

Stay on track in the new year

THE MCGILL COMPREHENSIVE HEALTH IMPROVEMENT PROGRAM (CHIP) GETS PEOPLE MOVING TO BETTER HEALTH

By Margo Vizbara

The start of a new year always comes with not-so-new resolutions to shed pounds and quit bad habits. At the McGill Comprehensive Health Improvement Program (CHIP), which is staffed by professionals from McGill University teaching hospitals, most of whom are from the McGill University Health Centre (MUHC), healthy living is a year-round pursuit. The goal: to help people achieve lifelong healthier living.

Founded in 1996 as a nonprofit cardiac rehabilitation program, most of CHIP clients are heart patients, but it's grown to help treat or prevent other health conditions and weight issues. Smoking cessation, insomnia and stress management programs are also offered, and programming is becoming increasingly available online.

"CHIP gives you confidence in terms of getting back on your feet," says Ed Lambert. Following a heart attack and angioplasty two years ago, he went through CHIP, along



CHIP kinesiologist Marie-Pierre Tournier (centre) checks in with Francine and Ed Lambert, who went through CHIP and are continuing to exercise on their own.

with his wife, who liked the program's approach. They've been gym-goers ever since, still heading to the same Y at the same time they did when they were in the program.

Housed at the YM-YWHA in Côte-des-

Neiges, the program boasts a one-stop shop of health professionals, including doctors, nurses, dietitians, kinesiologists and psychologists. Together, they design individualized programs pairing exercise with education and lifestyle management

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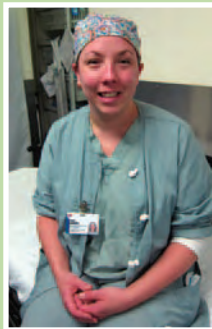
PROFILE

Meet Operating Room Nurse: Sara Angers

From the age of four, when she was admitted to the hospital with meningitis for two weeks, Sara Angers has wanted to be a nurse. Her lifelong dream came true when she was accepted into nursing at Dawson and then while interning on Surgical 9 West of the Royal Victoria Hospital (RVH) she was offered a job. Ms. Angers has been at the MUHC for 12 years, 10 of which have been spent in the Operating Room (OR).

"It was during my internship when I got the OR bug," says Ms. Angers, who has a 7-year-old daughter and is studying part-time for her bachelors degree. "When they scrubbed me in, I thought it was the coolest thing in the world and I was very impressed by how well everyone worked together."

At the MUHC, nurses are trained on the job to work in the OR. It takes approximately one year to become familiar with the eight specialities, which include Cardiac, Vascular, Gynecology/Urology, ENT, Ophthalmology, Plastics, General Surgery, Hepaticobiliary/Transplant. "Not many hospitals do this," says Ms. Angers, who



mostly works with vascular and plastics but sometimes she will step in for other surgeries.

"With Plastics we are involved in reconstructive surgery for cancer patients, mainly breast, and birth defects or abnormalities. We also do BAHA Cochlear hearing implants," says Ms. Angers, who also oversees material management; making sure all supplies for all the surgeries are stocked. "Vascular includes removing plaque out of the carotid artery and arteries in the legs; amputations; and we do abdominal aortic repair."

According to Ms. Angers, some of the most attractive points about being an OR nurse include not working on a 24/7 schedule, like a regular floor, so nurses do more day shifts and less weekends. Also, if there are 12 statutory holidays in the year, of those a nurse may work only four of them. And during the Holiday Season and New Years, OR nurses work just one every other year.

They are also constantly evolving their technology and skill-sets. One way this is achieved is by holding a teaching class once a week

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Message from **NORMAND RINFRET**

The Lachine Hospital is a Member of Our Family

Transforming the Lachine Hospital is and has always been a priority for all of us at the MUHC. It is an integral part of our family. Until told otherwise, we will continue to ensure our patients and their families receive the best possible care while also working closely with the healthcare professionals and staff of the Lachine Hospital to create an inspiring workplace.

