Heroes

THE MAGAZINE OF CHILDREN’S MEMORIAL HOSPITAL

Our heroes share stories — in their own words
On the cover: Drew Perschon was diagnosed with stage IV neuroblastoma, a highly aggressive form of cancer, when he was 2. He has undergone surgery, chemotherapy, radiation and a stem cell transplant at Children’s Memorial Hospital. Now 4 years old, Drew is currently in remission and his grandfather, Dennis Criner, is helping to build the hospital’s new facility (see pg. 12).

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Members of the Children’s Memorial family — from patients and parents, to doctors and nurses, to researchers and staff — share their compelling stories in their own words. We invite you to share your story online at childrensmemorial.org/tellusyourstory.
“People are hungry for stories. It’s part of our very being. Storytelling is a form of history, of immortality too. It goes from one generation to another.”

— Studs Terkel
My vision for an ouch-less children’s hospital

By Santhanam Suresh, MD

My goal is to reduce pain in every child treated at Children’s Memorial by making this an “ouch-less” hospital. As recently as 20 years ago, many physicians thought children did not even feel pain, and there were no pediatric pain management programs.

If a child was crying, it was thought it was because they were scared or separated from their parents, rather than because they were experiencing pain. Children perceive pain a lot more than we think they do, and studies have shown that pain can have potentially long-reaching biological and behavioral impact.

We have new, novel methods by which we treat pain, including regional anesthesia. If a child is having surgery on his or her toe, for example, it makes no sense to give them opiates like morphine that will make them drowsy. Instead, we can use a local anesthetic to block the nerves that supply the toe. So the child is pain free, able to talk to his family, play video games and eat without having any nausea or vomiting.

Children who have undergone major reconstructive surgery, such as knee surgery, can now go home just two hours after surgery with a little pump that delivers a local anesthetic directly to the source of the pain. Previously we used local anesthetics that provided pain relief for up to 18 hours. With these pumps, we can leave them in for several days, and the child’s parents can remove them when they’re not needed anymore, eliminating the need for an extra hospital visit.

We can make such a profound difference in kids’ lives. For example, I treated a young lady who had suffered a serious foot and ankle injury playing soccer. Her pain was so severe that she couldn’t get out of bed for six months and missed nearly two years of high school. She came to us for treatment, and we tried several different approaches before an intravenous regional anesthetic block did the trick. Now she’s attending college on the East Coast, and I love to get her e-mails telling me how well she’s doing.

I look at every one of the children in this hospital like they are my own children. Would I want my children to suffer pain? Of course not. We want to provide these children with the best care and with the least amount of anxiety and pain possible. They deserve nothing less.

Santhanam Suresh, MD, is an anesthesiologist and the director of research at the Pain Treatment Center at Children’s Memorial Hospital. The Center is one of the few programs in North America devoted solely to the treatment of pain in children and adolescents. He is a renowned leader in pediatric pain management research and education.
My nurses changed my life and my career ambitions

By Ellen Gordon

I have been a patient at Children’s Memorial Hospital since fourth grade, almost half of my entire life. I have systemic juvenile rheumatoid arthritis, which is an autoimmune disease that causes the body to attack its own joints and organs. Because of this condition, I have missed more than 160 days of high school.

When I was in eighth grade, I had an allergic reaction to a treatment that caused me to go into acute respiratory distress. I ended up on a ventilator in a drug-induced coma. When I woke up, my first memory after being intubated in December was seeing the calendar turned to February and thinking, “What happened to January?” I later discovered that I had a hole in my throat because of a tracheotomy, and I could not move my muscles after being in a month-long coma. More importantly, I had to deal with the emotional stress of almost dying.

I spent nine weeks in the pediatric intensive care unit and six weeks at a rehabilitation facility. It was during this time that I really noticed the care and compassion that nurses provide to each and every patient. The nurses were the ones who explained to me what was happening and why. They sat on the side of my bed and let me cry. They cheered me on when I finally got the strength to swivel my neck. They even occasionally braided my hair and plucked my eyebrows. They helped me heal, and they made me feel human again.

