

Children's News

For Children's Hospital Boston employees, staff and volunteers

December 2008 | childrenshospital.org/chnews

Caring for kids around the world

With only one hour to spare between her shift in the intensive care unit and one at a primary care clinic, **Julie Herlihy, MD, MPH**, jets into a restaurant to grab a burrito and snags a seat on a bench. Between bites, the second-year Boston Combined Residency Program in Pediatrics (BCRP) resident at Children's Hospital Boston describes her 7,000 mile journey to one of the world's poorest countries, Zambia, and how she ended up at Children's pursuing a career in global pediatric health. "Zambia is why I'm becoming a doctor," she says. "I had thought I was going to be a high school teacher!"

Herlihy isn't alone in her goal to improve global health for children; forging a career in the field has become increasingly popular among new doctors. Reacting to the surge of interest in 2004, the BCRP created the Global Child Health Initiative, which provides specialized skills and mentorship to residents interested in global child health. **Ted Sectish, MD**, director of the BCRP, says there was a demand among incoming interns for a more global focus. "These days, interns have a truly global perspective," he says. "They think of themselves as taking care of the children of the world instead of just the children of the United States." When considering who to accept into the highly competitive residency program, Sectish takes into consideration the work the applicants have done in the field. "We're looking for people who are going to go above and beyond," he says.

This is an apt description of Herlihy, who became interested in global health accidentally. While studying education at Brown University, she spent a semester in Zimbabwe, Africa, on an

Photos: Courtesy, Julie Herlihy



SCHOOL CHILDREN IN ZAMBIA

international teaching exchange. She thought she was going to be teaching biology, but ended up addressing locals' basic public health issues by educating them about HIV/AIDS, healthful eating, malaria protection and family planning. She graduated college still feeling the impact of her time abroad and decided to join Project Concern International, an international health organization.

With no medical training, she travelled with the non-profit group to Zambia, a country roughly the size of Texas. The need for basic health care services in Zambia is huge: More than 70

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Children's Hospital Boston

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Neurobiology: Making nerves grow again
Hematology/Oncology: New tactics in cancer

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

Curbing a hard-to-treat leukemia

While cure rates for most childhood leukemias are about 80 percent, they are much lower for children with a subtype of acute lymphoblastic leukemia (ALL), accounting for 70 percent of ALLs in infants, in which a gene called MLL is mutated. Now, a study led by **Scott Armstrong, MD, PhD, Andrei Krivtsov, PhD** and **Zhaohui Feng** of Children's Hematology/Oncology Department suggests a relatively easy way of preventing cancer-causing genes from turning on.

In a paper in the November 4 *Cancer Cell*, they show that the abnormal protein that characterizes the disease, called MLL-

AF4, goes to a white blood cell's DNA and alters one of the "scaffolding" proteins, known as histones, that the strands of DNA are wrapped around. The change alters the structure of the chromosome, jump-starting a diverse group of genes that normally aren't turned on, including some that are critical in initiating leukemia.

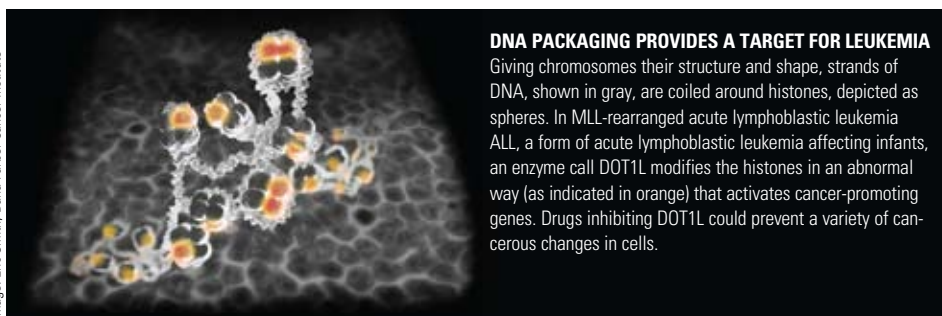
While MLL-AF4 itself would be difficult to target chemically, it turns out that the protein does its evil work via an enzyme called DOT1L, a much easier target. It therefore might be possible to silence a variety of genes that contribute to malignancy in a single chemical maneu-

ver. Armstrong's lab is now searching for small-molecule drugs that inhibit DOT1L. "Reversal of histone modifications could be an important therapeutic approach for MLL-AL4 and potentially for other cancers," Armstrong says.