As you know, Minister Hébert has written Ms. McCann, the president and director general of the Agence de santé et des services sociaux de Montréal, indicating that the Agence should take steps to reach a common agreement on the transfer of the Lachine Hospital to the CSSS Dorval-Lachine-LaSalle. The minister's rationale is that he considers it particularly important for the Lachine Hospital *"to be attached to a French local network and be able to pursue its historic vocation"*.

Throughout the integration of the Lachine Hospital, the MUHC has worked closely with the Comité de liaison and successfully ensured that Lachine citizens have access to the best care and services and that French remains the language of work at the hospital.

I wish to stress that it is the Minister's prerogative to ask for an assessment of the partnership between the Lachine Hospital and the MUHC. We will naturally participate

fully in the discussions, as there is always room for improvement. However, we will also argue that the current arrangement is working well and should be enhanced. In fact, the Government should expedite the \$63 million planned investment in the facility so that we can move ahead with our project to modernize and triple in size the Emergency Department (ED), convert multi-patient rooms into single-patient rooms, and create more clinical space, including outpatient clinics and palliative care, that are better designed and equipped to serve the needs of our community.

In our upcoming discussions with the Agence, we will highlight the benefits of our partnership with the Lachine Hospital, including the reopening of the ED with sufficient healthcare professionals to ensure quality service and improved accessibility; the relentless recruitment of physicians, nurses and other professionals that has led to the near elimination of using agency personnel; the modernization of the OR, including a telehealth-ready minimally invasive surgical suite for bariatric and urology programs; the installation of high-tech imaging equipment that is underway; and improvements to patient flow and other areas of clinical care. It is also important to

emphasize that the Lachine Hospital is playing an increasingly essential role in the delivery of primary and secondary care.

I am heartened to see the widespread support of key stakeholders, including our local provincial and municipal politicians, our donor community and the women and men who work at the Lachine Hospital. The Executive Council of Physicians, Dentists and Pharmacists of the MUHC (ECPDP) and the CPDP of the Lachine Hospital have passed resolutions stating that the Lachine Hospital should remain part of the MUHC.

Given the current context, I must admit that I would rather see us focusing all of our energy on improving our performance and reducing our deficit rather than juggling a new challenge on top of these priorities. However, I am confident that we will be successful due to the strength of our arguments and track record. As I stated at the beginning of this message, in a little over four years, the Lachine Hospital has become a valued member of the MUHC family. A key contributor to our clinical plan, we learnt early on that the Lachine Hospital team and the rest of the MUHC share common values. Rest assured that we are determined to continue building on our strong foundation together.

The link to the McGill teaching hospital has been a good one for the community and a good one for patients and I think these are the considerations we should have instead of introducing this language component, which once again divides Quebecers, English versus French. I think we should go back to making decisions based on the healthcare needs of the people of Lachine and the people of the western part of the island and leave the language debates aside."

**GEOFF KELLEY, MNA (MEMBER OF THE NATIONAL ASSEMBLY)
FOR JACQUES CARTIER**

Is language being used as a red herring in order not to provide funding for the renovation project at Lachine Hospital? What I can tell you is language has never been an issue in that hospital. We're blessed to be part of the MUHC."

FRANÇOIS OUIMET, LIBERAL MNA FOR LACHINE'S MARQUETTE RIDING

The MUHC had absolutely no knowledge of any type of discussion about this decision beforehand. We were not consulted on any level and it came to us as a total shock." Dr. Cecere noted that a committee was struck at Lachine Hospital specifically to oversee the "preservation of the francophone identity with the MUHC. French is the first language at the hospital, and this committee has been up and running, represented by Lachine and the MUHC administration – with both sides being entirely satisfied with the process."

**DR. RENZO CECERE, HEART SURGEON AND PRESIDENT OF THE MUHC
COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS**

There are other ways to protect the French than upset the whole structure." Claude believes that the services at Lachine have improved greatly since the integration with the MUHC and he fears the return to a period of "turbulence."

CLAUDE BRIAULT, CHIEF OF TECHNICAL SERVICES AT LACHINE HOSPITAL

strategies.

The program generally runs three to six months comprising supervised exercise classes three days per week. Various time slots are available, with a maximum of eight people per session. CHIP kinesiologists circulate every few minutes to make sure exercises are being done safely and effectively, and provide tips geared to clients' specific objectives. Upon completion of the program, clients leave with a regimen to follow.

