when the doctors tell you that your child is sick and needs help, the words seem impossible to believe. Many parents and families who come to McMaster Children’s Hospital (MCH) never thought they would need the specialized care offered at a children’s hospital, but when that day arrived they were incredibly thankful that MCH was there to care for their child and for their whole family.

According to McMaster Children’s Hospital (MCH) patient 10-year-old Riley Berryman, the new president of MCH has magical hands. Dr. Peter Fitzgerald developed a one-of-a-kind surgery specifically engineered for Riley to help repair his enlarged bowel, giving him the chance to be a happy-go-lucky kid again.

Along with magical hands, Dr. Peter Fitzgerald is a distinguished surgeon with a national and international reputation for his innovative work and leadership in minimal access (keyhole) surgery and reconstructive chest-wall surgery. He has been integral in establishing the minimal access pediatric surgery program at MCH.

Dr. Fitzgerald knows the pediatric health care team inside out from both frontline and administrative perspectives. In his capacity as the medical director of MCH for the last five years and chief of pediatric surgery, he has unique insight into the complexity of running a children’s hospital that is committed to providing the highest quality of care for every child and family, every day, without exception.

Dr. Fitzgerald describes the “phenomenal” growth of McMaster Children’s Hospital into one of the foremost children’s hospitals in the country as exciting, and he looks forward to both the opportunities and challenges that lie ahead. But while MCH’s programs and facilities may be growing, Dr. Fitzgerald is adamant that his team will continue to provide the personalized care that is the hospital’s hallmark.

“Every patient and family that we see at MCH has a unique situation and a great deal of collaboration, research and thought go into treating each individual case,” said Dr. Fitzgerald.

Dr. Fitzgerald, a professor of pediatric surgery at McMaster University’s Michael G. DeGroote School of Medicine, has made significant contributions to undergraduate surgical education, particularly in the development of evaluation standards. He believes in getting back to the basics of providing good quality care and in instilling that belief in the next generation of health care professionals. He is also committed to opening avenues of recruitment worldwide to bring the best and brightest talent in pediatric care to McMaster University.

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Child and youth mental health problems pose a tremendous challenge for the children, teens and families affected. These problems are very common, and the issues they create can last long into adulthood.

For society, child and youth mental health problems also consume a vast amount of financial and human resources. The team at McMaster Children’s Hospital understands the critical need to invest in early identification and treatment for children and youth with mental health challenges.

The Child and Youth Mental Health Program at MCH is affiliated with the Faculty of Health Sciences and Department of Psychiatry and Behavioural Neurosciences at McMaster University, and McMaster Children’s Hospitals’ world-renowned Offord Centre for Child Studies. These centres are all leaders in child and adolescent development, wellness promotion and mental health care, with many of their practices being adopted worldwide.

Children and youth with serious mental health problems can already access a wide range of outpatient services at McMaster Children’s Hospital. The Child and Youth Mental Health Program offers numerous services, including consultation, assessment and treatment groups for children and youth suffering with a variety of difficulties, including depression, generalized anxiety disorder, obsessive compulsive disorder and social phobia.

The program also partners with many community services across south central Ontario to help ensure that children and youth have timely, coordinated access to specialized, ongoing care. Responding to the increasing need in our society, the Child and Youth Mental Health Program is growing at an incredible pace. The RBC Child and Youth Mental Health inpatient unit will include 22 beds - 16 for youth and six for children. This unit will open this summer along with an associated day hospital and outreach service. These services will provide seamless care for children and youth up to age 18. This unit will represent the third largest child and youth mental health inpatient unit in the country and signals MCH’s commitment to addressing the critical issue facing our children and society today.

The design of this purpose-built unit was conceived through a lengthy and thoughtful functional planning process that had patients at the forefront of all decision-making. It will include a recreational lounge, educational learning areas, as well as a full kitchen and dining facilities. Under the direction of Dr. Rhodri Evans, the Medical Director for the Child and Youth Mental Health Program, many highly skilled health care professionals have been recruited, including four child and adolescent psychiatrists who are also Assistant Professors in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. As many as 450 children and youth will receive care in the unit each year with the focus of admission being to stabilize the patients, determine a diagnosis and develop a plan to help them get better. This new unit complements the continuum of care provided at MCH, and adds to existing and growing outpatient and community-based services.