Forcing cancer cells to self-destruct

Another study, led by **Loren Walensky, MD, PhD**, attending physician in Hematology/Oncology, found a switch on a naturally occurring "death protein" called BAX, which normally helps the body get rid of unwanted or diseased cells. By activating this switch, Walensky and colleagues tricked cells into committing suicide. "We believe this discovery can be used to develop cancer drugs that turn on cell death by targeting BAX," said Walensky, whose lab is at the Dana-Farber Cancer Institute. The study was published in the October 23 *Nature*.

Image: Eric Smith, Dana-Farber Cancer Institute



DNA PACKAGING PROVIDES A TARGET FOR LEUKEMIA

Giving chromosomes their structure and shape, strands of DNA, shown in gray, are coiled around histones, depicted as spheres. In MLL-rearranged acute lymphoblastic leukemia ALL, a form of acute lymphoblastic leukemia affecting infants, an enzyme call DOT1L modifies the histones in an abnormal way (as indicated in orange) that activates cancer-promoting genes. Drugs inhibiting DOT1L could prevent a variety of cancerous changes in cells.

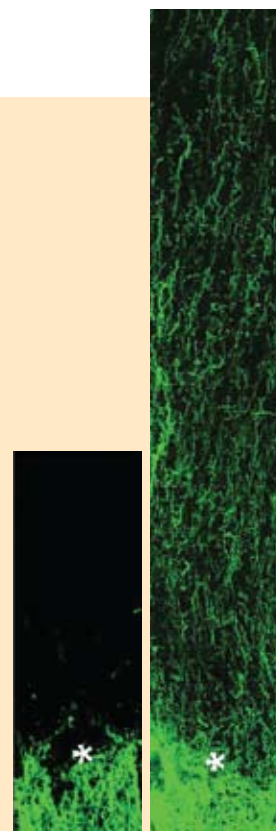
Reviving nerves' ability to regenerate

Because injured neurons in the brain or spinal cord can't grow back, damage from spinal cord injury, stroke or other forms of brain injury can't be repaired. But researchers led by **Zhigang He, PhD**, a neurologist at Children's Hospital Boston, have found a way to overcome natural inhibitory mechanisms that suppress regeneration, causing nerve fibers to re-grow vigorously.

Previous studies, including some from He's lab, tried to spur re-growth by removing inhibitory molecules from the neurons' environment. But this approach had only modest effects. He's team, collaborating with Children's neurologist **Mustafa Sahin, MD, PhD**, now shows that re-growth is primarily regulated from inside the cells. Using genetic techniques, the researchers deleted two of these internal regulators in mice with injured optic nerves. This allowed a growth pathway called mTOR—normally silenced in mature neurons—to become active again. As a result, up to 50 percent of injured neurons survived, versus about 20 percent in mice without the genetic deletions. Up to 10 percent of the mice showed significant, long-distance re-growth of nerve fibers.

He believes it may be possible to accomplish the same re-growth with drugs. But the next step is to determine whether the regenerating fibers can actually restore function. **Kevin Park, PhD, Kai Liu, PhD, Yang Hu, PhD**, and **Patrice Smith, PhD**, all of Neurobiology, were coauthors on the paper, published in *Science* on November 7.

SILENCING THE GROWTH INHIBITOR GENE, PTEN, in mice promotes dramatic optic nerve regeneration (right image) after injury, as compared with control mice. The injury site is marked by an asterisk (*).



Caring for kids around the world

percent of the population lives on less than \$1 a day. Coupled with poverty is widespread disease: Almost a million people suffer from HIV/AIDS. Collaborating with a local group called Bwafwano, which means “helping one another,” Herlihy helped train community health workers in palliative care and basic pediatric care to help the overwhelming number of people sick and dying from HIV/AIDS, tuberculosis, malaria and malnutrition. “We were really trying to give patients back their dignity,” she says, explaining that they would bathe patients, bring them food and give them medicine.