"At the end of 12 weeks, typically across the board, you'll see their lipid parameters, blood glucose levels and blood pressure improve," says CHIP Director Dr. Steven Grover, who is also Director of Cardiovascular Risk Assessment at the MUHC.

The multidisciplinary program, which includes a cardiovascular evaluation, gives participants personalized fitness targets—especially crucial for those recovering from a cardiac event, who need to build heart strength without overdoing it or who may be experiencing side-effects of medications.

Working out with a partner or group also helps to stay on track. "When they're with us at CHIP, they have an appointment that they're keeping so it makes them come more regularly and more often," notes CHIP Program Coordinator Lisa Masse. CHIP kinesiologists will also check in with participants who haven't been to class in a while. There's also a particular camaraderie among CHIP participants. "You get to talk to and discuss your 'aches and pains' with other people who have been in a similar situation as you, and the staff are always available to answer your questions," says Ian Rich, who also joined CHIP following heart surgery. He's since lost 30 pounds and overhauled his eating habits.

When tackling a fitness goal on your own, small actions like wearing a pedometer and logging activity minutes help measure progress day to day. Rich uses on-line apps to monitor his calorie intake and keep from making bad choices—he quit buying a favourite coffee beverage upon discovering it had 300 calories.

Most key to success is being realistic. Set short-term, reasonable and attainable goals, such as losing a half pound to a pound a week, and don't be discouraged if you hit a roadblock, Dr. Grover cautions. "The people who are successful at making any behavioural change are the ones who aren't put off by the fact they fell behind in the past few weeks, learning that you can pick up again and it's okay."

Visit www.chiprehab.com or call 514 489-6630 for more information about CHIP.

for an hour on one subject, such as learning how to use new equipment. They also attend conferences.

But perhaps at the top of Ms. Angers list is the well-oiled machine-like teamwork.

"A lot of my actions as an OR nurse require planning and coordinating with the surgeons. Every action has a reaction and you have to know what you are doing as you have someone's life in your hands. I am the patient's advocate in that room—he or she is my priority."

Ms. Angers says communication is the most important part of working in the OR as a team—of which, 90 per cent she estimates is verbal. For a nurse with experience he/she learns to react to cues from the surgeon, such as body language or tone of voice.

Along with nurses and surgeons in the OR, there are anaesthesiologists, respiratory therapists, residents, medical and nursing students, PABs and housekeepers.

Ms. Angers says the teams in the ORs are a good family. "We really support each other and we take time to have social activities," she says. "This contributes to our very cohesive relationship, which I think contributes to best care for our patients and families."



Dr. Robert Saggars (Professor), Lloyd Bartlett (Professor), Elizabeth Leiriao (MUHC Training Manager). **Leaders:** Michèle Paquette, Robert Whittick, Lee Bourque, Julie Dumaine, Martin Sills, Hector-Ruban Ayon, Katherine Kowal, Colleen Timm, Patrice Senecal, Joe Derocher, Nancy Plaisir, Chantal Firmini (absent); Shari Beharry, Benedicte Riveil, Christian Coursol, Wendy Veldman-Rollins, Myrna Cabaluna, Giuseppe Mennitto, Kalyani Desai, Zoe Cowie, Karina Olivo, Lucien Milette, Carmen Pavan, George Charamis, Nancy Tremblay, Alexandra Berbard-Mimeault Lyne Noel, Lorine Jean-Marie, Lisa Dutton, Rita Giulione, Rosa Depalo, Pina Ventulieri, Marie-Claude Trudel, Tiffany Lee-Wo, Connie Patterson, Andreanne Robitaille, Frederic Dankoff. **MD Emerging Leaders:** Julie Mathieu, Inobe Stanislaus, Kelvin Mok, Christos Calaritis, Sonia Turcotte, Janie Man Kao, Ann Hebert, Sara Yassa, Morris Zidle

We are very proud to announce that our MUHC Healthcare Leadership Program, aimed at enhancing leadership skills of our already great leaders, began on January 18, 2013. This new program which is based on problem based learning allows leaders to attend McGill University and participate in MUHC support activities. Each leader has identified an individual challenge/problem that they intend on solving after this one-year intensive program. The participants will apply theoretical concepts they learn to analyze and apply innovative solutions to their real workplace operational problems.