The Child and Youth Mental Health Program team is committed to providing exemplary family-centred care, based on evidence and best practices. It is filling a major service gap in mental health care for children and youth in south central Ontario.
Selena Solis never thought her daughter, Selena, would be one of them.

Selena’s story…

It was Thanksgiving weekend in 2007 and Carol Solis and her daughter Selena were enjoying themselves at a party in Burlington with family and friends. They had to much to be thankful for. In 2000, Carol adopted Selena from China as a baby and her daughter had grown into a vivacious, talented, creative and fun-loving little girl.

It was at the party when Carol noticed Selena stumbled over at the top of the stairs. When she called to her daughter, Selena’s words were jumbled and her right side was completely limp.

Selena was rushed to McMaster Children’s Hospital (MCH) by ambulance.

“When we arrived at the hospital, I remember being told that Selena was in critical condition and the doctors weren’t sure she was going to make it,” said Carol. “It was a parent’s worst nightmare.”

Tests revealed that Selena had suffered a hemorrhagic stroke, which means bleeding occurs in the brain and damages the surrounding tissue. This type of stroke is rare, affecting only one in 100,000 children, yet strokes are among the top 10 causes of childhood death. If Selena did survive, it would be one of them.

Dr. Thorsteinn Gunnarsson, a pediatric neurosurgeon at MCH, performed brain surgery on Selena and removed a piece of her skull that would allow access to her brain to swell. He also inserted a drain to relieve the pressure on her brain. The operation saved Selena’s life.

Five days after being rushed to the hospital, Selena was rushed to McMaster Children’s Hospital. She can and will do anything. She can and will sing and dance. She can and will walk and talk. She can and will do anything.

“Her progress was significantly faster than anyone would have imagined and those of us who worked with her were amazed,” said Helena Pelletier, a Registered Dietitian at MCH. “All of the children and families I have worked with over the past 10 years, Selena and her mom inspired me the most. Their positive outlook and commitment to achieving their goals were truly a large part of her amazing progress.”

Working with a team of health care professionals at MCH, Selena was gradually able to hold her head up, stand and then walk. She relished how to get things up and feel herself. And she rejected her speech, “I remember seeing her one morning and hearing her say, ‘I love you, Mommy.’” said Carol. “It was incredible.”

There is very little evidence left of the ordeal that Selena went through. Although covered by her hair, she has a scar that extends from her ear, around the back of her head and up to her forehead. Her right arm is slightly bent and it takes effort for her to straighten it. And although she is able to run, she still has a slight limp. But Selena is determined that the rest of her road to recovery will be short. “Because I’m like a speed rocket,” said Selena. “And right now I feel super, super great.”

“Selena can walk and talk. She can and will do anything. She can and will sing and dance. She can and will do anything. Very soon.”

Dr. Issenman has been doing amazing work for Sarah. She is inspired by Sarah’s courage and determination and uses that energy to fuel new and innovative approaches for her care.

When Karen Guse, Sarah’s mother first met Dr. Issenman, he took hold of both of her hands and said, “You are here to look after Sarah and I am here to worry about her.”

True to his word, Dr. Issenman has been doing that ever since, providing comfort, reassurance and great care to Sarah and her family.

Sarah Byars’ beautiful mane of red hair, glowing smile and bubbly personality concealed the many and varied health challenges this bright little girl had faced in her short life. At only 11 years of age she has previously endured all the symptoms of three of her diseases perfectly and is quick to help adults who stumble over them.

Sarah has a combination of Osteogenesis Imperfecta (brittle bones disease), Von Willebrand disease (hemophilia and Crohn’s disease (a gastrointestinal disease))

She has broken countless bones and has to be very careful not to cut herself for fear of bleeding too much. On top of that, she faces the bristles and challenges that come along with managing Crohn’s disease every day.

Sarah came to McMaster Children’s Hospital from her home in Guelph, Ontario when she was five years old. This is when she first met Dr. Robert Issenman, head of Pediatric Gastroenterology.

Sarah is likely the only person in North America with this combination of diseases. But, this is not a challenge she or her health care team shrinks away from – quite the contrary. The health care team at McMaster Children’s Hospital is inspired by Sarah’s courage and determination and uses that energy to fuel new and innovative approaches for her care.

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“We look at Sarah in her entirety,” said Dr. Robert Issenman. “We look at her as a patient and as a person.”

