



# DOCTOR'S DIGEST

A MONTHLY NEWSLETTER FOR ST. LOUIS CHILDREN'S HOSPITAL  
ATTENDING AND REFERRING MEDICAL STAFFS

JAN/FEB 2016

## IN THIS ISSUE

3

Virtues of Whole Blood  
Chemistry

5

Newborn ICU Staff,  
Volunteer Leaders Receive  
National Honor

6

In Kids, Young Adults with  
Asthma, Pay Attention to  
Weight Gain

7

\$6.5 Million to Fund  
Research, Treatment of  
Developmental Disabilities

**Children's**  
HOSPITAL • ST. LOUIS  
BCH HealthCare



### [SLCH NEWS] OVERCOMING PARENTS' VACCINATION HESITANCY: IT'S NOT EASY

In today's social media-focused and celebrity-centric world, "facts" found on the Internet or espoused by television and movie personalities sometimes prevail over those of knowledgeable experts. This is one of the factors for an increasing number of parents refusing to have their children vaccinated against vaccine-preventable diseases, according to Washington University physician Rachel Orscheln, MD, infectious disease physician at St. Louis Children's Hospital.

"The rates of vaccine-preventable diseases have dropped in relation to effective vaccination campaigns," says Dr. Orscheln. "The result is today's parents are no longer aware of the serious nature of these diseases. Their fear has shifted from their child contracting an infectious disease to fear of the vaccine."

Overcoming parents' objections calls for challenging misinformation with factual, numbers-driven evidence about the risks and benefits of vaccines.

"For example, the risk of children developing a serious adverse event related to measles vaccination itself is about one in a million. But

the chance of a child developing brain damage or dying after contracting measles is about one in a thousand," says Dr. Orscheln. "And the chance of children getting measles in a situation where the virus is transmitted in the community is 35 times higher if children are unvaccinated compared to children who are vaccinated."

She adds, "Some parents are more comfortable with a decision based on omission rather than commission. They feel it's worse to do something that might cause harm—even if that harm is extremely low—and instead do nothing at all. They need to understand the risks, and that even a decision not to vaccinate is, indeed, an act of decision."

### EDUCATING PATIENT FAMILIES

Establishing an open dialogue with families is a first step in discussing their views on vaccinations. By understanding families' primary concerns and values, pediatricians can explain how vaccinations align with parents' beliefs. Being unequivocal in their statements is another way for pediatricians to establish their authority.

*continued on next page*

## SHARE YOUR IDEAS

Should you have ideas or suggestions you would like brought before the Children's Medical Executive Committee (CMEC), contact one of your CMEC private physician representatives:

**John Galgani, MD**

314.838.7912

jgalgani@essehealth.com

**Patricia Amato, MD**

314.965.5437

pamato@essehealth.com

**Jennifer Arter, MD**

314.966.8500

arter@wuddosis.wustl.edu

**John Cole, MD**

314.469.2100

jccole3@sbcglobal.net

**Katherine Kreusser, MD**

314.862.4050

kreusser@gmail.com

## LET US HEAR FROM YOU

If you have comments or suggestions regarding *Doctor's Digest*, or if you would like to share information about your activities as a physician, contact:

**Jennifer Pickett**

Marketing and Communications

St. Louis Children's Hospital  
4901 Forest Park Avenue  
Suite 1022

St. Louis, MO 63108  
Mailstop 90.75.560

314.286.0376

fax: 314.747.8644

Jennifer.Pickett@bjc.org

## DOCTOR'S DIGEST

Published for the attending and referring medical staffs of St. Louis Children's Hospital.

**Joan Magruder**

President

**Kimberly Quayle, MD**

Medical Staff President

**John Galgani, MD**

Medical Staff President-Elect

## VACCINATION HESITANCY continued from page 1

"It's a matter of understanding the facts and then communicating them in an accurate, unbiased manner," says Dr. Orscheln. "This can be accomplished through 'chunking and checking'—giving parents small amounts of information and then checking their understanding so they aren't overwhelmed. It's particularly important that pediatricians are clear in their recommendation to vaccinate children, because people who trust their pediatricians are more likely to take that advice."