The Training Division of the Human Resources and Organizational Culture is partnering up with the School of Continuing Education to offer our leaders the opportunity to obtain a graduate certificate in Health Care Management. This program targets current managers, directors, manager

physicians as well as emerging leaders. We have currently 46 motivated managers, and 9 emerging leaders.

This program covers a 12 month period during which participants will have on average two courses per month, on Fridays and Saturdays. The courses included in this program are the following:

Leading Change and Sustainability, Engaging Teamwork, Accounting/Finance for Management, Lean in Health Care, Internship

These courses are all recognized by several Orders including "Le Collège des Médecins", "L'Ordre des infirmières et infirmiers du Québec" as well as "L'Ordre Professionnels des Travailleurs Sociaux du Québec".

Let's wish them good luck and support their commitment to leading the MUHC in times of change!

Advertising, our brain and the dangerous appetite

THE NOTION THAT ALL IT TAKES IS WILLPOWER TO CURB OVEREATING IS BEING CHALLENGED BY NEW RESEARCH LED BY THE NEURO.

By Anita Kar

It has been confirmed: our culture of convenience food, and the clever advertising that accompanies this, is taking the old adage that you are what you eat to a whole new level.

Researchers at the Montreal Neurological Institute and Hospital (The Neuro) have made new discoveries about how the combination of advertising and convenience food affect our food choices and levels of consumption. This follows in the footsteps of an earlier Neuro study that uncovered the interplay between hormones and the human brain in relation to obesity.

Today, obesity is one of the most serious and growing threats to public health worldwide in children and adults. It not only fuels diabetes and cardiovascular and other chronic diseases, it places strain on healthcare systems.

Dr. Alain Dagher, a neurologist and researcher at The Neuro and a researcher with the Research Institute of the McGill University Health Centre, is trying to better understand the rising trend of obesity. He has found that ghrelin, a hormone produced by the stomach, not only triggers hunger, but also works in parts of the human brain that control reward and pleasure – the same areas involved in addictive behaviour. Ghrelin stimulates a powerful drive to eat, which can be a factor in overeating and obesity.

“Ghrelin is secreted when the stomach is empty and activates regions of the brain to be more responsive to visual food cues, making food appear more appealing,” explains Dr. Dagher. “Think about when you go grocery shopping on an empty stomach—you tend to buy more food that is higher in calories.”

That earlier research combined with new brain imaging studies suggests that a major reason for the dramatic increase in obesity may be a heightened sensitivity to heavily advertised and easily accessible high-calorie foods. Obese individuals exhibit greater brain activation in response to sweet or fatty food cues like TV commercials that linger lovingly over a juicy burger and crispy fries, suggesting that such signals play a key role in motivating someone to eat.

“Although there is not a single pathway leading to obesity, it is a neurobehavioural problem resulting from a vulnerable brain in an unhealthy environment,” says Dr. Dagher. “There are clear parallels that can be drawn between hunger and addiction.”

The good news is, with the knowledge produced from these studies, perhaps one day actions can be taken to address this devastating but preventable public health problem, such as drug treatments and new policies that limit or ban junk food commercials geared toward children and fast food from schools.



Need help curbing your cravings?

TRY OUT THESE HOT TIPS!

By Diane Weidner

It's mid-afternoon and you're craving something sweet or salty, or maybe both! Instead of reaching for a chocolate bar, try one of these alternatives to stave off hunger:

EAT AN APPLE

Apples will fill you up and keep you from eating far more calorie-dense foods. They are a great appetite suppressing food because they contain bulky fibre, which fills up your stomach. Plus, apples contain various phytonutrients, vitamins and minerals. Source: http://www.naturalnews.com/003550_appetite_control_food_cravings.html#ixzz2DiWxdGF



