

Children's News

For Children's Hospital Boston employees, staff and volunteers

July 2008 | childrenshospital.org/chnews

Peer leaders help depressed and suicidal students in Southie

When a youth suicide epidemic rocked the South Boston community in the late 1990s, the community put out a call for an intervention to help slow the escalating teen suicide rate. A program called Youth Centered Suicide Prevention (YCSP), developed and led by **Glenn Saxe, MD**, associate chief of Psychiatry at Children's Hospital Boston and the director of Children's new Center for Behavioral Science, developed the program in answer to this call.

YCSP is the first program of its kind in the country. It started in 2006 after a program development process that lasted several years, and is being piloted at Monument and Odyssey high schools in South Boston—a community still plagued with higher-than-average teen depression and suicide rates.

The YCSP model trains high school students to act as peer leaders within their schools to educate other students about depression and help them advocate for their own mental health. They meet weekly with Children's social workers **Mary Kate Little, LICSW**, and **Melissa Vogt, LICSW**, to discuss students they feel are at risk and learn ways to support them. Little and Vogt train the 15 to 20 peer leaders every Monday during the students' lunch period, covering topics like how to recognize signs of depression (like when students quit activities or give away favorite items) and teach them ways to let peers know that it's okay to ask for help. Learning these skills helps peer leaders strive toward the overall YCSP goals: raising awareness of mental health issues, preventing suicide and enhancing intervention effectiveness within the schools.

Most school-based suicide prevention programs rely on teachers and parents to recognize students who are struggling with mental health issues. However, focus groups conducted by the YCSP program showed that these are often the last people who students are willing to go to for help. This led Saxe to



Photo: Patrick Bibbins

YCSP PEER LEADERS remind students they don't have to worry alone.

develop this model in which peers were trained in recognizing and supporting at-risk students and referring them to clinicians. While peer leaders deal with serious matters, Little and Vogt take care to ensure they don't handle situations alone. "We work with them so they understand they aren't therapists, but are under our guidance and support," says Saxe. "I think the peer leaders have been most successful in changing help-seeking behaviors by making it more socially acceptable for students to seek mental health related help," says Vogt. "It doesn't have the stigma that talking to a mental health counselor might have."

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Children's Hospital Boston

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RESEARCH

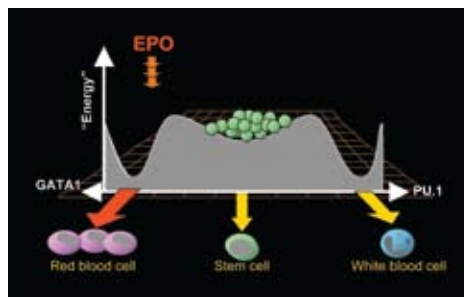
Awards: Recognizing emerging investigators
Vascular Biology: A systems view of stem cell differentiation
Infection Control: Good health begins at school
Endocrinology: Beware vitamin D deficiency

Have research news you would like to share?
Email nancy.fliesler@childrens.harvard.edu.

How stem cells decide what to be

How does a stem cell decide what specialized identity to adopt—or whether it should simply remain a stem cell? A new study from Vascular Biology suggests that the conventional view, in which cells are “instructed” to progress along prescribed pathways, is too simplistic. Instead, it supports a “systems” view—the idea that cells differentiate through the collective behavior of an entire network that ultimately produces just a few stable outcomes.

Sui Huang, MD, PhD, and **Hannah Chang**, an MD/PhD student, show that within populations of seemingly identical blood stem cells, some cells are “primed” to become red or white blood cells—and indeed may do so, given enough of the right signals. Cells slowly move in and out of this primed state, allowing them to change in response to their environment, in a random but controlled way. Above, stem cells (shown as green balls) move about in their valley, and at times have a greater “energy,” priming them to go over the edge and fall into new valleys when the balance is tipped (here, by differentiation factors GATA1 or PU.1). Chang has shown that stem cell differentiation in the lab can be made far more efficient by selecting cells that are already primed and catching them before they revert to a more stem-like state. (*Nature*, May 22)



STEM CELLS that are temporarily in a “primed” state are more apt to differentiate when the balance is tipped.