Although a potentially time-consuming process, physicians can reinforce their message by providing reliable written and online resources such as those from the Centers for Disease Control and Prevention.

"Even if parents continue to refuse vaccinations for their children, it's important for physicians to continue seeing those patients and to keep talking about the importance of vaccinations," says Dr. Orscheln. "However, it's also important for physicians to protect themselves by having the parents sign a form indicating their refusal of vaccines for their children. The American Academy of Pediatrics provides online guidelines and a form that physicians may use."

Schools usually require parents to provide either proof of vaccinations or a medical, religious or personal belief exemption issued by the state.

Although there are cases in which children have medical reasons for not being vaccinated—such as anaphylactic reactions, underlying immune deficiency disorders or undergoing chemotherapy treatments—the majority of exemptions fall under the religious or personal belief categories. Missouri does not have an exemption for personal beliefs; however, there is no clear vetting process involving exemptions for religious beliefs, which by default becomes a substitute for a personal beliefs exemption.

"Clearly, parents who refuse vaccinations for their children are placing other children at risk, especially those who are too young to receive certain vaccines," says Dr. Orscheln. "Physicians' only recourse is to continue talking to these parents and being aware of outbreaks within their community—and even worldwide—should their patients travel to foreign countries. In that way when they see sick, unvaccinated children in their offices they can gauge the risk of those children being ill from a vaccine-preventable disease."


To request copies of SLCH's brochure, *The Importance of Being Immunized*, call Children's Direct at 800.678.HELP (4357), or submit an online request at [StLouisChildrens.org/materialrequest](http://StLouisChildrens.org/materialrequest). 

## [SLCH NEWS] HOSPITAL READIES FOR PERIODS OF HIGH PATIENT VOLUME


Each year during the winter months, St. Louis Children's Hospital (SLCH) enters a period of several weeks when patient census is consistently close to capacity. Triggers such as diagnosis types, emergency unit volume, historical data and daily census are monitored closely through mid-April. High patient volume during this time can result in challenges involving resources, bed availability and patient placement.

For the past several months, a group of WUSM physicians and SLCH staff has been meeting to

enhance a plan to ensure that during patient surges (i.e. periods when the hospital's resources are stretched due to high census for an extended time), Children's can maintain high quality care and avoid multiple room changes for patients and families. The surge plan is ready to implement as needed in the coming weeks of the traditional busy season.

For detailed information about the SLCH surge plan, call Children's Direct at 800.678.HELP (4357), or visit [StLouisChildrens.org/DD](http://StLouisChildrens.org/DD). 

## [FACULTY UPDATE] CHIEF RESIDENT AWARDS

Each month, St. Louis Children's Hospital's Chief Residents honor a resident who shows exceptional dedication to his or her patients, colleagues or profession. The most recent Chief Resident Award was presented to Regina Triplett, MD, a first-year pediatric neurology resident. Dr. Triplett was recognized for her exceptional and compassionate patient care during her pediatric neurology rotation. 



Regina Triplett, MD

## [LABORATORY UPDATE] VIRTUES OF WHOLE BLOOD CHEMISTRY

Most blood chemistry in adult and pediatric settings is performed using serum or plasma because cells interfere with analyses that depend on the transmission of light. Generation of serum/plasma wastes red blood cells and adds 10-20 minutes to turnaround time. The use of unprocessed whole blood for chemistry testing decreases turnaround time and decreases the required volume of blood.

There are a growing number of blood constituents that can be directly assessed in anticoagulated whole blood. Instruments that determine electrolytes, pH and dissolved gases using electronic techniques have been common in clinical laboratories for decades. Electronic detection of glucose is also commonplace in central laboratories as well as point-of-care glucometers. More recently, the capacity to quantitatively detect lactate, total bilirubin and creatinine have been added to the battery of whole blood analyses. This menu now makes it possible to perform a reasonable facsimile of the basic metabolic profile (Na, K, Cl, TCO<sub>2</sub>, Glucose, Creatinine, but not BUN) in whole blood.

Such a profile can be completed using ~0.25 mL of whole blood in less than 5 minutes after receipt of specimen in the lab at a cost similar to the traditional plasma BMP. Whole blood chemistry is particularly well suited to serve patients in the emergency department and other locations where time is critical and in the nurseries or NICU where blood volume is precious.