As patients passed away, the group was faced with a new concern: the young children left behind. In response, the group’s focus shifted to providing support services for children who had lost a parent or who were suffering from tuberculosis or HIV/AIDS themselves. “Zambia’s societal infrastructure has completely lost the parental age group,” Herlihy says. “Many of these kids are cared for by their grandparents or relatives that are several degrees removed. It’s one thing to make sure they get their medicine every week, but it’s another to make sure they’re developing well, growing well, having educational opportunities and have enough food in their bellies.”

Herlihy desperately wanted to do more to help and felt frustrated by her lack of medical knowledge. “It was hard to work in these communities and see kids so sick without knowing how to address their illnesses,” she says. “I realized that by becoming a doctor I could stay more connected to people who needed help.” So in 2002, Herlihy entered the University of Massachusetts medical school and three years later began pursuing a Master’s in Public Health. Before too long, she was back in the thick of it, leading a team of fellow medical students to Zambia to train clinic workers with Bwafwano in diagnosing and treating HIV/AIDS and other conditions.

On these trips, Herlihy found herself dealing with cultural myths about how people contract HIV and how it should be treated. “The community has so much stigma about the disease,” she says. She witnessed unintended repercussions of

diagnosing kids with HIV/AIDS, like some families who no longer want to feed and clothe the children who had it. “We’ve seen kids get abandoned once people found out their status,” she says. “AIDS really scares people. It’s ravaged the healthiest members of their community and wiped out the viable income earners, resulting in total economic and social collapse.”

Still, their efforts are paying off: since the clinic started offering pediatric health care, it’s grown immensely. In the first year, it had 500 children registered and only one site. Today, there are five sites throughout the country treating nearly 10,000 children and it now has funding from the Zambian Ministry of Health, which supplies medications and vaccines.

Now in her second year in the BCRP, Herlihy is still strongly connected to Zambia, where she travels each year to




JULIE HERLIHY,
MD, MPH, in Zambia

check in on the clinic. As she goes about her pediatric internship at Children’s, Herlihy finds that much of what she’s learned in Zambia directly applies to her work here. “I think a lot more holistically about patients and families and what it takes to actually make someone healthy now,” she says. “Health greatly depends on societal factors, like employment, family support and access to

education. I believe that nothing will work on the ground unless the community or family is 100 percent involved and has full ownership of it. It’s the same at this hospital: Unless you have a family on board with a treatment plan, it’s not going to hold.”

Herlihy plans on dedicating her life to pediatric global health issues and recently helped establish the first pediatric global health fellowship in partnership with Massachusetts General Hospital. She hopes future fellows will come to expand their knowledge like she has—not just about medicine but what being healthy means in a global context. “I don’t define health by what disease you have anymore,” she says. “I define it by your ability to be a member of society, and to contribute to it.”

Children’s will recognize World AIDS day on Dec. 5, noon to 3 p.m. in the Patient Entertainment Center.

 [View a photo gallery of Herlihy’s photos of Zambia at childrenshospital.org/chnews.](http://childrenshospital.org/chnews)

GRATITUDES



SANDRA TOMASETTI AND HER DAUGHTER, LAURA

Dear Dr. Mandell,

This is in regard to Elizabeth Woods, MD, who is my daughter’s primary care provider. Although Dr. Woods has always provided us with the best of care, it wasn’t until my daughter had a recent bout of pneumonia that I realized that she is not only an exceptional physician who hits the high marks, she is also a kind and understanding person.

Even though my daughter is autistic, Dr. Woods agreed to follow her, and since that first office visit, she has risen to the challenge of caring for a special-needs child using a win-win combination of skill and a sense of humor, while affording my daughter, Laura, the opportunity to be heard. Her bedside manner creates a comfortable atmosphere for Laura, which helps immensely in ensuring a better outcome during our appointments.