There are so many wonderful nurses here. I really don’t know how I would have managed all these years and trips to the hospital without them. I am 17 years old now and a senior in high school. Because of everything they have done for me, I want to be a nurse and do the same for other sick children. I hope to one day be a pediatric nurse at Ann & Robert H. Lurie Children’s Hospital of Chicago. I think the new hospital will be amazing. It will offer children the very best care in an environment where they can feel safe. I can’t wait to work there.

Ellen Gordon is a member of the Kids Advisory Board and has contributed valuable insight into the planning of Ann & Robert H. Lurie Children’s Hospital of Chicago.

“I hope to one day be a pediatric nurse at Ann & Robert H. Lurie Children’s Hospital of Chicago.”

—Ellen Gordon

Ellen Gordon with her nurses Sally Hageman (left) and Toni Greenslade (right).
When I was a girl in China, our heroes were not athletes or movie stars, but scientists. We read about famous scientists and how they changed the world. I was inspired by this, especially by the story of Madame Curie, as she was one of the few recognized women scientists. Reading of her persistence, hard work and selflessness made a big impression on me. She was brilliant but did not seek patents for her discoveries; she just wanted to make a contribution to the world.

The second major step on my path toward my current work was meeting the doctor who became my mentor, the founder of national maternal and child health programs in China, who later wrote the first Chinese medical textbook on the subject. Her vision was, “One ounce of prevention is worth ten ounces of treatment.” She believed an emphasis on improving public health and preventing illness was essential to China’s development. She had a great impact on me, later becoming my thesis advisor, and her influence set me on the path to study public health and epidemiology, first at Tulane, then Johns Hopkins and finally Harvard.

Both of these women are sources of inspiration for me. I made the decision early in my career to focus on research. Clinical care is so important and brings one kind of gratification to the caregiver, but from a societal and long-term perspective, research has the opportunity to be an even greater force for good. I am promoting a new kind of medicine, one that is preventive and focuses on personalized management for optimum health throughout the course of a patient’s childhood and adulthood. Take obesity as an example. We can now identify key risk factors for obesity at birth, allowing us to pinpoint things for a pediatrician to follow up on in the course of clinical care. By the teen years, we are able to make quite accurate predictions of risk levels for common adult conditions such as cardiovascular disease, diabetes and osteoporosis.

All my research is directed toward answering questions like these: What precursors can we identify in childhood that will not only improve current health but also improve adult health? Who do we target for intervention? What form should the intervention take? All the data needs to be evidence-based, ideally clinical or population-based.

The research projects that are making such findings possible are taking place both in China and the U.S. I am the principal investigator of a few population-based research projects, involving 2,000 twin pairs in China, 6,000 mother-infant pairs in Boston, and more recently, 1,000 families in Chicago. These projects, which track individuals and family groups over the course of several years, have been my biggest challenge but also my greatest accomplishment.

I am proud to be able to contribute to an increase in knowledge, and to improve the prevention and treatment of common human diseases.
The children and families that come to Children’s Memorial Hospital are often processing difficult emotions. They might be here for a first-time appointment to see a specialist, a follow-up visit after a hospitalization or one of many treatments for a chronic illness. As an activity coordinator, I’m able to offer these children opportunities for healthy play, creative art activities and special events that are healing in their own way. Hospital visits sometimes cause tension and anxiety for families, and so each day I ask myself, “How can I make a difference?”

One of my most memorable moments happened as I was setting up activities in a reception area. A mother was waiting there for her son. As we started talking, I learned he was having a follow-up MRI. The boy had undergone chemotherapy to treat a brain tumor, and they were here to see if the treatment had been successful.

As we chatted, the mother became teary-eyed. She said that before her son went in for the MRI, he turned to her and asked, “Mom, am I your hero?” When I heard this, I knew what I needed to do. We have marathon medals to give to children for bravery, which are donated by an organization called Medals for Mettle, and I suggested she select one for her son. After she found just the right medal, she hugged me and said, “When I woke up this morning I felt God had forgotten me. I was looking for a sign today that he had not forgotten us, and now I have that sign.”

I was completely overcome with emotion. It’s personally rewarding to know that in my work, I can be a sign of God or any spiritual power that the family believes in. My personal beliefs don’t matter and do not need to be shared in order for others to feel the compassion I have for them. I felt so much gratitude for my job at that moment. I love it more every day.

Ann Richards is an activity coordinator at Children’s Memorial Outpatient Center in Lincoln Park. She has a master’s degree in child development and family relationships and has worked at the hospital for more than 10 years.