USE AN AROMATHERAPY FIX

Use your sense of smell to give you control where your willpower fails. Essential oils are a terrific and natural way to suppress appetite and calm emotions. Place a few drops of grapefruit essential oil on a handkerchief to inhibit your desire to eat. Source: <http://rawfoodswitch.com/raw-food-product-reviews/essential-oils-weight-loss-cravings/>

KEEP A SUPPLY OF HEALTHY SNACKS HANDY

Stash a few single-serve packets of almonds or trail mix in your purse or briefcase and you'll have no excuse to run down to Tim Horton's for a donut. Even better—try making some homemade granola for a healthy, comforting treat. <http://www.joyofbaking.com/breakfast/HomemadeGranola.html>

EMBRACE TEA TIME

We all know that drinking water and waiting 10 minutes will reduce your appetite, but if you want something more tasty, there are some delicious flavoured teas available to satisfy your sweet tooth without all the calories and guilt. Check out The Winter Collection at DAVID's Tea, which includes cookie dough, banana dream pie and chocolate chili chai! <http://www.davidstea.com/>

EXPLORE YOUR GROCERY STORE

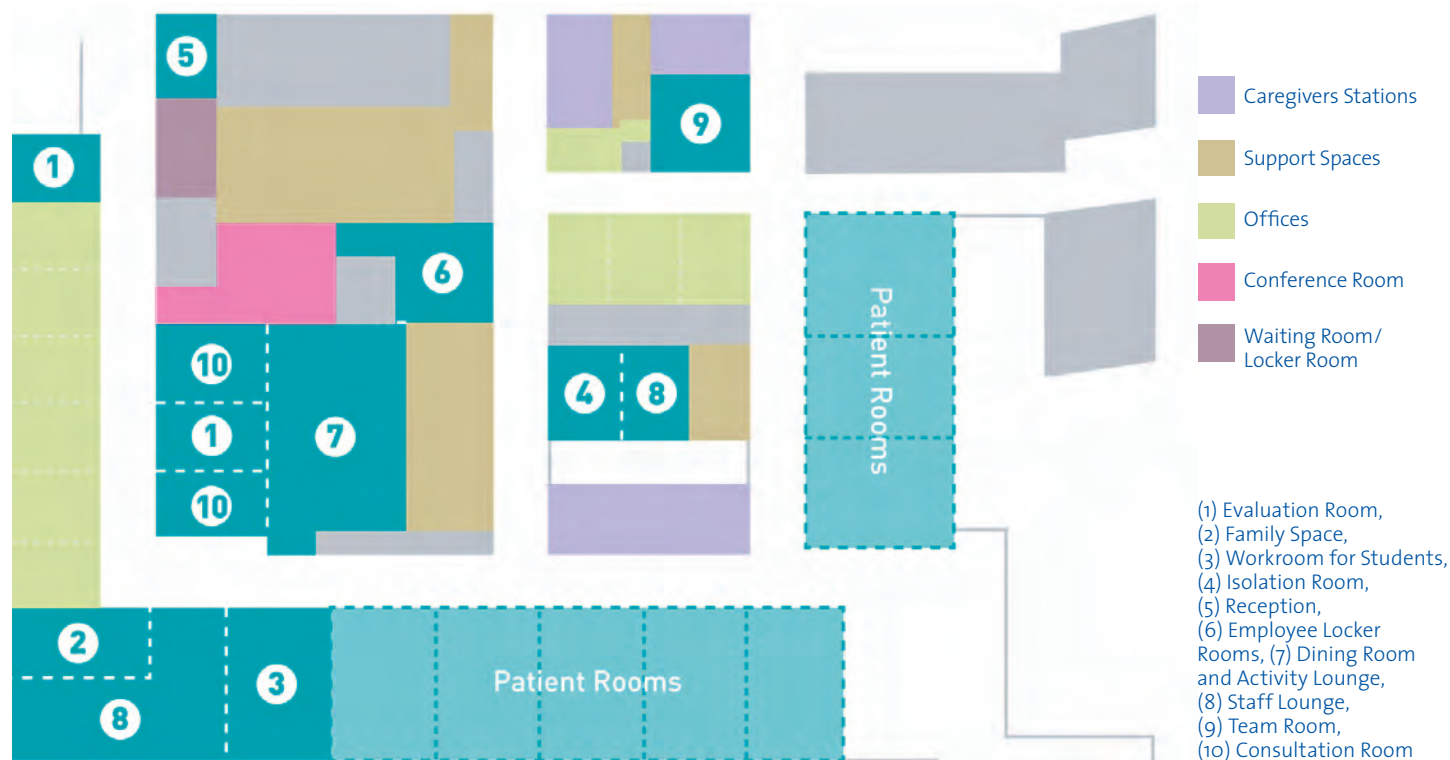
The next time you go shopping, look at some of the healthier options in your supermarket or explore a health food store like Avril or Tau. From almond milk to spinach crackers, it's always fun to discover new food alternatives that are tasty and nutritious. <http://www.avril.ca/en/about/>