ELIZABETH WOODS, MD

During one of Laura’s recent visits, Dr. Woods took it upon herself to call me at home during the evening hours, and more than once at work, to check on Laura and inquire and discuss available courses of treatment. Calling at home is extremely rare—not something I have ever come across with my own physicians. Her actions speak for themselves; she is a credit to her profession and is truly the best of the best.

It is my fervent hope that you will find time in your busy schedule to acknowledge Dr. Woods for the fine physician that she is and for the very special care and devotion that she gives to her patients. She is truly an asset to the Children’s and to her profession.

Sandra Tomasetti

Spotlight on Children's plan to improve health in our community



By **LAURIE CAMMISA**,
vice president of Child
Advocacy

In difficult economic times like these, at-risk families in Boston's low-income neighborhoods have even greater needs. While Children's Hospital Boston has been striving to reach these families by creating community health programs to tackle health issues that affect their children, the need for such services far outstrips the capacity of any one hospital. Thus, the question is how we can leverage our resources to have broader impact.

Our community health goal over the next 10 years is to effect change on a broader scale—what we're calling systemic change—to improve the health of many more children across the city and state. Going forward, we'll maintain our longstanding partnerships with schools, neighborhood health centers and local organizations, as well as our programs in the focus areas of asthma, injury prevention, obesity and mental health. But we'll also take it a step further by expanding our advocacy efforts to ensure that children and families can access the services and programs they need. By working together, the Office of Child Advocacy and the Department of Government Relations will use the data generated from each of our programs and share what we've found with decision-makers like legislators, insurers and public health advocates to make a case for our proven interventions and approaches.

A good example of this is our Community Asthma Initiative (CAI), the goal of which is to improve the management of asthma and improve quality of life for the children with asthma living in Boston's low-income communities, thereby reducing disparities in childhood asthma. For the past three years, CAI has offered case management, home visits and asthma education to parents so they can better understand environmental triggers, manage their children's medication and monitor their asthma. We also trained staff at health care centers, schools and community organizations to increase their capacity to provide asthma education to families and appropriate physical activities for children with asthma.

It's been remarkably successful:

Children enrolled in our program required 68 percent reduction in ED visits and a 77 percent reduction in hospitalizations. This is a huge improvement, but there is even more that we can do help an even greater number of children with asthma throughout the city and state. We have worked with community partners to develop a "business case" which demonstrates the positive results of the program as well, as the money that insurance companies could save by covering this kind of comprehensive case-management program. Hopefully, our continuing work with the insurance companies will result in more of these services being covered by insurers.

Going forward, we'll be increasing our advocacy efforts to create systemic change in other areas too. For example, we've taken the lead in a campaign to reform the state's mental health care system. Using the lessons learned from our Children's Hospital Neighborhood Partnerships program, which provides mental health treatment and prevention services for children in community health centers and schools, we've been able to use our experience to make recommendations and push for needed changes in the mental health care system. Children's has been the lead partner in a statewide coalition of more than 125 members, which worked to successfully pass legislation to reform the mental health care system for children in Massachusetts this year. We're now into phase two of the mental health campaign, during which we'll evaluate the impact of the new legislation, try to identify missing pieces and develop programs to address them.

We'll find other innovative ways to



Children's mission is to provide exceptional clinical care, research new cures and train the next generation of pediatric providers. It's also the hospital's mission to improve the health and well-being of children and families in our community. For Children's, supporting the health of our community means:

- Serving as the community's safety net hospital by caring for all patients in Massachusetts regardless of their ability to pay.
- Focusing on some of the most pressing community health needs for Boston families: asthma, fitness and nutrition, injury prevention and mental health.
- Speaking out as a voice for children through public policy advocacy to change laws, policies or systems that will lead to improvements in the health of children and families.
- Supporting essential community partners throughout Boston to improve children's health.

broaden our injury prevention and obesity efforts to connect directly with the people who are delivering care or deciding the policies. For example, we'll work with community health center doctors to identify the best ways to prevent and treat obesity in the future. We can't do this alone. Several departments throughout the hospital, along with external experts from public health and advocacy groups will continue to advise on how programs will be implemented, and together, we'll find the best ways to put our medical expertise to use.