Unforgettable moments

By Ann Richards, MS, CCLS

This story was submitted through the “Tell us your story” online forum. To share your Children’s Memorial experience, log on to childrensmemorial.org/tellusyourstory.
As a social worker, I help families cope with the stress of having a sick child. I never know when I answer the phone or sit down to meet with a family what life story I am going to hear. No day is ever the same. Over the years, I have worked with so many children and families who have touched me, both personally and professionally. Some stories have happy endings, others do not, but they all have a place in my heart.

During the past year, I was working with an 11-year-old boy with epilepsy. He was funny, bright and very mature for his age. I appreciated how he would shrug his shoulders with understanding when his parents expressed their concerns. I was there to help him, yet he always found a way to make me laugh. One of his wishes was to go away to epilepsy camp. He asked his parents about a million times until they finally said yes. I visited him at the camp and watched as he and his new friends jumped from raft to raft on the lake. There was a new gleam in his eye. He gave me a fist bump and told me how much fun he was having. Tragically, this incredible child died from a seizure about a week later. I will never forget him, but find a small comfort in knowing that one of his dreams came true.

Recently I was in the hospital cafe for an afternoon tea when I noticed a cute little boy just learning to walk. I bent down to say hello and the boy’s father said, “Hey, you don’t remember us?” I stood up to make eye contact with the father and immediately recognized him from the neonatal intensive care unit a year ago. I remembered that the boy had needed a kidney transplant and dialysis. On their way out, the little guy gave me a high-five, and his father smiled widely when he said that the transplant had been a success.

I am touched by the emotional moments of illness and loss, and the openness of families who allow me to be present with them during their most intimate times. I am honored that they share their lives with me.
Our son, Chris, was born in the fall of 2003. Since my pregnancy and labor were normal, and this was our fourth child, we thought we were old pros at this baby stuff — just wrap him up and take him home. But not this time. The nurse called in another nurse while she slowly moved the stethoscope across Chris’s chest with a strange look on her face. This is where the prayers start; before you’re even conscious of the words, they just start flowing through you.

The doctor said they had to take Chris to the nursery where they could better examine him. The team felt he was in no imminent danger, but that is a long way from perfect. Over the next three days we learned that our baby had both heart and lung defects, and was being tested for neurological problems.

On the fourth day, instead of taking Chris home for the first time, we handed him to Gary, a nurse from Children’s Memorial Hospital, who had come to transport our baby by ambulance since our local hospital did not have a neonatal unit that could properly diagnose and care for him. Gary was my first contact with the Children’s Memorial family and the warmth and caring that they wrap around their patients and families. He thoughtfully took a photo of Chris, placed it in my hands, and told me he would be with my son until we arrived at the hospital. He then gave me a huge hug. I’ve since found that there are more hugs per square foot at this hospital than anywhere I’ve ever been.

Chris spent much of his first year of life in ambulances heading back to Children’s Memorial. He was rarely home for more than a week or two before we were back again, sometimes in the intensive care unit. Chris’s heart had a hole that needed repair, and his single lung just couldn’t keep up with the everyday viruses that surround us. Through all his stays and treatments, we always felt so supported by the entire hospital staff, from the parking valets [thanks for warming up my van], to the maintenance staff [words of encouragement], as well as the cafeteria staff [making me special chicken sandwiches late at night], and the nurses, who not only tend to their patients’ medical needs, but also may sing a lullaby to soothe a crying child. I’ve seen doctors, renowned specialists in their field, pick up my fussing baby and rock him to sleep, so that they can gently administer a needed test or treatment.

Through it all, I didn’t always know if Chris would be alright, but I knew he was getting the best care possible. He will continue to be cared for by his family here at this hospital as he grows. We thank God every day that we have access to this level of care simply by luck of geography. What if he had been born somewhere else?

Chris just turned 6 years old and is doing amazingly well, enjoying kindergarten. To look at him, you would never guess what he has been through or how many people have played a part in keeping him healthy. He looks like your average happy little boy. From the bottom of my heart, I thank everyone who has been there for us. And so does Chris, for every night in his prayers, he asks God to bless everyone at “his hospital.”