Image: Sui Huang, MD, PhD

Disinfecting classrooms

A randomized study led by **Tom Sandora, MD, MPH**, medical director of Infection Control, shows that rigorous classroom sanitation can curb stomach bugs.

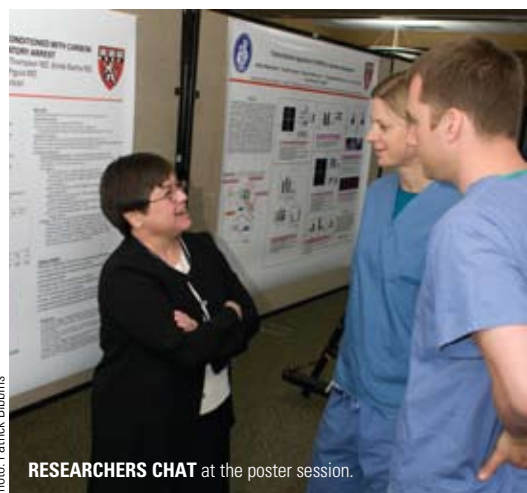
Third- to fifth-grade teachers in Ohio received disinfecting wipes to clean students’ desks after lunch, and students were asked to use alcohol-based hand sanitizer several times daily. During the next eight weeks, 16 percent of the students were home sick with gastrointestinal illness, as compared with 24 percent of their peers in other classrooms. In the classrooms with enhanced sanitation, less norovirus was detected on computer mice, desks and drinking fountains. Absenteeism due to respiratory illness didn’t change. (*Pediatrics*, June)



Dr. Judah Folkman Research Day

Renamed in Dr. Judah Folkman’s honor, this year’s expanded Research Day featured 104 posters and 11 presentations from young researchers around the hospital. Awards went to the following Children’s Hospital Boston researchers: **Chong Yung, PhD** (Vascular Biology), who is developing a device to treat sepsis using magnetism to pull pathogens from the blood; **Jonathan Meisel, MD** (Surgery), who has shown that an angiogenesis inhibitor may prevent painful adhesions after surgery; **Joshua Murtie, PhD** (Neurobiology), who is developing a topical treatment for peripheral neuropathy, which affects millions of diabetics; and **Richard White, MD, PhD** (Hematology/Oncology), who has found embryonic cells in zebrafish that may help explain melanoma’s origins.

Houseofficer Development Awards went to: **Rahul Rathod, MD** (Cardiology), to compare different shunting approaches in patients with hypoplastic left heart syndrome; **Michelle Ann Lee, MD, PhD** (Hematology/Oncology), who will travel to Uganda to study how pediatric cancer care is delivered; and **Alex Kentsis, MD, PhD** (Medicine), to examine the protein composition of urine as a gauge of whether a child has appendicitis. For more on these projects, visit Vector online at childrenshospital.org/vector.



RESEARCHERS CHAT at the poster session.

Photo: Patrick Bibbins

Vitamin D deficiency is common

Many otherwise healthy infants and toddlers don’t get enough vitamin D, finds a study led by **Catherine Gordon, MD, MSc**, director of the Bone Health Program.

Blood testing of babies coming to Children’s for well-care visits revealed that 40 percent had vitamin D levels below those optimal for bone health, and 12 percent were frankly deficient. Had it not been for the study, these deficiencies might well have been missed. A third of the deficient children had evidence of bone loss, and 7.5 percent had bone changes consistent with rickets. The main culprits were exclusive breastfeeding without vitamin D supplementation and (among toddlers) inadequate milk intake. (*Archives of Pediatrics & Adolescent Medicine*, June)



Peer leaders

Andres Mejia, a sophomore at Monmouth high school, lives in Dorchester and is a second-year peer leader. "Since I became a peer leader I can see that when kids don't do their homework it can mean that something else is going on," he says. The YCSP program helped Mejia become a "go to" kid when someone needs help. He's known for wearing his "Don't Worry Alone" t-shirt, which Mejia says can be a good conversation starter. "A lot of kids will come up to me and ask me where I got it or what it means," he says.

