For the thousands of patients and visitors who walk through our doors every year, we provide a team of highly skilled professionals that specializes in caring for children. Families and visitors expect us to be there to keep children healthy and help them when they are ill. They expect a warm, friendly environment that promotes healing. We strive to exceed those expectations. With that caring environment so critical to our work, I want to share updates on two exciting initiatives underway that foster and provide that kind of atmosphere.

First, the Ronald McDonald Foundation is giving a facelift to our inpatient units providing families with a more child-friendly environment. The plans include a new reception area, Ronald McDonald Family Room with ocean décor, Pediatric Intensive Care Unit waiting room, WiFi access and large fish tanks for all to enjoy. In May, we will celebrate the completion of our new look.

And thanks to a generous anonymous donation, our Newborn Intensive Care Unit is also in the midst of renovation and expansion. Our plans are on the cutting edge of a new trend of providing private rooms for critically ill babies promoting parent-child bonding, and allowing for

Performing less-invasive surgery on the tiniest patients

“Vroom! Vroom!” These are the words commonly spoken by 1-year-old John. A child who, today, is learning to walk and enjoys playing with cars and trucks, but who a year ago, at just three weeks old, underwent a tricky surgery by an expert pediatric surgical team.

During a routine ultrasound during pregnancy, John’s mother not only found out she was having twins, but also that one of them had a mass on his lung. This mass was a piece of lung tissue not connected to the airway but that had a blood supply coming from the central arteries and veins. The tissue had the potential to cause serious problems including heart failure, respiratory distress and recurring lung infections. Once the baby was born, Anthony DeRoss, MD, pediatric surgeon, was called on to perform the delicate surgery.

“I had the twins at 33 weeks gestation so they were in the Newborn Intensive Care Unit while Dr. DeRoss was keeping a watchful eye on John’s mass,” explained John’s mom. Hoping to wait until the baby was at least a few weeks old and stronger, Dr. DeRoss saw the mass had grown and recommended it be removed sooner rather than later.

Continued on page 2
Navigating through adolescence

Adolescence can be a difficult time. Children and teens experience physical and emotional changes starting as early as age 10 and continuing to age 24. During this time, they may struggle with several unique issues. The adolescent medicine specialists at our Children’s Medical Center are available for primary health care as well as consultation services when these issues arise.

Some of the most common problems adolescents deal with are eating disorders, depression, risky behaviors, issues with sexuality, and concerns related to reproductive health, nutrition and mental health.

Emma, 13, was experiencing some concerns as she began puberty. Her self-esteem was low as a result of her changing body, and she was experiencing irregular menstrual cycles. After her mother brought her to the pediatrician, her doctor referred her to adolescent medicine specialist Pauline Sheehan, MD. Dr. Sheehan examined Emma and counseled her on what bodily changes she should expect during puberty. When Emma’s issues were resolved, she returned to her pediatrician with recommendations from Dr. Sheehan. Other patients see Dr. Sheehan as their primary care physician throughout adolescence. “As teens transition from high school to college, it’s nice to keep a familiar physician,” Dr. Sheehan added.

Dr. Sheehan schedules longer appointments with patients and communicates with them through e-mail and even text messages. “I develop a close relationship with my patients and their parents so that they trust and confide in me,” she said.

Adolescent medicine specialists provide a unique approach to care. Parents still attend appointments but are asked to leave the room after the family history is given and concerns are expressed. When the appointment is finished, parents are invited back in to discuss recommendations. Adolescents can choose to keep information confidential, as long as there are no risks to themselves or to others.

Dr. Sheehan also encourages patients to book their own appointments and follow-up visits. “We also teach responsibility and life skills,” she said.

Dr. Sheehan is passionate about working with adolescents. “I love what I do and I believe in the approach. If I can guide even one patient down the right path, I have done my job.”

For more information, call 744-442-2853.

Performing less invasive surgery on our tiniest patients — Continued from page 1

“We were able to use less-invasive surgery to remove the mass using only two tiny incisions, less than 1/4 of an inch long, and one larger one measuring under an inch that needed to be that big only so that we could remove the specimen,” said Dr. DeRoss. “Minimally invasive techniques like this one are helping us treat even the tiniest surgical patients resulting in smaller scars, less pain and shorter hospital stays.” John was able to go home one week after surgery and is continuing to recover without any problems.