Stacy Lindsay lives in St. Charles, IL.
Heroes for Life: Campaign for Ann & Robert H. Lurie Children’s Hospital of Chicago

Help us reach our goal
More than $150 million is still needed in bricks and mortar funding to complete construction on the hospital’s new home — Ann & Robert H. Lurie Children’s Hospital of Chicago. The decisions and the commitments we make as a community today will shape our children’s lives for years to come. Please join us today at heroesforlife.org or by calling 773.880.4237.

Hospital employees pledge their support
Heroes Among Us, the employee initiative of the Heroes for Life campaign, gives staff the opportunity to invest in the hospital’s future through a personal campaign gift. Thanks to the generosity of many employees, the campaign has raised more than $950,000 to date. The employee campaign launched in June 2009 and will continue through the opening of Ann & Robert H. Lurie Children’s Hospital of Chicago in 2012.

“Pierce Manufacturing has donated this full size cab because of the powerful connection between children and fire trucks. It’s as simple as that.”
—Robert Bohn, Oshkosh Corporation CEO

Avery Harris with Nicholas Russell, Deputy Commissioner, Fire Prevention, Chicago Fire Department
The interior design of Ann & Robert H. Lurie Children’s Hospital of Chicago aims to stimulate interest, education and diversion for patients and families, while also highlighting what makes the city of Chicago distinctive. A custom-made fire truck cab is among the first of these unique elements to be installed.

Pierce Manufacturing Inc., a subsidiary of Oshkosh Corporation, generously donated a specially-designed, handicapped-accessible fire truck cab, which was lifted by crane onto the 12th floor of the new facility in October 2009. A rendering of Chicago Fire Department Engine 98, the oldest fire station in the city, located across the street from the new hospital, will accompany the fire truck cab display. A ceremonial event celebrated the gift from Pierce as well as the hospital’s longstanding partnership with the Chicago Fire Department in serving Chicago’s children and families.

The hospital’s 12th floor will also be home to the family life center, chapel, conference rooms and administrative offices. Bruce Komiske, chief of New Hospital Design and Construction, is leading an effort to engage Chicago’s top cultural organizations and institutions in the interior design process to incorporate child-friendly amenities and unique elements that reflect the spirit of Chicago. Pierce worked closely with Children’s Memorial to develop specifications for the custom made fire truck cab.

“Pierce Manufacturing has donated this full size cab because of the powerful connection between children and fire trucks. It’s as simple as that,” said Robert Bohn, Oshkosh Corporation CEO. “When Lurie Children’s opens, we’re confident that this cab will be one of the busiest and hardest working vehicles we’ve ever produced.”
Early in my career as a developmental specialist, a mentor described the neonatal intensive care unit (NICU) in a way that I’ve never forgotten. She said, “Babies in the NICU are the most fragile human beings on Earth and these are their bedrooms.” I took that idea to heart, and over the years I’ve grown increasingly interested in how to create the best possible environment for hospitalized babies in order to foster their developmental growth.

Children who are critically ill at birth may face a number of long-term challenges. Approximately 20 percent of pre-term infants born under 28 weeks gestation will develop a major disability, such as vision loss, hearing loss, cerebral palsy or hydrocephalus. Another 30-35 percent may face a “minor” disability, such as dyslexia. The good news is that many of these risks might be mitigated through a developmentally-focused approach to care, paired with early interventions and therapies.

**Developmental care**

Babies talk to us through their behavior, so if we can understand their subtle behavioral cues, we can develop individualized care plans that take into account a host of factors, including environmental conditions (lighting and sound), pain and stress management, and protection of normal sleep/wake patterns.

Unlike a patient’s primary caregivers, who are simultaneously administering tests, monitoring vital signs and discussing treatments, I have the privilege of just observing — intently watching and noting the subtle ways a baby responds to various stimuli. I work closely with a baby’s parents and care team to share observations and identity patterns.

**Individualized approach**

Our aim is to minimize babies’ stress because we know it slows their progress and healing. For example, we realized that baby Benjamin...
stopped breathing when his face was touched, and that baby Madison greatly improved when a second set of hands was placed on her during a procedure to offer comfort. It’s important that these babies, who regularly receive necessary medical care and procedures while in the NICU, also learn to experience touch as nurturing and pleasant. Parents play a key role in this process, but some struggle to feel connected to their baby, who is physically separated from them.