### IMPROVED TOXICOLOGY SCREENING LAUNCHED DECEMBER 1

For the past three decades, clinical drug testing has employed a “screen and confirm” approach, originally developed for workplace drug testing. What’s good for detecting drug abuse in truck and bus drivers, airplane pilots and train engineers is not necessarily good for detecting ingestion by neonates and children. The screening portion of the test, usually available within an hour of sample submission, uses immunoassays that detect a relatively restricted set of illicit drugs including amphetamines, opiates, barbiturates,

benzodiazepines, THC, cocaine, LSD, and PCP. This list of substances has remained static for many years.

Both false-positive and false-negative results occur when using immunoassays for screening. Dilute urines from neonates are particularly prone to false-negative results. False positive results occur due to the presence of legal substances that may cross-react with the antibodies in the screening tests. All positive specimens must currently undergo a second round of confirmatory testing. This confirmatory round typically employs mass spectrometry and requires more urine (10-50 mL), more time (2-3 days) and more cost.

In December, the St. Louis Children’s Hospital (SLCH) laboratory unveiled a new toxicology profile that skips the immunoassay screen and directly employs tandem mass spectrometry. Mass spectrometry provides definitive and immediate molecular identification. No longer will the initial drug testing results produce an “opiate, presumptive” result, for example, but will now indicate the presence of morphine, codeine, oxycodone or other specific compounds without a substantial change in turnaround time. The new assay is also capable of detecting lower concentrations of illicit substances. Current immunoassays for amphetamines, for example, detect methamphetamine at concentrations greater than 300 ng/mL. The SLCH assay detects methamphetamine and other designer amphetamine compounds at concentrations as low as 1.0 ng/mL. The mass-spectrometry screen is currently capable of detecting approximately 40 compounds and will continue to grow and adapt to the presence of harmful substances available in the community.

The full list of compounds detected and their limits of detection are available by accessing the SLCH lab test guide (<http://slchlabtestguide.bjc.org/>). Questions regarding whole blood chemistry analysis or drug-testing may be directed to Dennis Dietzen, PhD, at [Dietzen\\_d@kids.wustl.edu](mailto:Dietzen_d@kids.wustl.edu). 

## [FACULTY UPDATE] DRULEY RECEIVES GRANT FOR AML RESEARCH

Todd Druley, MD, PhD, assistant professor of pediatrics at Washington University School of Medicine and pediatric oncologist at St. Louis Children’s Hospital, together with Timothy Ley, MD, the Lewis T. and Rosalind B. Apple Professor of Medicine, were each awarded \$900,000 for projects aimed at improving long-term outcomes for patients with acute myeloid leukemia (AML). The awards, from the Alvin J. Siteman Cancer Research Fund, are meant to further promising early-stage science that might not receive funding from traditional sources.

AML is a cancer of blood-forming cells in the bone marrow. An estimated 14,000 people in the United States will die of AML this year.

Drs. Druley and Ley are working to better assess which patients with AML are more likely to relapse after initial treatment with

chemotherapy. They will compare different methods for measuring lingering cancer-related mutations that signal a greater likelihood of relapse. Better detection of the residual disease could lead to more effective therapies.

Alvin J. Siteman, an emeritus Washington University trustee and chairman of Site Oil Co., established the Siteman Cancer Research Fund in 2010. Since then, nearly \$8.2 million has been granted to fund nine projects at Washington University/Siteman Cancer Center. All projects are reviewed and recommended by an external review panel. 



Todd Druley, MD, PhD

## [SLCH NEWS] PEDIATRIC ICU EARNs NATIONAL BEACON AWARD FOR EXCELLENCE

The St. Louis Children's Hospital Pediatric Intensive Care Unit (ICU) earned a national silver-level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). It's the only ICU in Missouri—pediatric or adult—to earn the honor in 2015.

The three-year designation marks a significant milestone in achieving exceptional patient care and a healthy work environment. To achieve the award, units must meet evidence-based national criteria consistent with:

- Magnet Recognition
- The Malcolm Baldrige National Quality Award
- The National Quality Healthcare Award

"This award is recognition that every day as a team we go 'above and beyond' to give the best care possible for our patients and their families," says Washington University critical care medicine physician Matthew Goldsmith, MD, medical director, pediatric ICU. "They're going through some of the most difficult times in their lives, and we owe it to them to continuously improve in everything we do."