Mejia joined YCSP not only to help his classmates, but also to ensure that he was headed down the right path. He grew up surrounded by gangs and violence in his former home of Lynn and found he was making some risky choices. This helped him realize most adolescents find it hard to make the right decisions alone. "When I started supporting other people, it helped me make the right decisions," he says. "The best thing I can do is to always be there for someone, and not just when they're having a problem, so they know I'm their friend and they can talk to me."

Mejia has witnessed many of the problems prevalent in his school that often result in or contribute to adolescent depression: high drop out rates, substance abuse, fighting and gang violence resulting from racial and cultural clashes. "When there's any history of violence in a young person's life, it can compound feelings of helplessness and anger," says Little. Students may not even be aware

that these feelings are often the root of what is often dismissed as simply having a bad attitude.

In addition to counseling and referring students, peer leaders also organize events to promote mental health awareness. They recently hosted a talent show, interspersed with "public service announcements" to educate the audience about substance abuse, healthful relationships, suicide and depression. Mejia was able to show off his salsa dancing skills and liked the fact that it gave a wide range of students a chance to participate in something extra-curricular.

So far, the program has been successful and 15 percent of the schools' students have been referred to Little and Vogt for depression and suicide risk assessment. Mejia remembers one student who was on the verge of dropping out but, with his help, started to turn in her homework; he even helped her find a job. "I feel fortunate to be able to watch a student face a challenge, seek help, work hard and overcome the issue," says Vogt.

Saxe hopes that this model will become a national program for youth suicide prevention. "The peer leaders get a certain satisfaction for really doing something good for others and they really do emerge as leaders within the school," says Saxe. Mejia couldn't agree more. "If there weren't peer supporters, I think a lot more people would be going down the wrong path," he says. "It helps everybody. Kids know we can help them and see us as leaders."

MARY KATE LITTLE, LICSW, AND PEER LEADERS IEASHA FORD AND ANDRES MEJIA



Photo: Patrick Bibbins

GRATITUDES

The following letter was sent to the BACH team.



RYAN with her parents

Dear Dr. Mullen,

I wish there was a way for me to thank you and the amazing staff at Children's Hospital Boston for all that you have done for me and my family over the past three years, from the nurses who cared for me each day to the financial administrators who worked with me during this challenging time. I've been overwhelmed by their compassion and kindness. This has been a journey that has been both life-affirming and life-changing, and it's only the beginning.

I feel so very fortunate for all the gifts that I have been blessed with in my life. Specifically, the gift of having been treated by the Boston Adult Congenital Heart (BACH) faculty is one that I hold near and dear to my heart. This has reaffirmed my desire to make a difference in this world, as you and your team do every single day.

The kindness, compassion and professionalism you have all shown me will not be forgotten. You have always taken the time to explain the things I didn't understand and treated me as not only a patient but also a person.

Each and every patient who's had the privilege to work with you and the BACH team has been blessed by your talents, skills and kindness. I appreciate this more than you will ever know. Children's will always hold a very special place in my heart. This experience has truly helped me appreciate the health I have been blessed with. I only hope that some day I will have the opportunity to give back to the hospital community in some way.

With sincere gratitude,

—Ryan Eberman

Unifying around childhood obesity

It sounds like a simple plan: eat right and exercise to stay fit. But for many Boston families, this is anything but easy.

Poverty and lack of transportation often limit a family's access to healthful foods. Concerns about violence keep them from going outside to play, so children often stay inside watching TV and playing video games. The problem is so widespread that more than 40 percent of Boston Public School students are either clinically obese or borderline overweight.