It's exciting that this institution is treating community health as one of the four core missions of the hospital, along with patient care, teaching and research. This serves as a strong reminder that we're not supporting community benefits just because we have to: We want to do it—and we want to do it right.

Step by step

Sandra Maislen, administrative director for Children’s Hospital Boston’s Division of Developmental Medicine, hasn’t taken a sick day in five years. “There’s never been a day that I’ve said I don’t want to go to work,” she says. “I get up and I’m excited to come here. Every day, I feel like we’re advancing something that’s powerful and important.”

Developmental Medicine houses the Development Medicine Center (DMC), a clinical unit that evaluates and treats children with developmental, behavioral and learning difficulties, from Down syndrome to autism. Maislen became personally connected with these issues in the early 1990s when her son, Adam, then in third grade, was diagnosed with Attention Deficit Disorder (ADD) by a developmental behavioral fellow working at Children’s. “I had been having an incredibly difficult time accessing services and getting him the help he needed,” she recalls.

“School was a torment for everyone concerned. As a parent, it was so isolating because I didn’t know anyone else whose child had ADD. There wasn’t a huge amount of information out at that time and I felt really alone.”

At the time, Maislen was working in the health care field, having earned a master’s degree from Harvard’s School of Public Health in the 1980s. After her experience with her son, she hoped that she would one day work with families and children with developmental problems and improve their access to services. In 2003, Maislen got her chance when she became the first administrative director in the DMC.

Her position requires an enormous amount of dedication, and when she compiled her to-do list on her first day, some of the tasks (including hiring a research director) took more than a year to complete. But Maislen has the focus, drive and patience to sift through these tasks—attributes she attributes to her favorite hobby: tango dancing.

On top of her frenetic work life, Maislen has a true passion for the art of tango. She began dancing at a young age, but stopped for 20 years after her children were born. About five years ago, she hit the dance floor again, taking classes and dancing up to five times a week. “Tango is challenging because you’re figuring out how to move



SANDRA MAISLEN sees parallels between tango and work.

Photo: Patrick Bibbins

your body and execute a certain step—and it’s incredibly intellectually stimulating,” she says.

Maislen has discovered a surprisingly large number of likeminded people in the medical field that also dance tango, including her practice partner, who is pursuing his cardiac fellowship at another hospital in Boston. Maislen clearly sees parallels between medicine and tango. “You have to have a mind that can think scientifically, mathematically and conceptually,” she says, adding that just like in the medical field, you must work hard to make incremental steps. She enjoys having clear goals, pushing her limits and watching herself progress in dance, just as with her work. “Tango reminds you that you have to be humble, and you recognize that you can learn a lot from others,” she says.

Maislen also employs tango as a form of relaxation, which is well-deserved, considering the headway that the DMC has made under her watch. Last year, Developmental Medicine became a whole new division at Children’s—the first to be added in more than 15 years. “Tango is a release for me,” Maislen says. “When I dance I don’t think about anything else. I’m listening to the music, I’m listening to my partner, I’m listening to the other dancers and I am dancing—I’m just completely in the moment.”

NEWS BY NUMERALS

December often means that flu season has either arrived or is right around the corner. But if you haven’t already gotten your free vaccination, it’s not too late: Call Occupational Health at ext. 8-3046 to schedule a time to be vaccinated. Here are some statistics on how the flu affects Americans each year.

5-20%

of the country’s population gets the flu, on average



24

hours: time before symptoms develop during which most healthy adults may be able to infect others

200,000

or more people are hospitalized from flu complications

20,000

of those hospitalized are children younger than 5

2-8

hours: time flu viruses can survive on surfaces like tables, doorknobs and desks.



30

million additional school-aged children are now recommended by the Centers for Disease Control to get the flu vaccine (up to age 18)

GLAD YOU ASKED



SANDRA FENWICK and
JAMES MANDELL, MD

Question: "I heard there have been leadership changes. What are they?"