**Family bonding**

I remember a mother asking me to help her bond with her tiny twins, who were too fragile to leave their incubators. I taught her how to “hold her babies with her eyes” through loving eye contact and to find a spot on each baby (within all of the equipment), where she could provide a gentle touch, paired with a soothing whisper. I also gave her a pair of Snoedels®, a special type of cloth she wore underneath her shirt for a day to capture her unique scent. Her babies were able to sleep with their own Snoedels®, fostering a sense of attachment to their mother and providing comfort to her as well.

For babies in the NICU that can be held, I strongly encourage parents to practice “Kangaroo Care,” in which they hold their infant (who is naked except for a diaper and hat) against their bare chest. This skin-to-skin embrace produces substantial benefits for the baby, including more regular breathing, longer periods of sleep and better weight gain. It also aids the mother’s breast milk production and emotional healing.

**Our future NICU**

When we move to our new facility, Ann & Robert H. Lurie Children’s Hospital, families will be able to practice Kangaroo Care in specially-designed reclining chairs in the privacy of their own room. Instead of the current NICU configuration of up to eight babies in one open room, each baby will finally have his or her own “bedroom,” which will truly transform care for babies and their families.

In our NICU (one of the most highly specialized in the region), we care for both premature babies and full-term babies with life-threatening conditions, and their needs can vary widely. While one baby may benefit from quiet, dark room to encourage sleep, another baby may need more visual and auditory stimulation, as well as space for physical, occupational and speech therapies. Private NICU rooms will allow us to create an optimal environment for each baby and to support family-centered care. There will be breast pumps at every bedside as well as sleeping chairs for parents who wish to stay overnight with their baby, something they’re not able to do in our current facility. We’ll also have more communal space to host parent support groups and therapeutic activities for family members like creating memory books, as well as refrigerators for breast milk, which is like medicine for these babies.

Needless to say, I am looking forward to our new and improved accommodations and the many ways it will help our most fragile patients and their families. I also see it as an opportunity to improve developmental care throughout our hospital for the benefit of patients of all ages.

*Sue Horner, MS, APN/CNS, RNC-NIC, spent 23 years as a bedside nurse in the NICU before assuming the role of developmental specialist in 2001. She has conducted research on the impact of implementing developmental assessment programs on nursing and patient care. Together with a group of her NICU colleagues, she is currently studying the impact of implementing a developmental approach to feeding medically-fragile infants.*

“Our aim is to minimize babies’ stress because we know it slows their progress and healing.” —Sue Horner
A labor of love
Giving back for my grandson’s future

By Dennis Criner

My grandson, Drew, was diagnosed when he was 2½ years old with stage IV neuroblastoma, a highly aggressive form of cancer. His parents, my daughter Kate and my son-in-law, Rob, were referred to Children’s Memorial Hospital. There, Drew was treated with chemotherapy and radiation, had surgery to remove a softball-sized tumor in his abdomen and underwent a triple tandem stem cell transplant. Now he’s 4, is in remission and is doing very well. He’s back to being the “normal” Drew — always happy, polite and very smart. Of course I may be partial, because I’m his grandfather!

When I found out the company I work for was involved in building Ann & Robert H. Lurie Children’s Hospital of Chicago, I specifically asked to be part of the project. I specialize in ventilation systems, and I work primarily on the hospital’s 10th floor, which is one of the two service floors. I feel a very special connection to this building in everything I do on the site.

Working on it is my payback to the hospital and to the amazing doctors and nurses who work there for the life-saving care my grandson received.

I know the current facility in Lincoln Park will be hard to leave for many who work there, but wait until they see what we’re building. This will be a state-of-the-art hospital for sick children, and will be more comfortable for families, with private rooms and other amenities. It’ll be as modern as it possibly can be, and will be something really unique.

Everyone who works on the site realizes they’re involved in something very special, and we’re reminded of it every day when we see the photos displayed on the job site of some of the kids who have been treated at Children’s Memorial. Also, I can’t emphasize enough the quality and professionalism of the people who are working on this project. I think everyone realizes they’re working on something very special, and that this is more than just another building.