Working to curb the crisis are clinicians at community health centers, who are educating families about how to make healthful choices and trying to remove the barriers that keep them from addressing their weight issues. Three years ago, Children's Hospital Boston's Office of Child Advocacy launched a program called Fitness in the City (FIC) to help these centers in their mission to prevent and treat pediatric obesity. Children's support has ensured that nutritionists are available to counsel health center patients and made free memberships available to local YMCAs, Body by Brandy Kid's Gym in Roxbury and GoKids Boston at UMass Boston. But more importantly, it has set up a system for the health centers to pool their knowledge and resources, share outcomes, and talk about which approaches they've found successful.

"Nobody totally understands which interventions are most successful for childhood weight management," says **Shari Nethersole, MD**, Children's medical director for community health, who developed the FIC concept. "Society hasn't had a lot of success helping people change their behavior and fight off obesity so far, so we wanted to partner with health centers to help them test out their ideas about what approaches can work. This is our chance to unite community expertise to identify solutions."

Currently, 11 Boston community health centers participate in FIC, including

Children's Martha Eliot Health Center (MEHC). The benefit of centering weight and nutritional counseling at the community level is that it's often family-centered care, so clinicians can see parents and children at the same time and work on lifestyle changes for the whole family. There's also the advantage of families not having to leave their neighborhood for treatment. "That's really important when a child needs to come in weekly," says Nethersole. "This way, they don't have to deal with transportation issues like taking two busses to get to Children's, which can make them miss appointments."

Every FIC center equips patients and families with information about healthful eating and connects them with local physical activity opportunities, but each takes its own approach based on the unique needs of its patients. "To tell someone from a Latino culture not to eat rice isn't going to work," she says. "So we take the community's culture into account when trying to change their eating habits." At I'm iN Charge (INC) at MEHC, for example, the program takes the empowerment approach. "This community can feel disempowered, which is a common issue with people who are poor and often overwhelmed," says Nethersole. Here, patients learn how to take control of what they eat and listen to their body, eating when they're hungry and stopping when full. INC's registered dietician, **Laura Sprauer, RD, IBCLC**, has found this approach useful. "Individuals can implement dietary and lifestyle changes if they are educated, motivated, supported and empowered," she says.

Children's and the health centers' staff meet on a quarterly basis to share their approaches and discuss challenges and resources they need. Last year, the FIC team identified a need for more case management to help coach and motivate families and help them access local physical fitness programs. As a result, in addition to supporting part time case managers at the health centers, Children's recently added a case manager, **Alison Cella-Mowatt**, who is helping make it easier for families to connect with fitness programs and physical activity opportunities.

Cella-Mowatt has been the program coordinator for One Step Ahead, a weight management program in the Children's Hospital Primary Care Center. In her expanded role, she's establishing relationships with each of the FIC health centers, meeting with staff and helping link families with appropriate fitness activities. "It's a full-time job to stay on top of the many programs offered in Boston since locations, costs, age requirements and registration periods are constantly changing," she says. "I'm excited to serve as a resource."

By working more closely with parents to match their children with programs, I hope I can remove some of the barriers that keep them from exercising."

Through FIC, Children's has helped community health centers to reach more than 500 children and families in Boston so far. "I like that we're using a different approach to improve community health," Nethersole says. "In the past, the standard has been to have our doctors go out and provide services in the community. That can be useful, but this way, we're creating more sustainable systems at health centers by helping them innovate and educate each other. We're strengthening their capacity to support themselves long-term. It's really about building expertise within the community."

For more information on Fitness in the City, contact Christine Healey at ext. 9-3053.

GOKIDS BOSTON
offers fun ways to exercise.



24 years bridging Children's cultures

Social worker **Maria Carvalho, LICSW**, has a life-long passion for bridging cultural gaps. She was born in Portugal, spent time in Angola and then, when her parents' adventuresome spirits subsided, moved to Somerville, Mass., when she was 10.

Like many immigrant children, she learned English more quickly than the rest of her family. "I did a lot of translating for my family at doctors' appointments and when dealing with many facets of the outside world," she says.