Dr. Issenman has been coordinating Sarah’s care at McMaster Children’s Hospital – working in collaboration with other pediatric specialists and multi-disciplinary teams – with the goal of helping Sarah and her family achieve the best quality of life possible.

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Imagine it’s your first week of residency in pediatrics at a world-renowned children’s hospital. There are 20 minutes left on your shift and you will have made it through without a major event. You are about to breathe a sigh of relief when you hear a page overhead – Code Blue – Ward 3B - Room 17- STAT. Your heart stops, you break into a cold sweat as you realize that this isn’t a practice run, this is the real thing. Someone’s heart has stopped beating and their life is hanging in the balance and it is your job to save them. What’s even scarier – it’s a child.

The high-fidelity simulator program at McMaster Children’s Hospital (MCH) is a life-saving educational tool that prepares physicians and health care professionals for this exact moment. McMaster Children’s Hospital is home to the only pediatric training program of this kind in Ontario and one of very few in Canada. In order to advance its two key missions of education and patient safety, MCH has brought simulation from the classroom into the clinical setting and trained a multidisciplinary team of instructors.

The two simulators are modeled after a seven-year-old boy and a six-month-old infant. The simulators breathe, blink, cry, and respond to medication orders that are put into the computer program. More importantly, sophisticated computer software allows the simulator to interact and change depending on the actions of the medical team. Monitors can be attached to the simulators, just as they would be to a real child or infant, to display vital signs such as blood pressure and heart rhythms.

Doctors, nurses, respiratory therapists and medical students are able to simulate a variety of clinical scenarios, from an infant with a cold, to a child having a cardiac arrest from an unknown cause. The medical team is able to make crucial medical decisions and practice life-saving techniques.

Continuous training and practice through the simulation program stimulates best-practice educational modules, excellence in clinical practice, and optimum patient outcomes. Research shows that the more often health care professionals deal with particular cases, the better the outcomes. There is growing evidence that high-fidelity simulation is an effective way of exposing a higher volume of patient cases to medical professionals.

The simulators also help learners experience a more life-like experience than with past training methods. “You can see it in the learners’ eyes. You can see the moment when they realize that if they don’t do the right things for this patient, there could be some serious consequences,” said Dr. Lennox Huang, Interim Chief of Pediatrics at McMaster Children’s Hospital and Medical Director for the simulator program. “In the past we would train with plastic dummies that required a great deal of imagination on the part of the learner and the instructor, and now we have this innovative new program and tools that bring the scenarios to life.”

Simulated scenarios also provide staff with an opportunity to apply MCH’s family-centred care philosophy, which encourages families and caregivers to be participants in their child’s care.

“Our learners and staff automatically incorporate parents in the scenario – whether it’s something as simple as giving intravenous fluids or more acute involvement,” said Dianne Norman, Clinical Outreach Specialist. “We are also committed to sharing this philosophy with our peers and partners in the community.”

The capabilities of the simulator program are constantly evolving. The high-fidelity simulators that are modeled after real children and are programmed to reproduce physiological responses, are now being used to increase the safety of patients at McMaster Children’s Hospital. Whenever a new piece of equipment is introduced to the children’s hospital, it is first trialed with the simulator in the area where it will be used. The simulators are then used to train and educate staff on the new equipment. The simulators have also been used to test and implement new hospital policies and protocols.

Keeping it real: Simulator program brings lifesaving education to life

Reaching beyond everyday practice
Dr. Rhodri Evans
Child and Adolescent Psychiatrist

Dr. Rhodri (Rhod) Evans is the Medical Director of the Child and Youth Mental Health Programs at McMaster Children’s Hospital and an Associate Professor in the Departments of Psychiatry and Behavioural Neurosciences and Pediatrics at McMaster University.

Dr. Evans is an accomplished child and adolescent psychiatrist who has been in practice for more than 30 years, 20 of them as a specialist. After training in the UK and working at the IWK Health Centre in Halifax, Nova Scotia, Dr. Evans joined the MCH team in 2004.

His key areas of interest and specialty are in community child and youth mental health, and forensic legal issues in child and adolescent psychiatry.

Dr. Evans’ focus is child and youth mental health care. His knowledge of mental disorders is extensive and includes childhood and adolescence.

Dr. Evans believes wholeheartedly that mental health disorders in childhood and adolescence are the responsibility of every child and adolescent. His work is aimed at advancing the field of developmental disability in terms of research and academic discipline.