For nurses, a Beacon Award signals a positive and supportive work environment with:

- Greater collaboration between colleagues and leaders
- Higher morale
- Lower turnover

"To have the right environment for patients, you have to have the right environment for staff," says Cindy Brooks, MSN, RN, NE-BC, director, pediatric intensive services. "We're proud of our team for this landmark achievement in providing a superior patient experience. We're also proud as a hospital to have received our third consecutive Magnet designation for nursing excellence this year. Only about 100 hospitals nationally have achieved three consecutive Magnet honors."


The Beacon Award for Excellence recognizes acute and critical care nursing units that achieve the highest-quality outcomes. Applicants are rated on factors including:



*The Pediatric ICU team includes, front row, from left: Residents Martha Kienzle, Yakisha Partee and Oleg Lobanov. Back row: Lynn Suresh, pediatric nurse practitioner; and staff nurses Rebecca McCollum, Elizabeth LaPorte, Nicole Oberkisch, Melody Jablonski and Claire Bertolotti.*

- Nurse recruitment and retention
- Staff training
- Patient outcomes
- Healthy work environments
- Leadership
- Evidence-based practice and research

The Beacon Award is presented twice a year and is available for critical care, progressive care and pediatric critical care units.

Awarded at bronze, silver and gold levels, the Beacon Award was developed in 2003 to recognize intensive care units that provide exemplary care resulting in excellent patient outcomes and satisfaction. SLCH received the silver designation, demonstrating "sustained continuous learning and effective systems to achieve optimal patient care." 

## [FACULTY UPDATE] HRACH NAMED MEDICAL DIRECTOR, INPATIENT GENERAL PEDIATRIC MEDICINE


Christine Hrach, MD, has accepted the newly created position of medical director, inpatient general pediatric medicine.

In this new role, Dr. Hrach will focus on enhancing care quality and safety for general medical patients on all SLCH patient units. She and Cynthia Brooks, RN, MSN, director, pediatric intensive care services, will collaborate with nursing leadership, educational leaders and Unit-Based Joint Practice Team leaders to develop:

- Care pathways for general medical patients with common pediatric problems
- Core educational expectations for medical students, pediatric residents and fellows
- Quality and safety metrics
- Strategies to enhance educational and clinical continuity

- Consistent inter-unit communication and collaboration (for example, between the PICU and the general medical units).

Dr. Hrach's new role will complement her other role as assistant director, SLCH pediatric residency program.

Jon Chiles, MD, will assume responsibility as Unit Based Joint Practice Team Co-Leader (with Kara Nichols, RN, 8 West manager) for both 8 East and 8 West. 



Christine Hrach, MD

## [SLCH NEWS] NEWBORN ICU STAFF, VOLUNTEER LEADERS RECEIVE NATIONAL HONOR

The March of Dimes Newborn ICU Family Support Program at St. Louis Children's Hospital (SLCH) received a national Project of the Year award from the sponsoring organization. The Family Support Program enhances family-centered care and support for families. It began in 2007 and serves 800 families a year by:

- Providing information and comfort to families during the newborn ICU hospitalization of their newborn, during the transition home, and in the event of a newborn death
- Promoting the philosophy of family-centered care
- Offering activities for families, including parent care kits, weekly educational parent lunch hours, sibling activities, bedside family photography, teen parent education classes, holiday activities, newborn ICU family dinner nights and bedside support
- Using more than 100 volunteers as support staff
- Contributing to newborn ICU staff professional development

Program achievements include increasing parental participation in medical rounds, developing and piloting core curriculum classes for parent education hours, and involving more than 150 volunteers who contributed about 1,200 hours of time annually.

Jennifer Schum, March of Dimes regional director, says, "The program here is an extraordinary leader within our network of 132 partner hospitals nationally. It's an outstanding example of depth, quality and impact."


Adds Susan Bushnell, March of Dimes Missouri Chapter director, "Through our partnership with Children's Hospital, families receive



From left: Susan Bushnell, Chris Hessler, Jennifer Schum, Reggi Rideout, Dr. Sesh Cole, Renee Fishing and Lori Goser.

exceptional support, information and comfort during their newborn ICU experience."