With her family's struggle with language barriers fresh in mind, Carvalho decided to make a career leap from student teaching when a bilingual social worker position opened at a Cambridge hospital. "Right away, I saw what it difference it made to have bilingual staff in hospitals to directly communicate with patients," she says. Soon, Carvalho got an internship at Children's Hospital Boston and joined the Social Work team. It was a good fit—one that's lasted for 24 years. Today, Carvalho coordinates clinical social work services for Spanish- and Portuguese-speaking families.

She has been instrumental in helping families navigate the health care system by clarifying the cultural differences they'll encounter and explaining what services are available to them. "Each patient will have a different circumstance and I do what I can to make it easy for them, whether it's through emotional support, connecting them to resources or brainstorming what we can do to make their stay better," she says.

Recently, she worked with a non-English-speaking family that needed to gain guardianship of their child when she turned 18, due to her cognitive impairments. They had been floundering in a paperwork-heavy process they didn't understand and used the help of Carvalho and a support group run by her co-worker, **Olga Perez, LCSW**, which assists Spanish-speaking parents of patients with complex medical needs. "Illness is one of life's biggest stressors, and when I can sit with a family and listen to their fears, worries and their story and hear their needs—that's powerful," she says.

On a bigger scale, Carvalho has contributed to the cultural competency of the hospital as a member of the Diversity Committee. In the mid-1990s, she helped write *Honoring Patient Preferences*, a guide to help staff cater to the varying traditions, religions and needs of our multicultural patients. She also took part in founding Children's annual Latino Heritage Celebration. "I love everything about Latino culture, I love the music, the people and the food," she says.

Carvalho's enthusiasm for world cultures carries over into her home life. Not only is her own background diverse, but her husband is an Indian Muslim who grew up in Africa. Their children celebrate both cultures. "It's important to make sure our heritage survives and culture allows expression," she says. "This adds dimension to our society. Learning and understanding other cultures up close and learning about the ways people live and think help us all remain connected."



MARIA CARVALHO

Photo: Patrick Bibbins

NEWS BY NUMERALS

Children's network has 13 locations across the state. For details, visit childrenshospital.org/locations.

1,652

books distributed at Martha Eliot Health Center last year to children through the Reach out and Read program



12

Children's physicians work in the ED at MetroWest Medical Center in Framingham



1,774

surgeries took place at our Waltham location in FY 2007

35

nurses work at our Lexington location

8,240

appointments so far in Peabody in 2008

5,920

emergency cases were seen by Children's physicians at Caritas Norwood Hospital last year



For more network numerals, visit childrenshospital.org/chnews.

Question: How is the president of the hospital chosen? Does he or she need to be a doctor?

Answer: It is the responsibility of Children's Hospital Boston's Board of Trustees to determine the hospital's president/chief executive officer. Our board is a voluntary panel of 11 business and community leaders and six nursing and physician leaders. Together, we're responsible for the highest level of oversight of the hospital.

The Board takes a thoughtful and thorough approach to determining its president. Running an independent, not-for-profit children's hospital is a complex undertaking that requires an experienced and dedicated leader. The president is ultimately accountable for the overall performance of Children's in meeting its missions of delivering safe and quality care, discovering new treatments, training the next generation of leaders and caring for our local communities. The president also needs to show tremendous leadership around fundraising and building political and community relationships. He works hand-in-hand with physician leadership, Chief Operating Officer, **Sandra Fenwick**, and the leadership of the hospital to ensure all of these missions are met.

When it comes time to determine a new hospital president, the board hires an outside global search firm to develop a short list of candidates. The top candidates then come in for interviews with an internal committee of clinical and administrative leaders. The final candidate is recommended to the board for approval, and we vote to elect him or her. When we were recruiting, we were very interested in hiring a physician because we believed that he or she would have valuable insight into the inner workings of a hospital.