Answer: I am happy to announce that **Sandra Fenwick** was recently named president of Children's Hospital Boston. She will remain in her role as chief operating officer, and I will continue to serve as chief executive officer.

This leadership change recognizes Sandi for her excellent work during the past 10 years. She came to Children's in 1999 as senior vice president of Strategy, Business Development and Ambulatory Care Services after a 20-year career in health care administration and strategic planning. Since her arrival, Children's has grown to 10,000 employees and a network of hospital-owned satellite facilities and community hospital relationships.

The new structure recognizes this growth and the need to have Sandi focused more on our long-term, 10-year strategy.

I am still responsible for overall governance of the institution's four mission areas and for managing the complex reimbursement issues that affect Children's long-term success. It's also my responsibility to advocate for child health on the state and national levels and for positioning us as a national referral center and a leader in research for children and adults.

A search is currently underway to fill a newly created position of Chief Administrative Officer, who will tackle day-to-day hospital operations, allowing Sandi to focus on implementing the institution's 10-year strategic plan and ensure more efficient decision-making and execution of organizational priorities. In addition, **Kathy Jenkins, MD, MPH**, was appointed senior vice president of Patient Safety and Quality.

Thanks for asking!

—James Mandell, MD, CEO

📄 See an organizational chart at childrenshospital.org/chnews

📧 Got a question?
Send it to news@childrens.harvard.edu.

Photos: Patrick Bibbins



Recipe challenge winners

Watch for each of these terrific recipes to be served in The Café at Children's at lunchtime during the week of **December 8 to 12**. The person whose recipe is most ordered that week will become Employee Chef of the Year. You can watch the winners receive their awards at the annual Season of Hope event on **December 10, at 4:30 p.m.** in the Patient Entertainment Center.

📄 All of this year's recipes: childrenshospital.org/chnews.

The winners, from top left:

Jessica Ratner, research assistant, Division of General Pediatrics, for Pumpkin Butterscotch Cookies

Leah Cochran, RN, MSN, for Sweet and Sour Meatballs

Kim Forbes, technical writer, Knowledge Management, for Spicy Macaroni Casserole

Maria Maginnis (below left), fellowship and academic coordinator, Division of Sports Medicine, for Potato Pie

Benjamin Berkowitz (below right), senior financial analyst, Finance, for Split Pea Soup



EMPLOYEE OF THE MONTH

Congratulations to **Kelly Connolly, BSN, RN**, staff nurse III in the Post Anesthesia Care Unit (PACU), who's been selected as Children's Hospital Boston's Employee of the Month for December.

One of only a handful of level III nurses at Children's, Connolly puts her experience, team-building savvy and communication skills to good use—and it hasn't gone unnoticed. In fact, her nomination was so long that it jammed one of the judge's printers. Clearly, the clinicians she works with to make the perioperative process flow seamlessly—from pre-op to the operating room to the PACU to an individual floor—appreciate her leadership style. "Kelly's communication skills are impeccable," says a nominator. "She's consistently supportive, diplomatic and respectful to all while creatively problem-solving. She sends a clear message that quality patient care and safety aren't to be sacrificed for throughput; what's remarkable is that she also maintains throughput."

A charismatic natural leader, Connolly creates a positive environment for patients and staff alike with her enthusiasm and can-do attitude. "I've worked in two hospitals before coming here," says a coworker. "I've never seen a unit with as much teamwork as the PACU." Connolly makes a point to recognize fellow employees when they go above and beyond, and is always available to help them solve problems. "Kelly can always rally the team when circumstances aren't optimal," says a coworker.

Connolly doesn't stop there; she also boosts her team's morale by spearheading extra-curricular activities. She's organized team trips to Red Sox games for the past 10 years, and they've become so popular that nearly 100 employees (and their families) attend. But perhaps the highest compliment comes from one of her team members, who sums up Connolly's abilities by saying, "I would welcome Kelly to care for one of my own children."

📄 To nominate a co-worker for employee of the month, visit web2.tch.harvard.edu/eces/recognize.cfm.