Leaders and supporters of the program honored were:

- **Lori Goser**, March of Dimes newborn ICU family support specialist and program leader
- **F. Sessions Cole, MD**, SLCH chief medical officer and newborn medicine director, a long-term national March of Dimes board member
- **Christine Hessler** and **LaToya Daugherty**, newborn ICU co-managers
- **Reggi Rideout**, newborn ICU graduate parent and volunteer
- **Renee Fishing, NNP**, staff volunteer 

## [FACULTY UPDATE] WUSM FACULTY, TEACHING AWARDS PRESENTED

Washington University School of Medicine's (WUSM) Distinguished Faculty Awards recognize outstanding achievements in clinical care, community service, research and teaching. They are co-sponsored by the dean's office, the Office of Faculty Affairs, Central Administration and the Executive Committee of the Faculty Council.

In 2015, two Washington University physicians on staff at St. Louis Children's Hospital (SLCH) were recipients of a Distinguished Faculty Award – Distinguished Clinician:



Gordon R. Bloomberg, MD

- **Gordon R. Bloomberg, MD**, professor of medicine and SLCH attending physician, Allergy/Immunology/Pulmonary
- **D. Katherine Grange, MD**, professor of pediatrics, and SLCH division director, genetics and genomic medicine



D. Katherine Grange, MD


The WUSM Distinguished Service Teaching Awards are initiated by medical students and implemented with support from the Office of Medical Student Education. The awards honor educators who have made significant contributions to the training of future physicians at Washington

University. They allow medical students to express their appreciation for their teachers' efforts, dedication and patience.

Among those honored was **David Limbrick, MD, PhD**, an associate professor of neurological surgery and of pediatrics and a pediatric neurosurgeon at SLCH. He is the students' nominee for the national Humanism in Medicine Award, which is presented annually by the Association of American Medical Colleges (AAMC). The award recognizes medical school faculty physicians who exemplify the qualities of a caring and compassionate mentor in the teaching and advising of medical students.



David Limbrick, MD, PhD

Dr. Limbrick's areas of interest include pediatric neurosurgery, epilepsy surgery, neuro-endoscopy, hydrocephalus, pediatric brain tumors, deep brain stimulation, radiosurgery and pediatric spine surgery. In 2012, he was given an award for humanitarian efforts in Haiti from the American Association of Neurological Surgeons. Dr. Limbrick and Keith Rich, MD, a professor of neurological surgery at the university, have been traveling to Haiti every four to six months since 2009 to treat children with hydrocephalus. Over four or five days, the two perform about 25 surgeries. 

## [RESEARCH UPDATE] IN KIDS, YOUNG ADULTS WITH ASTHMA, PAY ATTENTION TO WEIGHT GAIN

### Obesity worsens lung function

In adults with asthma, patients who are obese have worse lung function and more difficulty controlling their symptoms than asthma patients who are not obese. Following patients from childhood into young adulthood, a new study shows the progression toward worse lung function in those who become obese as they age.

The study, from Washington University School of Medicine, followed more than 750 children ages 5-12 into early adulthood. No participants were obese at the beginning of the study, but by their early 20s about 25 percent were. The research is reported in the September-October issue of *The Journal of Allergy and Clinical Immunology: In Practice*.

The researchers found that pediatric asthma patients who had become obese by early adulthood had measurably worse lung function—determined by testing how powerfully a person can exhale—in their early 20s than those with asthma who did not become obese in early adulthood. But, surprisingly, the two groups showed no difference in the severity of their asthma symptoms, which were assessed by questionnaires asking about, for example, shortness of breath and use of corticosteroids.

These findings differ from research in older obese people with asthma, who have more difficulty controlling their symptoms and need more medications as a result.

“Our study suggests that younger obese patients can expect worsening lung function as they age,” says Robert Strunk, MD, the Donald B. Strominger Professor of Pediatrics. “We want to emphasize, yet again, that doctors and patients need to pay attention to weight.”