Our current President and Chief Executive Officer, **James Mandell, MD**, was elected in 2000. He trained here at Children's in urologic surgery, then was recruited away to Albany Medical College, where he became dean, before returning to Children's. In addition to his administrative duties, Dr. Mandell continues to be a practicing physician, which is a tremendous asset to the hospital. So far, he's helped established a groundbreaking quality improvement and safety program, advocated successfully for expanding insurance coverage to the underserved and recruited a talented physician leadership team. He's also built strong relationships with the physician staff and improved overall employee morale. We look forward to many more strong years together.

Thanks for asking!

— Stephen Karp
Chairman of the Board of Trustees

Teacher tackles 13 marathons

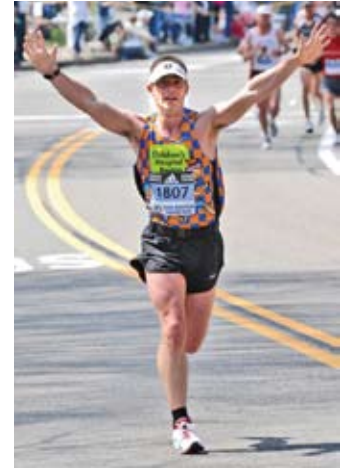
Science teacher Nick Hinsley is conducting quite the experiment. His laboratory: the open road, where he'll run 13 marathons in 13 months. His goal is to cross marathon finish lines in 10 different states and raise \$25,000 for Children's Hospital Boston.

A seasoned marathon runner (he's run 17 in seven years), Hinsley's connections to Children's run deep. He learned about the marathon program—which encourages runners to raise funds for the hospital—from his wife, **Karen Hinsley, RN**, a nurse at Children's. "Nick turned 39 earlier this year and decided to run all these marathons to celebrate turning 40," she says. "I've always said he's insane and now everyone is starting to believe me."

Jokes aside, she's proud of her husband's dedication to the hospital and to one patient, in particular. Zach is a 13-year-old student at the middle school in New Hampshire where Hinsley teaches. Zach was diagnosed with leukemia and is being treated at Children's. "Zach is really excited and, when he can, goes to see Nick run and cheer him on," Karen says. "And Nick brings Zach back t-shirts from marathons he runs for him in other cities."

To complete the grueling physical challenges, Hinsley runs about 95 miles a week and burns through a new pair of running shoes every month. With two young sons, Quinn, 4, and Ian, 2, and his jobs as a teacher and cross country coach, Nick squeezes in training runs as early as 4 a.m. "The reality is, I get to stop," he says. "But these kids will continue to struggle. The pain and suffering I go through is incomparable to what they're facing."

📌 Check out Hinsley's marathon schedule at childrenshospital.org/chnews or visit his Web site at run4chb.wordpress.com.



EMPLOYEE OF THE MONTH

Congratulations to **Teodora Amado**, clinical assistant (CA) in the Post Anesthesia Care Unit (PACU), Children's Hospital Boston's Employee of the Month for July.

Before immigrating to the United States, Amado lived in Cape Verde, where she taught first and sixth graders. When she relocated, she took a job in a local hospital's Environmental Services Department (ESD) before transferring to Children's ESD. As an enthusiastic team player, she quickly became invaluable to the PACU, where she spent time cleaning rooms occupied by children who were recovering from operations.

Amado stood out as a star employee for not only doing her job so well, but also for her determination to grow professionally, and she took several health care classes to further her education. She also stood out for being unwaveringly polite and friendly. The PACU noticed these traits and snapped her up when a position for a CA became available last year. As a CA, Amado has become invaluable. She communicates with Spanish-speaking families, calms the fussiest of babies, uses her teaching skills to relate to patients and does everything in her power to make each patient's day a bit better. Above all, she's courteous to everyone she encounters, working with a spring in her step and a permanent smile.

📌 To nominate a co-worker for employee of the month for exemplifying Exceptional Care, Exceptional Service standards, visit web2.tch.harvard.edu/eces/recognize.cfm.



New medical intern Kevin Shapiro, MD

Let me begin with an admission: I never intended to be a pediatrician. When I started my core pediatrics clerkship—a six-week rotation during my third year of medical school to get exposure to pediatric medicine—here at Children’s little more than a year ago, it was just another academic hurdle on the road to a career in adult neurology.