*Dennis Criner is a sheet metal foreman for contractor F.E. Moran, and is one of the several hundred construction workers involved in building Ann & Robert H. Lurie Children’s Hospital of Chicago.*
A lot of people think radiologists are the technologists who take the images when they have diagnostic tests like X-rays, CT scans and MRIs. They don’t realize there’s a physician behind the scenes who generally makes the diagnosis of the patient for their doctor. That’s why radiologists are sometimes referred to as the “doctor’s doctor.”

Pediatric radiology is a challenging field in many respects. For one thing, you’re working with smaller anatomy, so your imaging equipment has to have higher resolution. With children you’re often dealing with different diseases than in adults, and the pediatric radiologist needs to understand these differences.

I’m particularly interested in interventional radiology, in which we employ minimally invasive diagnostic and therapeutic procedures using imaging guidance to treat certain conditions at their source. Children’s Memorial Hospital is the only facility in the Chicago area that offers pediatric interventional radiology, with physicians specially trained in these techniques. For example, we can use ultrasound to direct a needle into a tumor to take a sample instead of doing it surgically. We can use a CT scanner or ultrasound to guide a needle into the pocket of an abscess to drain it. And, we can use angiograms to treat vascular anomalies, including disfiguring congenital birthmarks and skin lesions.

One of the things we feel passionately about at Children’s Memorial is minimizing the exposure to radiation children receive when undergoing imaging procedures, because children are more sensitive to radiation than adults. That’s why we’re part of The Alliance for Radiation Safety in Pediatric Imaging’s “Image Gently” campaign.

We’re leading the charge in changing radiologists’ practices and educating community physicians who refer patients to us. As an example, most CT scanners are calibrated for adults, not children. Because of that, children can get huge doses of extra radiation if the standard equipment settings are not properly adjusted to the child’s size. Over time, too much exposure to radiation can lead to an increased risk of developing secondary cancers. That’s why over the years we have reduced the doses of radiation of our CT scans, and image only the specific areas we need to.

We need to educate both doctors and the public that there may be other diagnostic options that are less harmful and are equally effective, like ultrasound and MRIs. It’s important to remember that what we do today can last a child’s lifetime.

James Donaldson, MD, is chairman of the Department of Medical Imaging and is the Earl J. Frederick Professor of Radiology.
How Children’s Memorial has changed over the years

By A Todd Davis, MD

Children’s Memorial has changed a great deal since I arrived in 1973, but the aspiration for excellence is a core value that has remained the same. If one word could characterize the last 30 years, that word would be “expansion.”

I came to Children’s Memorial from the Center for Disease Control in Atlanta. Back then the hospital had a much smaller medical staff. For example, in the 1970s, there were approximately 20,000 patient visits to the emergency department per year, with medical residents left in charge overnight from 11 p.m. to 7 a.m. Today, there are 20 pediatric specialists in emergency medicine who supervise the care of 60,000 patient visits each year, providing 24/7 care.

The complexity of cases treated here has also dramatically increased, with a corresponding increase in staff expertise. Back then, we had about 30 pediatric subspecialists; now we have hundreds spanning more than 70 specialty areas. For example, there were no critical care specialists and just five intensive care unit beds. Today, there are 43 critical care beds covered by 14 faculty members.

Improvements in diagnostic, therapeutic and surgical techniques have brought significant changes. For example, more than 700 bone marrow transplants have been completed by our hematology and oncology specialists. Survival from leukemia was rare earlier in my career. Today, 80 percent of children with certain forms of leukemia overcome the disease. What else has changed? Some diseases have virtually disappeared because of immunization, including chicken pox, measles and polio. Other serious diseases have emerged, such as HIV/AIDS and Kawasaki disease.

Children’s Memorial has always had a culture where children come first. In 36 years, never has a physician failed to respond promptly to a call for an urgent consultation. They have left their labs, broken off teaching sessions, or called from out of town to help bring the very best thinking to a child in need. It is an absolute given that any physician at this hospital will respond to a child in need. It is not written down. It is just the Children’s Memorial way.

I look ahead and see great changes for pediatric medicine. Stem cell research will affect pediatric medicine in wonderful ways we can’t even imagine. More surgical procedures will be performed as minimally invasive surgery, and genomic medicine will open the possibility of personalized medicine.