Mom has much praise for the team. “Dr. DeRoss looked after my son as I did as his mother. That’s the kind of person you want operating on your child.”
Jill Casey, RN
Pediatric Emergency Medicine

Why did you choose to care for children in an emergency setting?
I like working with children because I get to care for the child and their family as well. I enjoy being able to help them understand illness or injury and start them on their road to recovery. Teaching is a big part of my job, and I like to help people understand what is going on with their child in a way they can use what I’ve taught.

Taking care of kids is great because I can be silly and reach out to the kids on this level at work, and it is OK! Also, children have taught me a lot about diversity, culture and about society outside of my own little world.

What are some of the challenges that you face as an Emergency Department nurse?
Caring for a child is very different than caring for an adult because it is often hard for child to describe her symptoms. When a child has trouble expressing what is bothering him, I assess all of the child’s systems head to toe, and talk to the family about the medical history. Simply observing the child over a short period of time can give me insight into what may be affecting her medically.

Why did you decide to work at UMass Memorial Medical Center?
Several exciting opportunities are available for nurses. Over the past five years, I have worked in the ICU, trauma, burn unit and neurosurgery, but decided to move to the Emergency Department to use my critical thinking skills. In the ED, every day brings new patients and new diagnoses, and I have learned to work quickly and calmly.

Our Medical Center has a strong focus on family-centered care. How has the Pediatric Emergency Department been applying this care model?
One example is involving a family member in a child’s tests. For example, parents can provide comfort, support and distraction during their child’s IV placement, lab draws, suturing, CT scans and explanation of procedures. We learn from the families and the families learn from us.

What do you like best about your job?
I feel great when I see a child’s health improve and watch him leave with a smile. I also love establishing good relationships with the children’s families. It’s a good feeling when parents put their trust in me.

Hope is on the horizon
Imagine a child with changeable moods that range from silly to irritable, or who appears to be very sad for long periods of time. Imagine one who seems to be “out of sync” with what is going on around him. Imagine a child who acts as if she does not understand things obvious to others the same age. Where can parents go to find help?

A group of researchers at the University of Massachusetts Medical School are focusing on understanding these puzzling behaviors that are often seen in neurodevelopmental disorders that affect brain function, learning, emotion, memory and more.

The research team appreciates the challenges of diagnosing and treating children and adolescents with these complex problems. As a result, it is conducting research to advance knowledge and improve the care of children affected by these conditions. “Our group is studying three particular disorders — early onset bipolar disorder, schizophrenia and autism,” said Jean Frazier, MD, vice chair and director of child and adolescent psychiatry and codirector of the Child and Adolescent NeuroDevelopment Initiative (CANDI), along with David Kennedy, PhD, director of the Division of Neuroinformatics, Department of Psychiatry.

CANDI researchers use MRI scans to assess brain structure and function, DNA analysis to understand genetic traits, and assessments to evaluate cognition and behavior in order to better understand how the three groups overlap and differ in symptoms, genetics and neuro-imaging findings. “By studying all three groups, we hope to discover biomarkers, or biological marks, brain structure differences and other physiological indicators that might be specific to each diagnosis,” said Dr. Frazier.

Children and families going through life with these conditions face tremendous challenges. According to Dr. Frazier, “In partnership with those who participate in our studies, we can advance our knowledge, improve care and offer new hope to families.”

For more information, call 508-856-5896.
Pediatric gastroenterology expands services

The recent growth in the UMass Memorial Division of Pediatric Gastroenterology is making access to care easier for children and families.

Our Children’s Medical Center team, the largest group of providers offering this service in Central Massachusetts, provides broad expertise in all areas of gastrointestinal disorders from abdominal pain, constipation and reflux, to more complex issues like gastrointestinal bleeding and liver disease. Four physicians, each with his/her own clinical interests, round out the division.