Dr. Strunk explained that lung function, determined with a number of breath tests, is a more objective measure than assessments of a patient’s asthma symptoms and how they’re controlled, which rely on questionnaires and patient accounts of medication use.

“We expected to see worse asthma symptoms in the patients who became obese, not just worse lung function,” says Dr. Strunk, an allergy/pulmonary physician at St. Louis Children’s Hospital. “It’s encouraging that they don’t report worse asthma symptoms, but it’s worrisome that their lung function has clearly gotten worse.”

In patients with reduced lung function, the researchers measured more airway obstruction than in healthier participants. When taking deep breaths and then forcing the air out as fast as possible, the obese patients couldn’t expel air as fast as nonobese patients. But there was no difference in the total volume of air the two groups expelled.

The patients in the trial were enrolled in a nationwide study called the Childhood Asthma Management Program, originally designed to determine how best to treat asthma in children. In 2000, the study produced a landmark paper in *The New England Journal of Medicine* that changed the standard of care for children with asthma because it demonstrated that regular medications were superior to as-needed asthma treatments.

“That paper launched a whole new approach to childhood asthma management, changing the guidelines for physicians treating these patients,” says Dr. Strunk. “We were fortunate to be able to continue following this group of children all the way to their mid-20s. Nobody had been able to do that before. We could answer a lot of questions with data gathered over such a long period of time.”

For article references and grant information, visit [StLouisChildrens.org/DD](http://StLouisChildrens.org/DD). 



Robert Strunk, MD

## [SLCH NEWS] MISSOURI STATE REP. MARSHA HAEFNER RECEIVES SLCH ADVOCACY AWARD


For consistently keeping the health and welfare of children as her top priority, state Rep. Marsha Haefner (Oakville) received the SLCH State Advocate of the Year award.

Haefner has served in the House for the past five years. She’s a key member of the House Budget Committee and chairs the Health, Mental Health and Social Services appropriations committee.

“It’s rewarding to help make this world a better place for children, just as all of you do,” Haefner told the audience of hospital staff, board members and other supporters. “One way I try to do that is identify and move

potential budget dollars that could benefit the health and safety of children.”

### ABOUT THE ADVOCACY AWARD

- Established in 1994.
- Recognizes local and state leaders who leverage their positions, influence and resources to advance the hospital’s mission to do what’s right for kids.
- Past recipients include former Missouri Speaker Catherine Hanaway, U.S. Senator Roy Blunt, Missouri Governor Mel Carnahan, U.S. Senator Claire McCaskill, and U.S. Senator Kit Bond. 



Joan Magruder, SLCH president, and Kelvin Westbrook, board chairman, present Rep. Haefner with the annual honor.

## [RESEARCH UPDATE] \$6.5 MILLION TO FUND RESEARCH, TREATMENT OF DEVELOPMENTAL DISABILITIES

Researchers at Washington University School of Medicine have received a five-year, \$6.5 million grant to study the physiological underpinnings of developmental disabilities in children and to use the findings to search for novel ways to improve such children's lives.

The grant, from the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health (NIH), renews funding for the university's Intellectual and Developmental Disabilities Research Center (IDDRC).

The IDDRC, which opened in 2010, is one of 14 such centers in the United States. Work at the center focuses on clinical and translational research, with an emphasis on four key areas:

- Prevention of premature birth and its consequences
- Identification of clusters of symptoms in infants that put them at risk for developmental problems
- Detailed characterizations of the developing human brain
- Use of genomics to identify new treatment targets for specific disorders in individual children

The Center's directors are John N. Constantino, MD, and Bradley L. Schlaggar, MD, PhD. Dr. Constantino is the Blanche F. Ittleson Professor of Psychiatry and Pediatrics, director of the William Greenleaf Eliot Division of Child and Adolescent Psychiatry and psychiatrist-in-chief at St. Louis Children's Hospital. Dr. Schlaggar, the A. Ernest and Jane G. Stein Professor of Developmental Neurology, directs the Division of Pediatric and Developmental Neurology and serves as neurologist-in-chief at St. Louis Children's Hospital.

In addition, Alan L. Schwartz, PhD, MD, the Harriet B. Spoeher Professor of Pediatrics and head of the Department of Pediatrics, chairs a committee of associate directors at Washington University's IDDRC. The group is made up of senior scientists in genetics, anatomy and neurobiology, psychology and other disciplines critical to discovery in developmental disabilities.