It’s true that third-year medical students can sometimes be fickle in their choice of specialty; in my own class, I saw would-be surgeons becoming enchanted with psychiatry and radiology, budding dermatologists elatedly discovering ophthalmology and anesthesiology and the great mass of undecideds drifting fitfully toward internal medicine. But I had made it to the end of the year, and it was almost time to apply to residency programs. I had a plan, three letters of recommendation and a plan. Everything made sense.

Needless to say, my plan changed. I went from being certain about adult neurology to “thinking about” pediatrics. At what seemed like the last minute, I decided to apply in child neurology, for reasons that I still can’t quite pinpoint. Maybe it was the realization that, as a student, I didn’t mind forgoing sleep to help the intern on call, and actually looked forward to rounding on weekends. Maybe it was my rapidly growing collection of finger puppets, for which I desperately needed a rationale. I’m sure that I came up with something convincing for my personal statement. At any rate, the hard question was now not what I would do, but where I would go.

Applying to residency programs isn’t like applying to jobs or schools, mainly because applicants don’t have the luxury of choosing among offers; instead, they determine what they want in advance, rank their choices and hope for the best. Residency programs, evidently, do the same, and the final outcome is determined by an algorithm called the Match. The algorithm itself is perfectly transparent, a triumph of utilitarianism: It’s designed to maximize happiness by giving both parties more or less what they want. The actual process of matching, however, is apparently designed to maximize anxiety, since neither party is allowed to make any guarantees directly to the other. These indirect signals make interviews more like first dates. So, to understand the process from the applicant’s point of view, imagine going on first dates twice a week, in different cities, for two months. Except that each date lasts a full day (sometimes two), involves at least two interviewers and doesn’t always come with dinner. Thankfully, you can wear the same suit.

In my case, there were two matches to make: an “early” match for child neurology, and an entirely separate “regular” match for the prerequisite two years of pediatrics—meaning two sets of interviews, and, potentially, two different outcomes. Faced with this prospect, I tried to limit my interviews to places I might reasonably end up, with the final selection based mostly on reputation and geography. Medical student lore teaches us that applicants are supposed to do their homework, researching each program and coming prepared with lists of questions to ask in interviews. I didn’t do that; I could barely keep track of all the details divulged on interview day about call schedules, elective rotations, outpatient clinics and ice cream socials. I had two questions, both for myself to answer: Is this a place where I would do well? And, is this a better place than Children’s?

The first question was usually easy to answer, at least when the answer was “no.” The second question turned out to be



Photo: Courtesy Kevin Shapiro, MD

EACH JULY, NEW PHYSICIANS LIKE KEVIN SHAPIRO, FRESH FROM MEDICAL SCHOOL, come to Children’s start their internships.

the difficult one, and also one apparently much on the minds of my interviewers, many of whom observed that I’ve been in the Boston area for 12 years. It’s true that I found myself comparing each new city I visited with Boston—although I learned quickly that it was unwise, especially in New York, to point out the obvious superiority of the Red Sox to any local franchise. I also compared each new hospital with the ones I knew from my medical school clerkships, Children’s (where I’d done pediatrics) and Mass. General (where I’d done child neurology), paying particular attention to the quality of rounds and conferences. Of course there were many other differences between the various programs—size, emphasis and personality. At the same time, I knew that all of the programs I’d applied to were excellent, and for me, it came down to a choice between the known and the unknown.

As I struggled with my decision, any number of people weighed in with opinionated counsel: my partner, my partner’s parents, my PhD advisor, my friends, my friends’ friends and the woman sitting next to me on a late evening flight from Philadelphia to Providence. Only my father expressed no particular bias and said to just do what I thought was best. Despite the chorus of ostensibly helpful advice, it was a sort of private agony. In the end, I chose the known.