MOVE AROUND

Take some time to nourish your soul. Get up and stretch, practice deep breathing, or take a brisk walk and soak in the vitamin D from the sun! This will reenergize and distract you, keeping the cravings at bay.

MCH Pediatric Psychiatry team gets ready to make their move

NEW DESIGN MEANS IMPROVED CARE FOR PEDIATRIC PATIENTS



By Maureen McCarthy

Michèle Paquette, nurse manager of the Pediatric Psychiatry Care Program at the Montreal Children's Hospital (MCH), can't wait to move to the Glen. Presently, the Child Psychiatry department, Inpatient Unit and Day Program are located on the same floor at the MCH, but in their current set-up, space is at a premium. "As an interdisciplinary team we work very closely together," says Ms. Paquette. "The new design at the Glen will give us much more flexibility to work with our patients and their families, and improve how we work with each other too."

The department's inpatient population includes children and adolescents with acute mental health problems. The team also sees patients in its Day Program.

FROM THE GROUND UP

The Psychiatry unit at the Glen will be located on the 7th floor of Block B, one of the two buildings that will make up the new MCH at the Glen. The initial planning of the new unit started several years ago and with such a strong emphasis on interdisciplinary care that a cross-section of team members was asked for their input. "We depend on the interaction between the different disciplines to help patients

and their families," says Ms. Paquette, "so observation, discussion and teaching spaces were considered very important."

The new unit will be laid out in a 'U' shape, with the nursing station in the centre, patient rooms on one side, and rooms for interviews, observation, teaching, and tele-psychiatry on the other side. The meeting rooms will rarely be empty as they will also be used for patient therapeutic activities such as music, yoga, relaxation, art and the kitchen/cooking program, which focuses on healthy eating and helping patients learn important skills. Windows on the west side of the unit will look out over the hospital atrium and bring natural light onto the floor. "For patients with mental health issues, the physical space itself can play an important role in treatment," says Ms. Paquette.

LISTENING TO FAMILIES

The unit's staff members weren't the only people offering input on the new design. "We consulted with our patients' families too," says Ms. Paquette, "and they told us that having a space they could call their own would be ideal." The result is a dedicated family room where parents can take short breaks or stay overnight if they wish. The single-patient rooms on the unit

will also provide privacy for patients and their families.

The Psychiatry unit will also benefit from dedicated patient elevators, important for patients who are being admitted from Emergency, since it will provide fast, secure and private access to the unit.

BETTER OPPORTUNITIES FOR TEACHING

Teaching is an important part of child psychiatry's mission: psychiatry residents and interns in fields as diverse as psychology, occupational therapy, recreology, and nursing do their training on the unit. There will be specific teaching rooms on the new unit for staff and for interns, as well as tele-health facilities for teaching professionals throughout the Réseau universitaire intégré de santé (RUIS) network.

The opportunity to plan and design a unit from scratch has been very exciting, says Ms. Paquette. "The transition doesn't change much in terms of what we do, but it will change a lot in terms of how we get things done. At the Glen, we'll have the ability to share our knowledge, apply that knowledge, and really work in partnership with the patients and their families. We can't wait to move there."

Attention smokers!