"One major goal is to take advantage of the revolution in genomic technologies that is allowing us to learn what underlies developmental disorders," said Dr. Constantino. "What began here at Washington

University with the Human Genome Project is allowing us to look at the complex genetic makeup of individual patients and to understand how variation in DNA drives development. By understanding different genetic paths of families affected by intellectual and developmental disability, and how those paths converge on mechanisms of brain and mind development, we hope to identify new targets for earlier and more effective treatment."

The center also will take advantage of sophisticated new technologies to model and understand how brain cells function in individual patients.

"Easily obtainable tissues, such as baby teeth or kidney cells harvested from urine samples, can be reprogrammed into stem cells that subsequently become neurons, allowing us to understand more about how brain cells with an individual patient's precise genotype are living and communicating—or not communicating—in specific infants," explained Dr. Schlaggar. "That should help us better understand what can go wrong in the brains of children who have developmental disabilities, and what goes right in the brains of resilient children who develop normally in spite of risk factors such as genetic susceptibility or preterm birth."

Drs. Schlaggar and Constantino said the IDDRC will work closely with similar centers around the country. The strategy is for all 14 centers to harness their individual strengths and share resources with scientists at the other centers so that it will be possible to more quickly convert new discoveries involving those strengths into high-impact interventions for individuals with developmental disabilities.

This Center is funded by National Institutes of Health (NIH) grant number U54 HD087011. 




## [FACULTY UPDATE] SCHOENECKER RECEIVES HUMANITARIAN OF THE YEAR AWARD

Washington University physician Perry Schoenecker, MD, orthopedic surgeon at St. Louis Children's Hospital and chief of pediatric orthopedics at Shriners Hospital for Children, received the 2015 Humanitarian of the Year Award from the World Pediatric Project (WPP) at the organization's year-end celebration.

The award was created to recognize an individual or group whose work with WPP exemplifies a deep dedication to the organization's vision: Every child, regardless of geography, will have access to quality, critical care in order to live a full and productive life.

"Dr. Schoenecker was chosen to receive this inaugural award because of his nearly 10-year commitment to WPP. During that time, he

performed surgeries on many children from Central America, the Caribbean and many other countries, improving and changing their lives forever," says Kate Corbett, WPP senior program director.

World Pediatric Project was founded as International Hospital for Children in 2001 and in 2011 merged with a nonprofit organization in St. Louis to become WPP. The organization's mission is to heal critically ill children and build indigenous health care capacity in developing nations. It sends an average of 30 medical teams per year to Central America and the Caribbean and brings an average of 40 children to the United States annually. 

One Children's Place  
St. Louis, MO 63110

**Marketing and Communications**  
314.286.0324  
Fax: 314.747.8644



## IN THIS ISSUE JAN/FEB 2016

- 1 Overcoming Parents' Vaccination Hesitancy:  
It's Not Easy
- 4 Pediatric ICU Earns National Beacon Award  
for Excellence
- 4 Hrach Named Medical Director, Inpatient  
General Pediatric Medicine

## CONTINUING EDUCATION

### EARLY BIRD ROUNDS

(Fridays, 8 a.m., St. Louis Children's Hospital Executive Boardroom, 3S-36,  
or online at [StLouisChildrens.org/Med\\_Ed](http://StLouisChildrens.org/Med_Ed))

- **MAR. 4** - *What's Up Down There? Perspectives of the Pediatric Vulva*  
Diane Merritt, MD, Gynecology
- **MAR. 11** - John Constantino, MD, Psychiatry
- **MAR. 18** - Jessica Muse, MD, Hospitalist Medicine
- **APR. 1** - Christina Hickey, MD, Gastroenterology

For additional information about March topics,  
go to [StLouisChildrens.org/Med\\_Ed](http://StLouisChildrens.org/Med_Ed).

**Reminder!** To request your  
CME transcripts online, visit  
[cme.wustl.edu/](http://cme.wustl.edu/) and click on  
the yellow transcript request  
button on the right side of  
the page. Complete and  
submit the request form, and  
your transcript will be sent  
to you in 1-2 business days.