Dr. Peter Rosenbaum
Developmental Pediatrician

One of the first formally trained developmental pediatricians in Canada, Dr. Peter Rosenbaum has earned international reputation as the leading clinical and health services researcher in his field. An original 2001 Canada Research Chair holder (in Childhood Disability, Disenfranchisement and Margination), and a Professor of Pediatrics at McMaster University, Dr. Rosenbaum has dedicated his career to advancing the field of developmental disability as a research and academic discipline.

Dr. Rosenbaum is committed to ensuring that research is effectively translated into practice. In 1989, Dr. Rosenbaum, in collaboration with Dr. Mary Lunn, cofounded the CanChild Centre for Childhood Disability Research at McMaster University, an award-winning multidisciplinary research program that aims to advance the quality of health services for the benefit of society – specifically those members of society who have, or are raising a child with a disability.

Dr. Rosenbaum is the inaugural Director of the McMaster Child Health Research Institute (MCHRI), and held the Scotiabank Chair in Child Health Research. The institute addresses the needs of children with complicated lives and their families. Within a life-course perspective, the institute is comprised of 400 members from several faculties and departments across McMaster University and McMaster Children’s Hospital.
Dr. Charles Cunningham
Psychologist

Dr. Charles Cunningham has been involved in the development of many aspects of the world-class care provided by McMaster Children's Hospital and Hamilton Health Sciences over the last 30 years through his various roles as a psychologist, the Clinical Director of the Community Educational Service, and a Professor in the Department of Psychiatry and Behavioral Neurosciences at McMaster University, where he holds the Jack Laflèche Chair in Patient-Centered Health Care.

With an international reputation for developing and conducting innovative research that examines the utilization, cost-effectiveness, and outcome of interventions for children with mental health problems, Dr. Cunningham's ground-breaking work has left an indelible mark on the many lives of children and families including bullying and violence in schools. Dr. Cunningham's work spans the globe and his practices and research have been adopted as far away as Sweden, Japan and across North America.

Dr. Cunningham is a core member of the internationally-renowned Erino Center for Child Studies and is integral in advancing its position as a leader in improving the life quality and life opportunities of the one in five Canadian children and youth who suffer from serious social and emotional problems.

Dr. Cunningham has also paved the way for the development of the Patient-centred Service Research Unit at Hamilton Health Sciences.

Dr. Mark Tarnopolsky
Neurometabolic and Neuromuscular Expert

Dr. Mark Tarnopolsky is a world leader in researching and treating neuromuscular and neurometabolic disorders. Dr. Tarnopolsky has a passion for helping children and adults with these disorders, including muscular dystrophy, Leon Gajdusek's disease and Parkinsson disease.

Dr. Tarnopolsky is the clinical and research director of the Neuromuscular and Neurometabolic Centre at McMaster Children's Hospital and Hamilton Health Sciences which includes the Coffman/Lament Family Clinic for Mitochondrial Medicine and Research. He is also a Professor of Pediatrics and Medicine at McMaster University.

Patients at the neuromuscular and neurometabolic centre receive a range of services including molecular and metabolic testing and rehabilitation for their long-term care.

Dr. Tarnopolsky also evaluates nutrition, exercise and pharmaceutical strategies to enhance muscle function in health and disease.

Dr. Anthony Chan
Pediatric Hematologist/ Oncologist

Dr. Chan is the medical director for pediatric cancer care at MCH and is leading expert in the field of pediatric thrombosis and stroke. He shares that expertise through a telephone hotline: Health care professionals from all over the world call the line and Dr. Chan consults with them free of charge.

He is also the pediatric director of a unique, combined Pediatric and Adult Hemophilia Treatment Centre at Hamilton Health Sciences – a model for the seamless transition of chronic patients from pediatric to adult care. In addition, Dr. Chan is involved in a training program with St. John's through the World Federation of Hemophilia.

Dr. Chan is a Cancer Investigator funded by the Heart and Stroke Foundation of Canada. His research has led to the creation of a novel anticoagulant medication that prevents the blood from clotting, that has the potential to better control complications in babies undergoing early pulmonary bypass. Dr. Chan has developed a number of interventions that have led to many patents and products that help patients everywhere. Dr. Chan also participates in designing clinical trials, such as treatment studies in children with stroke through the International Pediatric Stroke Study.