Pediatric medicine today offers young practitioners so many avenues to explore. I tell them, “You can’t predict what will happen, so follow your passion and do what most interests you.”
No better place to learn and train

By Kate Connor, MD

I was a lifelong East Coaster before moving to Chicago to do my pediatric residency at Children’s Memorial Hospital. With so many excellent programs close to home, people often ask why I moved. The interview trail took me to some amazing hospitals, but none of them boasted the same enthusiasm for teaching and learning as I found here. Our educational philosophy is similar to our patient care philosophy. We are dedicated to training young pediatricians by drawing on the latest research and cutting-edge technology, but we do so while remaining rooted in the rich history and experience of this place. The character of the people themselves, the enthusiasm and passion of the residents combined with the experience and perspective of veteran educators, and the institutional dedication to the health of all children makes Children’s Memorial a truly unique and wonderful place.

On my interview day I had the opportunity to sit in on morning report — our daily educational case conference — and was able to see that philosophy in action. Residents had lively discussion and debate with each other and with attending physicians, who challenged and encouraged them. It was such a fun conference — a representation of the rigorous, yet supportive educational environment that has been cultivated here.

My dad, Ed Connor, was a resident and chief resident at Children’s Memorial. He always speaks nostalgically about his experience, but at first I resisted the idea of coming here, wanting to forge my own path. In the end, I couldn’t pass up the opportunity to train alongside such incredible people, and am proud to have been part of the tradition. During residency I gained the knowledge and skills to be a confident and well-rounded pediatrician, and met friends and mentors who have helped shape the physician I am today. As a graduate trainee from Children’s Memorial, a young pediatrician can truly do anything. My classmates — working in a variety of fields here and around the country — are embarking on careers that will truly make a difference in the lives of children. I have the wonderful opportunity to stay here for the year and to collaborate with my co-chiefs and medical education leadership to optimize the way that we train the next generation.

In the coming years, I plan to pursue a fellowship in general academic pediatrics. During residency I had the privilege of being the primary care pediatrician for families at our outpatient center. Many of them face significant struggles — financially, socially and emotionally — that affect their health and well being. I loved caring for their children, but I felt driven to think more broadly about how to address these larger non-medical issues as well. Mentors here prove with their lives and careers that through research, education and superb clinical care, academic pediatricians can make an enormous impact in this area. It is because of their example, and my experiences here, that I plan to spend my career trying to identify ways to mitigate the effects of poverty on child health.
For the fifth straight year, Children’s Memorial Hospital has been named by *Working Mother* magazine as one of its “Working Mother 100 Best Companies” for its dedication to family-friendly benefits. Also, for the second year in a row, *Modern Healthcare* included the hospital in its list of “Best Places to Work in Healthcare.”

Mina K. Dulcan, MD, head of Children’s Memorial’s Department of Child and Adolescent Psychiatry, is the editor of *Dulcan’s Textbook of Child and Adolescent Psychiatry*, which was recently published by American Psychiatric Publishing, Inc. She was also recently appointed to the Accreditation Council for Graduate Medical Education Residency Review Committee for Psychiatry, the body that sets standards for and accredits postgraduate training programs in psychiatry.

Mary J.C. Hendrix, PhD, president and scientific director of Children’s Memorial Research Center, was reappointed to the Board of Scientific Advisors of the National Cancer Institute (NCI) for the term ending June 30, 2012. The Board assists and advises the director of the NCI on a wide variety of matters concerning scientific program policy, progress and future direction of the organization’s extramural research programs, and concept review of extramural program initiatives.

Maureen Haugen, MSN, CPNP, was recently honored with the 2009 Jean Fergusson Excellence in Pediatric Hematology & Oncology Nursing Education Award from the Association of Pediatric Hematology/Oncology Nurses. Haugen has taken a lead role in developing an education program for adult oncologists and staff in managing leukemia in adolescents and young adults.

Children’s Memorial Board member and *Heroes for Life* campaign honorary co-chair Ann Lurie was recently named one of three recipients of Research!America’s 2010 Advocacy Awards. She was recognized for her long-time national and international support for biomedical research. Ms. Lurie also recently joined the Board of Directors of the Foundation for the National Institutes of Health (NIH).

A video produced for the hospital’s patient channel show, “Managing Weight Issues in Children,” was recently recognized by the International Health & Medical Media Awards with a FREDDIE Award in the Nutrition & Diet category. The FREDDIE Awards are the pre-eminent health and medical media competition, and are now in their 35th year. The video spotlights the work of the hospital’s Nutrition Evaluation Clinic.