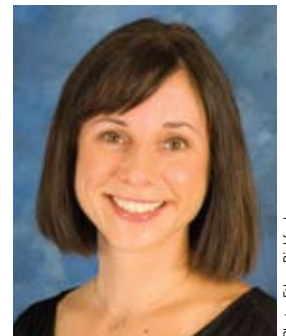


Photo: Ethan Bickford

A serious passion for screenwriting

You wouldn't know it from looking at me, but I'm an aspiring screenwriter with a serious passion for cinema. As I go about my day as a medical assistant at Martha Eliot Health Center, interacting with people of all backgrounds, ages and races, I'm reminded how unique each individual is.

Behind every employee, behind every patient, there is a personal story—an unseen skill or passion that guides that person and pushes them to achieve great things. For me, it's creative writing.

I grew up in Port au Prince, Haiti, and I loved movies and television from a young age. I remember watching the TV series *Little House on the Prairie* as a child, and I watched dozens of American, Haitian and Latin American movies, all dubbed in French. The act of storytelling and creating an alternate reality from scratch impressed and inspired me. *Schindler's List* was one of the first movies that opened my eyes to the power of cinema. It was so raw and real, and I was struck by how much the craft in the movie—the use of color, images and sound—affected me.

But I didn't try my own hand at writing a screenplay until three years ago, when I found myself in America—the home of Hollywood—and decided, 'Why not give it a shot?' I was 24 when I moved here to be with my father, who has lived in Boston all my life. While I was searching for a job, I began a screenplay to engage my imagination and keep myself focused.

The movie, called *Red Mob Feud*, is about a Russian mob family who has relocated to New York. On a larger scale, the movie attempts to tackle the dangers of nuclear proliferation and the global threat that collaboration between organized criminals and terrorists might represent.

The elements of the screenplay are totally outside of my own experience, but the broad theme of nuclear weapons ending up in the wrong hands has always interested me. In Haiti, I studied public administration in college and became fascinated with the issue of nuclear proliferation.

I began writing every day, plotting out the story longhand in my notebooks and reading up on the relevant subjects. I poured over screenwriting books. Shortly after I began, I was given the opportunity to work at Children's Hospital Boston as an environmental services assistant and had to learn to balance my work at Children's with my work at home. When I started, I was writing prolifically. I would get off work, take a shower, eat something and start to write at 7 p.m. On the weekend, I would dedicate eight to 10 hours a day to painstakingly creating scenes, dialogue and action. This kind of time commitment ended when I began classes at a technical school in Charlestown to become a medical assistant. While in school, my writing became a weekend activity.

Screenwriting is an activity with which I have a love-hate relationship. I hate it when I bump into writer's block and I love it when I can overcome these blocks. The most rewarding feeling is



Photo: Patrick Bibbins

when you witness the story's characters coming alive and begin to take over the story, creating their own narrative. It's an amazing sensation. There's always rewriting to be done; for the story to be right, sometimes I find that I might have to rewrite every single word.

After two years of working in Environmental Services on the Longwood campus, I transferred to Martha Eliot Health Center to be a medical assistant. I am now getting my associate's degree in Medical Imaging at Bunker Hill Community College, and plan on working in cardiac sonography. Writing is still what I do in my spare time, when I'm not studying for an anatomy and physiology chapter or performing an EKG on a patient.

Completing the screenplay is a daunting goal, but I take it as a challenge. Focusing so much energy on a creative pursuit myself reminds me that all of us, at Children's and in the world, possess many other skills than what we may see when we pass each other in the halls. Working at Children's has not only given me a dynamic sense of service, but has also allowed me a glimpse into the diversity of talent that we are lucky to have here. I especially appreciate the great job Children's does in encouraging and supporting its employees' personal development, which makes us stronger and ultimately makes the organization stronger.

The everyday interactions I have while doing my professional duties could be the object of a thousand other movies. Every day is full of little dramas and funny situations, and I'm storing many anecdotes in my head that I'd like to write about. But currently, I'm satisfied to just live these experiences, learning from my peers and patients. But I remember, as I go about my day, that the people around us are always more than what may meet the eye. You might never guess the true talents of the medical assistant taking your vital signs, but I can tell you that they're there.