Dr. Ronit Mesterman
Pediatric Neurologist

Dr. Ronit Mesterman is a Medical Director of the Developmental Pediatricians & Rehabilitation Program and the Access Spectrum Disenrity Services. As a Pediatric Neurologist she is committed to caring for the whole child from their acute to long-term care needs. Her dual training in pediatric neurology and developmental pediatrics allows her to use a neuro-developmental approach when assessing children with complex conditions.

Dr. Mesterman believes that developmental disorders and neuro-cognitive conditions have common underlying causes and finds great value in treating the two conditions together. When Dr. Mesterman was recruited to McMaster Children's Hospital five years ago, her goal was to work in both areas to bridge the care provided of developmental pediatrics and neurology, collaborating results in optimal care for patients.

As a developmental pediatrician, Dr. Mesterman treats children with a wide-safety of conditions such as complex motor problems, speech deficits, autism, ADHD, genetic syndromes such as Down syndrome, complex behavioral problems and other rare, neuro-cognitive conditions. The other element of complexity to the care she provides is that she must take into consideration the growth and development of the patients and the adjustments that must be made in their care over time.

Developmental conditions are common, with 10-15 per cent of all children having problems affecting their development. There is a great need for increased health care professionals and resources in the area of developmental pediatrics. Dr. Mesterman is a dedicated advocate for increased provisions for this area to ensure timely and high-quality care for patients and families.

Dr. Dr. Helen Flageole
Pediatric Surgeon

Dr. Helen Flageole is an active member of children's miracle network and a proud member of the Pediatric Surgeons of Canada and the American College of Surgeons. Her work is dedicated to helping children and families.

While in Montreal, Dr. Flageole developed a clinical interest and expertise in pediatric neurosurgery and treatment of cranial anomalies, brain tumors, craniosynostosis, and developmental delay with craniofacial conditions.

She is an active participant in the field of pediatric general surgery. Dr. Flageole is a proud member of children's miracle network.
Some children have lives that have been complicated by illness or disability, such as cancer, diabetes, depression, anxiety, obesity or cerebral palsy. Other children may have a physical or learning disability, or social or behavioral problems.

For most children and their families, these complications don’t disappear when they reach adulthood. Even when identified and addressed early, these childhood conditions often impact child and family health and well-being throughout life.

Researchers at the McMaster Child Health Research Institute (MCHRI) want to change that. They want every child to reach his or her full potential and have meaningful lives, even when those lives are complicated by challenges of health or development.

The MCHRI fuses the pediatric expertise of McMaster Children’s Hospital with the thriving research innovations at McMaster University. The Institute is the first of its kind in Canada and unique in its innovative approach to lifelong health. Rather than looking at treatments for isolated conditions, our researchers are exploring the deeper connections between childhood disability and illness and long-term health.

Over the years, researchers at McMaster Children’s Hospital and McMaster University have made great strides in better understanding autism, obesity, childhood cancer and neuromuscular disease. Major advances have also been made in treating children with motor disabilities such as cerebral palsy, preventing child maltreatment, and understanding the well-being of parents who have children with cancer. But there is more to be done, and this will be achieved by bringing these researchers together through the MCHRI.

Many chronic diseases and disabilities share common elements. They all affect how a child develops, interacts with their family and loved ones, participates in the community and achieves success in school. By working together and sharing knowledge, researchers at the MCHRI will discover new perspectives, leading to new ways of helping children with complicated lives and their families thrive.

Perhaps one of the most exciting aspects of the MCHRI is the national and global impact its research and knowledge translation activities will have. The research findings generated at the MCHRI will help children and families far beyond the borders of our community. The goal of the Institute is to spread this new knowledge far and wide, so that the lessons learned here in Hamilton can create hope and healthier futures for children all around the world.

The McMaster Child Health Research Institute is poised to transform the future for children whose lives are complicated by illness or disability.
Obesity: A weighty issue for the future health of Canadian children

There are often social costs for children who are obese. But obesity can also lead to other severe health consequences. A recent study at the Children’s Exercise & Nutrition Centre at McMaster Children’s Hospital (MCH) found that 50 per cent of the children coming to the clinic had hypertension or high levels of cholesterol and triglycerides – all risk factors for cardiovascular disease. Children as young as seven years of age were found to be pre-diabetic.

Twenty-six per cent of Canadian children are considered overweight or obese. That number is continuing to grow at an alarming rate.