YOUR ABILITY TO QUIT SMOKING MAY
BE LINKED TO YOUR ANCESTRY

By Anita Kar



Your success in quitting the cigarette habit could depend on the speed of your nicotine metabolism. If you have a fast nicotine metabolism rate, you'll likely have a harder time with smoking triggers than if you have a slow one. And if you keep falling back into the old habit ("It's easy to quit—I've done it hundreds of times!"), just blame your ancestors: your nicotine metabolism rate is determined by the genes that they passed on to you.

These conclusions by clinician-researcher Alain Dagher and his colleagues at the Montreal Neurological Institute and Hospital (The Neuro) are more than simply research results. The findings could lead to new, more effective ways of treating smoking addiction in millions of people.

Dr. Dagher and his team used functional Magnetic Resonance Imaging (fMRI) to scan the brains of habitual smokers aged 18 to 35. Participants were first screened for their nicotine metabolism rates. The rate is linked to an enzyme that breaks down nicotine in the liver. This enzyme, in turn, is influenced by a gene whose variations determine whether the nicotine metabolism rate is fast or slow.

Participants were shown visual cues related to cigarettes and smoking. As those who've managed to quit smoking know, it doesn't take much to trigger the urge to smoke; just the sight of

smokers or the odour of cigarettes can be a cue to light up.

The scans looked for responses to the cues in parts of the brain that are linked to memory, motivation and reward, specifically the amygdala and hippocampus. Results showed that these areas of the brain had a much stronger response to smoking cues among those with a fast nicotine metabolism rate than those with a slow metabolism rate.

"In other words, smokers with a fast metabolism rate learn to associate cigarette smoking with the nicotine surge," says Dr. Dagher. "In contrast, individuals with slow metabolism rates, who have relatively constant nicotine blood levels throughout the day, are less likely to develop conditioned responses to cues." For such individuals, theorizes Dr. Dagher, smoking might be associated not with the desire to get a nicotine surge but with maintaining a constant nicotine level in the brain to improve cognitive abilities like memory and concentration, or to relieve stress or anxiety.

Dr. Dagher's findings suggest that strategies for stopping smoking would be more effective if tailored to the individual. A strategy that fixes on avoiding smoking cues might not help someone with a slow nicotine metabolism rate. For such an individual, a longer-term strategy such as a nicotine patch could well be more effective. Those with a fast metabolism, by contrast, might better reduce their craving by using non-nicotine therapies. One such therapy uses an anti-depressant called bupropion.

So take heart, you smokers who've been frustrated in your efforts to stop. As the causes of smoking and addiction become clear, anti-smoking strategies could become tailored just for you.

Would you like to quit smoking? Call the MUHC Smoking Cessation clinic at 514-843-2080 or local 32503.

A celebrity joins the MUHC's renowned trauma teams

Our internationally renowned trauma centres at the Montreal Children's and Montreal General hospitals have added a new celebrity member to their team.

CHOM 97.7 morning man and beloved Montrealer Terry Dimonte is now serving as ambassador to the MUHC's trauma programs and will help promote the expertise and excellent care they provide to the tens of thousands of trauma patients who come through our doors each year.

In addition to using his radio show and social media to help spread the word about the MUHC's trauma care, Dimonte will also be at various community outreach events helping to promote prevention and fundraising initiatives.

To learn more about the MUHC's trauma programs, and for tips on how to avoid becoming a trauma statistic, visit muhc.ca/trauma and thechildren.com/trauma.



CHOM 97.7 morning man and new ambassador of the MUHC's trauma programs, Terry Dimonte, alongside Dr. Tarek Razek, director of the MUHC adult sites Trauma Program.



Terry's Tweets (@TerryDiMonte)



Terry DiMonte @TerryDiMonte

5:39 PM - 1 Nov 12

Spent the day with an incredible, dedicated team of people at MGH and Childrens trauma centres. Doing world class work for us all.



Terry DiMonte @TerryDiMonte

5:42 PM - 1 Nov 12

Going to do my best to help the city they serve get to know them a little better. We could all pitch in and throw some support their way.



Terry DiMonte @TerryDiMonte

5:43 PM - 1 Nov 12

Going to work on it in the coming months. They stand at the ready 365/24-7. Ask anyone who has been in their care how good they are.

What is Trauma?