Jay Fong, MD, who has been with the group for more than two years, said, “One of the advantages of coming to the Children’s Medical Center is that children can benefit from integrated care. Medically complex patients are accommodated when they need to see multiple specialists at a given time. Pediatric anesthesiologists are available for procedures, which is important for parents to know. In addition, with the expansion of our group, patients can now be seen within two weeks for routine visits and even sooner for urgent matters.”

For an appointment, call 774-442-5695.

For a referral to a pediatric specialist or primary care physician, please call 800-431-5151 or visit www.umassmemorial.org.

Mobile Safety Street – helping keep families safe

Mobile Safety Street, a project of the UMass Memorial Injury Prevention Office, completed its first season last fall bringing injury prevention education to the Worcester area. Since Mobile Safety Street debuted in spring 2009, the exhibit has made more than 50 appearances, and has educated thousands of people. Most notably, more than 1,000 fifth grade and preschool students in the Worcester Public Schools have benefited from the program.

Mobile Safety Street is a traveling “street” that visits schools and community venues, and teaches families pedestrian safety, household safety, stranger danger, bike and bus safety, and more. The 20 by 30 foot model is towed by a transformed mini bus and has driveways, stores, a mini house, traffic lights and more.

For more information, call 774-443-8626.

Dr. Felice — Continued from page 1

more control of light and noise. Seven beds are being added increasing our capacity to 49. We anticipate the completion of this project in May.

These initiatives would not be possible without the input from our patients’ families. They have been vital in the decision-making process by offering guidance as we continue to enhance patients’ and visitors’ experiences.

We look forward to the completion of these two projects and further creating a more child-friendly atmosphere.

Marianne E. Felice, MD
Professor and Chair, Department of Pediatrics,
University of Massachusetts Medical School
Physician-in-Chief, UMass Memorial

Meet our pediatric gastroenterologists: Jyoti RamaKrishna, MD, chief, Jay Fong, MD, Ninfa Candela, MD, and Samantha Woodruff, MD.
Celebrating heroes

No, we are not talking about recognizing Superman or Spiderman, but our own pediatric patients who demonstrate their superpowers in overcoming incredible obstacles. The new initiative, called the Hero of the Month, was recently rolled out by our child life team in conjunction with the Kids Wish Network.

“This is a really fun program,” said Frances Wood, CCLS. “It allows the Children’s Medical Center to honor children we have cared for.” A nominated child has faced extraordinary or traumatic circumstances and has managed to overcome them through efforts that can only be described as “heroic.” One hero each month receives a packet that includes a certificate, t-shirt and gift card to recognize his/her determination.

Welcome to our new physicians

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CMC Mission Statement
To improve the health of infants, children and adolescents within Central New England through the delivery of family-centered care, excellence in education and research, and the advocacy, support and promotion of children’s health.
The UMass Memorial Children’s Medical Center is committed to offering a comprehensive program that treats the whole child rather than just the illness. Donations to the Supporting Treatment And Research for children (STAR) Fund enable us to do this and support pediatric research at the University of Massachusetts Medical School.

**STAR Fund donations support programs such as:**
- Cancer
- Cystic fibrosis
- Diabetes
- HIV/AIDS

**Specialized services:**
- Child life services
- Family-centered educational programs for chronically ill children
- Newborn Intensive Care Unit
- Pediatric intensive care and inpatient care units

**Research in:**
- Adolescent high-risk behavior
- Genetics
- Innovative cancer treatments
- Vaccine development against childhood diseases

To support the STAR Fund, make checks payable to:
UMass Medical School/UMass Memorial Development Office
333 South Street, Shrewsbury, MA 01545  Tel: 508-856-5520
You may also make your gift online at: www.umassmed.edu/foundation

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What our patients are saying

“Our new baby, Emily Rose, was admitted to the pediatric inpatient unit for a fever and to rule out sepsis (an infection). I’m writing to express what wonderful care we received. I could not have asked for a more caring and competent team of physicians and nurses to care for my baby daughter. The team helped us navigate some difficult diagnostic dilemmas. The nurses simply took wonderful care of both Emily and her exhausted, nervous mother. Thankfully, Emily recovered and has been doing very well since discharge. Seeing my baby ill was infinitely difficult, but my husband and I felt fortunate to have such exceptional physicians and nurses caring for our daughter.”

Anne Powell, MD