The effects of the obesity epidemic will likely continue well into the future. “Twenty years down the road, today’s children and teenagers will have joined the workforce, and will be dealing with the burden of diabetes, heart disease and other chronic illnesses resulting from being overweight in their childhood,” said Dr. Katherine Morrison, a pediatric endocrinologist. “The social and health implications alone are worrisome; never mind the economic impact.”

Dr. Morrison is one of the founding partners of the McMaster Child Health Research Institute (MCHRI) and a researcher studying childhood obesity. She is the principal investigator for the DECCO study (Determinants of Change in Childhood Obesity), in partnership with the Population Health Research Institute at Hamilton Health Sciences and McMaster University. It is a three-year study funded by the Canadian Institutes for Health Research and the Heart and Stroke Foundation of Canada.

Today’s generation of children may be the first to live shorter lives than their parents.

The children participating in the DECCO study were given a blood test that checked their glucose and insulin levels before and after drinking a high sugar drink.

The early results of the DECCO study were startling. Tests revealed that one in four of the children had pre-diabetes. Without key changes to their lifestyles, these children were at increased risk of developing type 2 diabetes, a chronic disease that often leads to early blindness, heart disease, kidney disease, nerve damage and a myriad of other life-altering health consequences.

It was clear to Dr. Morrison and her colleagues that there was a need for an intensified approach to help these children change their lifestyles now, before further health complications arise. And so, the Obesity At-Risk (OAR) Clinic at McMaster Children’s Hospital was born.

The OAR clinic sees children who are living with the health consequences of obesity. That includes not only children with pre-diabetes, but also those with sleep apnea, sleep apnoea (a disruption in the amount of air in the blood), hypertension and females with polycystic ovary syndrome (a hormonal disorder that can lead to infertility).

A multidisciplinary team staff the OAR clinic, including physicians, nurses, kinesiologists and dietitians. The program focuses on modifying behaviours, so that children and families can make positive changes with respect to their nutrition and physical activity. The clinic works with families, not just the children. When a family works as a unit to make lifestyle changes, higher rates of success are seen,” said Dr. Morrison.

One in four children in the study had pre-diabetes, putting them at serious risk of developing type 2 diabetes.

Research in adults has shown that making lifestyle changes to improve nutrition and exercise results in a reduced likelihood of developing diabetes. The OAR clinic is helping many of its clients make positive changes to their diet and physical activity.

In addition to helping these children and families in south central Ontario, the findings that will come out of this research will provide evidence to help other children and families around the world. Now that is food for thought.
A hospital stay can be a very scary experience for anyone, especially children. The talent and expertise of a child life specialist can make the experience easier to endure for young patients and their families. Disruption to their normal routines, separation from their families and friends and anxiety about their treatment can be overwhelming.

MCH’s long history of excellence in the child life field led to the development of an internationally recognized post-baccalaurate education and training program at McMaster University in 1989 – the only one of its kind in Canada.

The Child Life Program is an integral part of pediatric care at McMaster Children’s Hospital. Highly-trained child life specialists have expertise in child development and related fields. They understand and support the emotional and developmental needs of children, while also offering emotional support to the family and friends of young patients.

Child life specialists work with MCH patients to promote coping through play, education, and self-expression activities through the use of age-appropriate language, role-playing and toys. With their help, children will understand what will happen to them before, during and after their procedure or treatment. When necessary, the specialists give support to medical staff such as providing a diversion during a procedure that may be uncomfortable. Child life specialists strive to normalize the hospital environment, foster continued growth and development, and act as advocates for the needs of the child.

Another role of child life specialists is to regularly plan fun events, parties, and special guest appearances for the children. They help to make holidays extra special for patients who must spend them in hospital.

The following are some of the key programs that the Child Life Team supports: Bravery Bead Program for oncology patients; non-pharmacological approach to pain management; medical play that includes role playing with equipment, medical dolls, and the Internet to prepare patients for procedures and treatments; Passport to Surgery Program where children have a passport that is stamped as they achieve certain steps through surgery (like getting into their pajamas, going into the operating room and waking up in the recovery room); and a special teen program focused on the specific needs and interests of teenagers, including computer activities, board games and discussion groups.

“Families that are hospitalized are in the midst of incredible crisis, and to be able to guide them and help them cope through the process is very rewarding. You truly feel you make a difference.”

– Maria Restivo, Child Life Specialist and winner of the 2009 McMaster Children’s Hospital Family-Centred Care Award.