatology & Immunology 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.
- Physiotherapy and Occupational Therapy staff rotate through the Section on a regular basis, and continue to provide excellent patient care.
- The Pediatric Immunology Service diagnoses and treats children and adolescents with immunodeficiencies, which are defects of the immune system resulting in increased infections.
- The Section continues to be heavily involved in Canadian multi-centered research projects and is very pleased that many of its patients generously give their time and effort for these projects.
- Section patients continue to participate in studies examining the course and outcome of arthritis.
- In 2009 the first manuscript of our multi-centre project on “Outcome in Juvenile Idiopathic Arthritis (JIA)” was published, and a multi-centre grant application for a new research direction “Physical Activity in JIA”, was submitted.
St. BONIFACE HOSPITAL

PEDIATRICS / NEONATOLOGY

The St. Boniface General Hospital arm of the Child Health Program provides neonatal and ambulatory pediatric care for children in Manitoba, Nunavut and Northwest Ontario, utilizing a multi-disciplinary model. The 2008-2009 academic year was a busy and productive one both on the clinical and the academic front. The Section reports to both Noelle Lavergne, Director of the Woman and Child Program at St. Boniface Hospital, and to Dr. Cheryl Rockman-Greenberg, Professor and Head of the Department of Pediatrics and Child Health at Children’s Hospital. The achievements from this Section will be broken up between Neonatology and Ambulatory Pediatrics:

Neonatology

- Neonatologists, General Pediatricians, Family Physicians, and Midwives provide care to the neonates at St. Boniface General Hospital in the NICU and nurseries.
- The Section of Neonatology participates in teaching directed towards undergraduate medical and paramedical students, nurse practitioner trainees, and residents in the Departments of Pediatrics, Anesthesia, and Obstetrics, and fellows in Neonatology.

Ambulatory Pediatrics

- This program acts as a primary and tertiary level Pediatric facility with subspecialty involvement from: Child Development, Neurology, Orthopedics, Surgery, ENT, Psychiatry, Psychology, and Hematology/Oncology. The program also provides outreach visits to areas of northern Manitoba and Nunavut.
- The Section also provides teaching for undergraduate medical students, nurse practitioner trainees, residents and fellows in the departments of Pediatrics and Family Medicine. This Section was pleased that two medical examination rooms were added to facilitate patient care and trainee learning opportunities.
- There has been substantial progress in the implementation of the HISP Electronic Patient Record since 2007. It is anticipated that the EPR will have a significant and positive impact on patient care.
The Pediatric Residency Program at the University of Manitoba is a four year program of which the first three years are core and the fourth year may be the first year of a subspecialty or another year of general pediatrics. In 2009-10, the program had eight PGY-1, seven PGY-2, seven PGY-3, and seven PGY-4 residents in the program. Most of core training takes place at the Winnipeg Health Sciences Centre, with mandatory rotations in Neonatology at St. Boniface Hospital and a rural rotation at Brandon or Thompson General Hospital. Residents may take an elective month outside Manitoba in each of the final three years of the program, but currently not in the PGY-1 year. The program as currently structured meets all of the RCPSC Specialty Training Requirements (STR).

The highlights of last year include:

- Expansion of the Department leadership and support for our education programs
- Recent receipt in 2010 of full accreditation for our Pediatric Residency Training Program from the Royal College of Physician and Surgeons of Canada was due in large part to the dedication, commitment, and expertise of Dr. Aaron Chiu who became program director in March 2009. The support of the entire Department is greatly appreciated.
UNDERGRADUATE MEDICAL EDUCATION

Medical & Scientific Staff:
Diane M. Moddemann (Director)  Sylvia Kovnats (ITC Coordinator)
Ruth Grimes  Bryan Magwood
Ana Hanlon-Dearman (Pre-Clerkship Coordinator)  Ganesh Srinivasan
Jeff Hyman (Associate Director)

The Pediatric Undergraduate Medical Education Program functions within the context of the Undergraduate Medical Education Program, Faculty of Medicine, and University of Manitoba. The Pediatric Undergraduate Medical Education Program strives to provide an optimal learning environment for the medical student to appreciate and understand the unique features of infant, child and adolescent medicine. The fundamental purpose of the pediatric program is to provide the student with the ability to acquire knowledge, skills and attitudes appropriate for child health/pediatric medicine, which will serve as a foundation for providing competent childcare in whatever field of medicine the student enters.

Undergraduate Pediatric Medical Education is divided into two main components, the first two Pre-Clerkship years and the Clerkship years. Pediatric concepts are learned throughout the Pre-Clerkship curriculum as integrated components of the various “systems” blocks. This provides a framework for the Pediatric rotation in the Clerkship years. During the first two years the goals and objectives are met through a series of lectures, tutorials, problem-based learning sessions, independent learning, bedside teaching and clinical sessions with standardized “patients” and actual patients.