Ram Yogev, MD, medical director, Pediatric and Maternal HIV Infection, is the principal investigator at Children’s Memorial for the International Maternal Pediatric Adolescent AIDS Clinical Trials Group’s study to determine whether higher doses of the 2009 H1N1 flu vaccine can safely elicit a protective immune response in HIV-infected children and adolescents. The trial is funded by the National Institutes of Health. Dr. Yogev is the Susan B. DePree Founders’ Board Professor of Pediatric, Adolescent and Maternal HIV Infection.
Radiothon celebrates 10 years of success
Bono, other stars lend their voice to the cause

Eric and Kathy’s 36-hour Radiothon celebrated its 10th year with star power that helped raise more than $1.6 million for Children’s Memorial. Broadcasting live from the hospital’s Siragusa Lobby, the morning show team from 101.9 fm THE MIX inspired more than 7,000 listeners to donate.

Bono and his band mates from U2 called in to donate VIP tickets to their sold-out concert, as well as a guitar for auction. Singer John Mayer called in with a $20,000 challenge pledge during the C.H. Robinson “Power Hour.” Chicago Blackhawks star Patrick Sharp stopped by to visit, and the band Carolina Liar performed a song live in the lobby.

Special thanks to lead sponsor Forresters for giving every patient a “Build A Bear;” to the Clary family for providing a $50,000 challenge gift, and to Wal-mart for promoting the “Make Change In A Child’s Life” program in all its 105 stores and contributing $20,000 for a “Power Hour.” The radiothon has raised more than $16 million for Children’s Memorial during the last decade.

The Children’s Service Board

The 54th annual Gold Coast Fashion Award Show, the signature event of The Children’s Service Board, raised more than $300,000 for Children’s Memorial. Proceeds will go toward the board’s $3 million Heroes for Life campaign commitment to the Division of Pediatric Surgery at Children’s Memorial. Co-chairs Jeniece Higgins (left) and Janette Acton presented the Gold Coast Fashion Award to designer Norman Ambrose, winner of the previous year’s show. A capacity crowd of 1,300 guests selected Romona Keveza as the winner of the 2009 show.

Save the Date! May 12–14, 2010
Children’s Circle of Care
North American Leadership Conference & Gala
Atlanta, GA

For three incredible days each year, Children’s Circle of Care members from coast to coast come together to learn about the latest advances in pediatric medicine, and to celebrate the power of philanthropy to transform children’s lives.

Don’t miss your chance to enjoy springtime in the South!

This spectacular, members-only event will include:

• Private luncheon featuring comedian Jeff Foxworthy on the Georgia Dome field
• Cooking demonstration with celebrity chef Scott Peacock
• Exclusive tours of beautiful Southern homes and gardens
• Golfing at the illustrious East Lake Club
• Gala dinner celebration at The Georgia Aquarium
• Guided tours of CNN and other attractions

Join or renew your Circle of Care membership gift by December 31, 2009 to take part in all the fabulous festivities planned for 2010. Please call Chris Anne Bordewick at 773.880.8313 or e-mail: cabordew@childrensmemorial.org.

Thank you for investing in children’s lives!

For Circle of Care events, donor stories, photos, and more, visit: heroesforlife.org/circleofcare
This holiday season, we hope you’ll take a moment to share your love and goodwill with our kids — the fragile little ones who are spending this joyous time of year in the hospital.

Your tax-deductible gift can help save young lives and provide renewed hope for their future.

**Your gift of $100 could provide:**
Provide a two-month supply of diapers for critically ill newborns as tiny as two pounds.

**Your gift of $500 could provide:**
Subsidize a week’s stay at Kohl’s House so a family can stay near the hospital while their child is recovering from an organ transplant.

**Your gift of $1,000 could provide:**
Purchase five I.V. poles, which enable children undergoing life-saving treatments to take a break from their hospital room and enjoy playroom activities with other children.

The need is great. The urgency is now. You can make a difference.

Please give online at [childrensmemorial.org/heroessmag](http://childrensmemorial.org/heroessmag), include a check in the enclosed envelope or call 1-866-355-2525.

Thank you for being a hero for children!