Trauma refers to any serious or life-threatening physical injury that arises as a result of an external cause such as a car crash, a bike accident, a fall, or a gunshot or knife wound.

Every year in Quebec, traumas cause nearly 4,000 deaths and 10,000 cases of disability. Researchers estimate that a full 90 per cent of these injuries are preventable.

Dancing with the Docs



FUNDRAISER RETURNS WITH 10 NEW DOCTORS

Last year's sold-out Dancing with the Docs fundraiser was so popular that the McGill University Health Centre (MUHC) is bringing it back for a second edition.

The event will take place Saturday, April 13 at La TOHU (2345 Jarry Street East), and features 10 new dancing docs. Each doctor will be paired with a professional dancers from the Arthur Murray Dance Schools, and compete to win the hearts and votes of both the audience and a panel of celebrity judges.

To see which of our docs will be hitting the dance floor, as well as videos and photos from last year's spectacular event, you can visit the newly launched Dancing with the Docs website at dancingwiththedocs.ca.

Returning to the celebrity judge's panel is ballroom dance champion Jean-Marc G  n  reux, from So You Think You Can Dance, CJAD 800 morning host Andrew Carter, CTV News Anchor Mutsumi Takahashi and international dance champion M  ryem Pearson.

Also returning is Mos   Persico, entertain-

ment host on CTV Montreal who will once again be emceeing the evening.

While the competition is modelled after the hit show Dancing with the Stars, the evening is much more than just a dance show. Guests enjoy a gourmet cocktail dinatoire with a limited open bar, live performances by Montreal Rhapsody, and an open dance floor once the winner has been crowned.

Tickets for a reserved table of four are \$600 while tickets for a VIP table, which includes a bottle of champagne and waiter services for your table, are \$1,000. All proceeds go to the MUHC's Best Care for Life Campaign.

For more information, and to get your tickets early before they sell out, visit dancingwiththedocs.ca, or call 514 934-1934, ext. 23622.



Here are six of the 10 dancing docs who will be trading in their stethoscopes for dancing shoes at the second edition of Dancing with the Docs on Saturday, April 13, 2013. For a full list of the 10 doctors and their photos, visit dancingwiththedocs.ca.

Fundraising Flash

RECENT RESULTS:

\$400,000 – The Annual Cedars Raffle and Abracadabra Auction: Sixteen people left the Cedars Cancer Institute's 12th annual Raffle and Abracadabra Auction just a little bit richer. A total of 15 cash prizes totalling \$50,000 were raffled off. The event was held on Dec. 5 at Le Windsor, and proceeds are going towards the purchase of a state-of-the-art PET-CT scanner for the new Cancer Centre at the Glen site.

\$655,000 – MCHF Golf Tournament: The Montreal Children's Hospital Foundation is proud to announce that the 16th edition of its annual Golf Tournament raised over \$655,000, bringing the total amount raised since its first edition to \$8 million.

COMING SOON:

February 14, 2013: 5th Annual Wear Red Day – Everyone is asked to wear red on Thursday, February 14 to help raise funds for the MUHC Women's Healthy Heart Initiative (WHHI). For those who forget, red scarves may be purchased, and donations of \$5 can be dropped off at any one of the Royal Victoria Hospital Foundation's tables between 10 a.m. and 2 p.m. at the Royal Victoria Hospital (main entrance, Ross Pavilion in front of Café Vienne, and at the cafeteria). Contact Erika Sainos at 514 934-1934, ext. 34390 or at erika.sainos@muhc.mcgill.ca.

February 20, 2013: The Cedars Cancer Institute proudly presents A Night at the Music Hall – a special evening featuring the Montreal Jubilation Gospel Choir, Buzz Band (Jerry Mercer, Breen LeBoeuf and John McGale), 12-year-old piano sensation Daniel Clarke Bouchard and many more performers. All of the proceeds will benefit the Trevor W. Payne Men's Cancers Fund at the Cedars Cancer Institute. Tickets are \$100 and are expected to sell out fast. Get yours today! Time: 7:30 p.m. Location: Oscar Peterson Concert Hall of Concordia University (7141 Sherbrooke St. West), Buy online: cedars.ca/events or call: 514 934-1934 ext. 71225.

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