The matches, for better or worse, are announced without ceremony. At Harvard, the results are relayed by email from the Office of Student Affairs. When one email arrived—on my birthday—announcing that I’d matched at Mass. General for child neurology, I was at a conference in the Dolomites, and celebrated with a glass of local Lagrein. I was pleased, of course; but more than that, I was relieved. By the time my pediatrics rank list was due, the anxiety had dissipated, and I knew exactly what to do. I was accepted to Children’s and chose it—the place I felt was home.

Painting for all seasons

When chaplains at Children's Hospital Boston decided to make the chapel more visually evocative, they commissioned Evelyn Berde, an artist and former Child Life specialist at Children's, to embrace the challenge. Berde thought back to her time at the hospital before coming up with the idea to create "Four Seasons" based on the physical and emotional changes staff, families and patients go through at Children's. Visit childrenshospital.org/chnews for details on her project.



Bench to bedside research

Children's new Translational Research Program awarded its first 10 grants, two for core facilities and nine for individuals. These grants were peer-reviewed by a committee of more than 20 Children's faculty members from a wide variety of medical and research specialties.

The recipients were equally diverse, ranging from instructors to full professors, and many from different departments.

An energy boost

Nearly 4,000 walkers logged 7 or 2 miles at NSTAR's Walk for Children's on June 8, making it the largest turn-out in Children's walk history. The event raised more than \$800,000 for the hospital, with pledges still being counted.

Children's employees, patient families and corporations got into the spirit of the day, forming 288 teams—28 of them hospital teams. NSTAR and area Best Buy stores rallied roughly 300 walkers each. In addition to forming teams, many companies sponsored the Walk, donated goods and services, and much more. Last year, NSTAR signed on as a named sponsor of the walk, giving a powerful boost to this important hospital event. Check out hospital team and event day photos at childrenshospital.org/chnews.



Homerun for local teenagers

Two Children's softball teams played in Action for Boston Community Development (ABCD)'s 11th Annual Field of Dreams Charity Softball Event. ABCD provides low-income, at-risk teenagers with jobs, education, mentoring and tutoring throughout the summer through Action for Boston Community Development's SummerWorks program. Participants and guests got free ballpark food and park tours.



Topping the charts

In this year's *U.S. News and World Report*, Children's earned the top rankings in heart surgery and digestive disorders and second place honors in cancer care, neurology and neurosurgery.

 **More at childrenshospital.org/chnews** A new Pediatric Pain Rehabilitation Center opens in Waltham • New walking tour maps at the Center for Families • Roche Brothers raises funds

Ice Cream Party

The annual employee appreciation ice cream party will be held in the Patient Entertainment Center (PEC) and the old cafeteria **September 10, from 1 to 4 p.m.**, and again in the PEC from **10:30 p.m. to midnight**. Within a few days of these events, there will be ice cream events for the weekend staff, as well as celebrations at MEHC, Waltham and the satellite locations.

Welcome our interns!

The Community Opportunities Advancement Children's Hospital Boston (COACH) program kicks off its third year **July 7** when 50 interns arrive from Health Careers Academy, Parker Hill/Fenway ABCD, Gateway, Hyde Square Task Force and Bromley Heath. The seven-week program allows the high school students to explore health care careers and have a meaningful, safe summer.

Dedicate your run to Children's

Already have a number for the ING New York Marathon? Join the Miles for Miracles team. Members agree to fund-raise for the hospital and receive perks, like access to an experienced coach, a detailed training program, nutrition clinics and team receptions. You'll also get plenty of fund-raising tips and tools. For more information, contact Stacy Devine at ext. 5-2896 or visit childrenshospital.org/newyork08.

Martha Eliot Health Center's health fair

The Children's community is invited to participate in the annual Martha Eliot Health Center (MEHC) health fair, an event that promotes well being and healthful living. The fair will be held on **Saturday, Sept. 13**, from 11 a.m. to 2 p.m. in the parking lot of MEHC, 75 Bickford Street in Jamaica Plain. This year's theme is Healthy Families, Healthy Communities. The rain date is **Sept. 20**. For more information, contact Tevonne Ellis at ext. 4-3427.

Children's News

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