Makeover at Martha Eliot

New signs have been installed outside Children's Martha Eliot Health Center (MEHC) with Children's logo on them to increase the center's visibility within the community and enhance awareness of Children's relationship with the Jamaica Plain health center. Also, construction is underway for a new Early Intervention playroom for community children and patients enrolled in the Community Early Intervention Program. The playroom is slated to open this month and is replacing MEHC's registration area, which has been incorporated into a new Patient Service Center.



Photo: Patrick Bibbins

One of the best places to work

Children's has ranked in the *Boston Globe's* 100 Top Places to Work. This is the first year for the ranking, which identifies leading workplaces in Massachusetts. Children's ranks 16th on the overall list and 5th on the Top 25 Large Workplaces list. Children's was also recognized as one of the Best Places to Work in Academia by *The Scientist*. In the November 2008 issue, *The Scientist* lists the top 40 U.S. institutions and ranks Children's 31st. Each of these rankings are based on feedback provided by our employees about their work environment. Thank you to those who shared their thoughts.

International Day

On Nov. 20, Children's and Dana-Farber Cancer Institute teamed up to hold the 4th International Day celebration. The Smith Family room at Dana-Farber was transformed into a gathering of nations with displays representing the mosaic of countries, cultures and languages that make up our diverse patient families. Participants watched traditional live music and dance performances and tasted delicious foods from an array of cultures.

Holiday gift "cods"

Fresh fish on your plate could mean a fresh start for a child. For every gift card purchased through Dec. 31, Legal Sea Foods will make a donation to pediatric institutions, including Children's. Helping kids through gift card sales is a Legal Sea Foods holiday tradition. Last year more than \$80,000 was donated to support the work of researcher **Len Zon, MD**, director of Stem Cell Research, whose study of zebra fish is leading to a better understanding of diseases.



Revved Up for Children's

The New England Revolution recently sprinted off the field and into Children's to spend time with some of their biggest fans—our patients. Players signed autographs, gave gifts and cracked jokes with children. One lucky patient interviewed striker Taylor Twellman (right) for the hospital's "Midweek Morning Show."



More at childrenshospital.org/chnews

- David Macaulay talk at Children's
- Costco employees honored for their donations to Children's
- American Girl grand opening benefits Children's

World AIDS Day

A World AIDS Day event will be held on **Dec. 5, from noon to 3 p.m.** in the Patient Entertainment Center. The Children's AIDS Memorial Quilt will be on display the entire month of December. For more information on World AIDS Day events, contact Francie Mandel at ext. 5-7948.

Season of Hope

The annual Season of Hope Tree Lighting event will be **Dec. 10 at 4:30 p.m.** The celebration starts in the PEC and will be broadcast on Children's channel 22. There will be musical performances by patient Amiel Reid and our own Children's staff choir. Immediately following are the tree lighting and the recipe challenge awards in the lobby.

Holiday lunch

The annual free holiday lunch for employees will be **Dec. 17** in the Café. Food will be served during the following times:

11 a.m. to 2:30 p.m. (general shift)

4 p.m. to 6 p.m. (second/late shift)

10 p.m. to 11:30 p.m. (night shift)

MLK observance

Each January, Children's honors the memory of Martin Luther King, Jr., by holding the MLK Observance Program. This year's event, which takes place **Jan. 22, at 11 a.m.** in Enders Auditorium, features speaker Emery Brown, MD, PhD, professor of Computational Neuroscience and Health Sciences and Technology at MIT and Massachusetts General Hospital. There will also be dance and musical performances.

Give runner's high new meaning

Qualified to run the Boston Marathon? Agree to raise \$750 for the hospital and join Miles for Miracles Team Boston. From access to a personal coach to indoor starting line facilities, you'll be supported right to the finish line. Pair with a Children's patient partner and have a special fan cheering for you on race day. Not a runner? Become a patient partner. Call Stacy Devine at ext. 5-2896 or visit childrenshospital.org/bostonmarathon09.

Children's News

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