The Pediatric Clerkship rotation involves an intensive six-week block of ambulatory and inpatient components to provide the students with a broad experience in pediatric health care issues. Clerks work under the close supervision of pediatricians and pediatric residents. The inpatient component allows the Clerk to work as a health care team member on one of the general pediatric services. The ambulatory component provides the student with the opportunity to work closely with pediatricians in an outpatient setting at Children’s Clinic, St. Boniface Hospital or in the community, in addition to Emergency, Fast Track Clinic, and various subspecialty and community clinics. The cognitive curriculum includes problem-based learning, academic half days, self-study, computer aided learning tutorials, and discussions with pediatricians and sub-specialists to round out the learning opportunities.

Elective rotations in subspecialties and general pediatrics are available in fourth year for students interested in pursuing further clinical pediatric experiences. Pediatric electives continue to be popular with our local students and students from other universities. We participate with other disciplines in the student exchange program with Saitama University, Japan.

There are 410 students enrolled in the Faculty of Medicine per year, all of whom receive comparable pediatric learning experiences. We rely extensively on the expertise and teaching excellence of all our geographical full-time, community pediatricians, pediatric residents and fellows.

Approximately 125 individuals provide more than 5,000 hours of undergraduate medical education yearly in addition to ward supervision and supervision in various clinical settings.

Committee members, along with other faculty members, are involved in providing Faculty Development to physicians through the Faculty Development sessions and the Pediatric Medical Education Interest Group.
Faculty Development is available for assisting the Offices of Undergraduate and Postgraduate Medical Education in the development of educational strategies to improve the teaching and learning environment for medical students, residents and other students in the health care professions. Needs assessment surveys 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
1. To provide the best education for different levels and types of learner.
2. To foster the development of future health care professionals in the CANMEDS model and have caring, compassionate, competent and ethical professionals who are excited about learning and patient care.
3. To promote life-long learning.
4. To promote self assessment and reflection.
5. To create a cooperative learning environment and promote inter and intra professional teamwork.
6. To create and maintain a dynamic needs based, learner-centered curriculum whose outcome is a clinician who delivers patient-centered care.
7. To promote the scholarship of teaching.
8. To promote ongoing faculty development and create dedicated educators.
9. To meet the goals and objectives of the Undergraduate, Postgraduate and Faculty Development Education Programs.
10. To meet the goals and objectives of the Mission and Vision of the Child Health Program.
11. To meet the responsibilities we have to our patients and society.
The Quality Team leads quality improvement accreditation, risk management, utilization management, and decision support in the Child Health Program at the Winnipeg Regional Health Authority.

- The team is completing a two-year collaborative project with the University of Manitoba’s Faculty of Engineering which has redesigned surgical patient flow at Children’s Hospital. The project, funded by the Manitoba Patient Access Network and the Children’s Hospital Foundation, involves two Masters students in Engineering who are preparing theses on simulation of flow through PICU and scheduling models for pediatric surgery. Lean techniques have become an area of expertise for the team. Leslie Galloway, Quality Officer, has taken the lead in this project and her dedication and commitment is highly commended.

- Working with the Canadian Association of Pediatric Health Centers (CAPHC) Medication Reconciliation Collaborative, the team has incorporated MedRec in the patient journey from admission to discharge.

- In February 2010 the Child Health Program will welcome Accreditation Canada surveyors. Our survey will focus on Child and Youth Population Health, Pediatric Emergency, Pediatric Surgery, and Children’s Rehabilitation.

- The team is actively involved in the EPIQ-2 project (Evidence-based Practice Improvement for Quality) under the aegis of the Canadian Neonatal Network (CNN) and Dr. Cronin is taking a leading role in mentoring neonatal staff across Canada in the implementation of Quality Improvement strategies.

- The CAPHC Pediatric Trigger Tool has now been tested, validated, and mounted on a secure electronic platform. The Canadian Pediatric Adverse Events Study, funded by CPSI and partners, is underway, with five Manitoba reviewers visiting hospitals in the Winnipeg, Brandon, and Brandon health regions. Dr. Cronin is co-leading the dissemination strategy for the Quality Improvement CAPHC Pediatric Trigger Tool across Canada.

- Two reports have now been completed and submitted on a high-risk medication strategy for Canadian children’s hospitals. This work has been completed in collaboration with CAPHC and ISMP, the Institute for Safe Medication Practices.

- Dr. Cronin currently chairs the steering committee of the CAPHC-CPDSN (Canadian Pediatric Decision Support Network), which produces annual benchmarking reports on Canadian children’s hospitals, is collaborating with CIHI to enhance the utility of the CIHI Portal, and is working to develop an integrated data suite. Our former Quality Analyst, Yin Yin Tan, MSc (ME), is now the lead analyst for CAPHC-CPDSN.

- Multidisciplinary teaching and mentoring activities continue, including the hiring of a Junior Quality Officer (Kendall Hobbs) for a term in 2008 and presentations to the Health Professionals Education Collaborative of the Institute for Healthcare Improvement (IHI) and to the Colloquium of the Universities of Manitoba and Szeged (Hungary).
## Our Team

**Members of the Department of Pediatrics & Child Health**

As at: December 31, 2009

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<th>Cross, Howard</th>
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<td>Magwood, Bryan</td>
<td>Rafay, Mubeen</td>
</tr>
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