



A publication for those who support the University of Minnesota Department of Pediatrics

## A brighter stay

Two dads are leading a charge to make children's hospital rooms a little more like home

Brian and Kristen Schepperle's daughter Katelyn Elizabeth was in and out of the hospital numerous times during her 10-year battle with acute lymphoblastic leukemia, a type of blood cancer.

"The doctors said they were going to do everything they could medically, but it was our job to keep her spirits up," says Brian.

So each time Katelyn went to the hospital, her parents loaded up their van with toys, a comforter, a laptop—anything they could think of to make Katelyn's hospital room feel more like home. "We probably looked like we were moving in," Brian says. "We wanted to make her feel as comfortable as possible."

Although Katelyn's leukemia overcame her at age 11, her parents say she kept a great attitude throughout her illness, and they believe the environment they created for her and the sense of control it gave her contributed to it. "Her attitude played a big role in her surviving as long as she did," says Brian.

Soon after Katelyn died, he started thinking of ways to make a better hospital environment for other kids and their families. Having been through several long hospital stays with Katelyn, Schepperle knew firsthand that the small hospital rooms lacked privacy and the warm, lived-in quality of home. That wasn't good enough for families facing long stays.

### An idea comes to life

Then in the fall of 2004, David Millington approached Schepperle at a golf club where they are both members, knowing that Schepperle, too, had lost a child to disease. Millington's daughter Madison Claire died at age 2 of spinal muscular atrophy, a degenerative disease that attacks nerve cells in the spinal cord.

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Photo by Scott Streble



David Millington and Brian Schepperle



## Adopt A Rooms Continued from cover

Soon after they started talking, Schepperle shared his ideas for creating family-friendly children's hospital rooms: colorful, customizable, and bigger—with more space for parents and other family members.

Millington was instantly engaged. His family was all too familiar with the cold, sterile feeling of a typical children's hospital room: Dana Millington, Madison's mother, once had spent 63 consecutive days in the hospital with their daughter.

Just days after the two dads met, Millington shared Schepperle's idea with his neighbor, Chuck Knight, who worked for the architectural design firm Perkins + Will. Knight told Millington, "You can't just do a room—you have to do a whole floor."

From there, the idea quickly started turning into a reality. Millington and Schepperle asked a group of seriously ill children what they'd want in an ideal room. Among their wishes: better beds, video games, and a way to see outside. Then the two dads raised money through events and asked companies to donate equipment and other resources to help create two prototypes of their Adopt A Rooms—named to inspire other donors to sponsor additional

rooms—at the University of Minnesota Children's Hospital, Fairview.

### State of the art

The timing was perfect, Millington says. The University and Fairview were in the planning stages of building a new facility for their children's hospital and were excited about making these state-of-the-art Adopt A Rooms part of the plan. But more than that, the dads wanted to create a brighter experience for kids who are seriously or chronically ill—those for whom the hospital is a major part of their lives.

"When a child gets really sick, you want to go to the best place you can," says Millington. "And most of the time that is a research hospital like the University of Minnesota Children's Hospital, Fairview."

Schepperle agrees. Looking for the best care for Katelyn, he visited several top children's research hospitals across the country before moving his family from California to Minnesota in 1999. University pediatrics professors and pediatric oncologists Joseph Neglia, M.D., M.P.H., and John Wagner, M.D., treated Katelyn, and the Schepperles were impressed by their knowledge and expertise.

*A bedside console in the Adopt A Rooms, designed by Perkins + Will, gives kids control of their surroundings.*

Photos courtesy of Perkins + Will



So choosing to create the Adopt A Rooms at the University's children's hospital made perfect sense to Brian. "I felt that these docs were deserving of a world-class facility," he says.

Millington, for one, is proud of how far the idea has come in the three years since he and Schepperle met. "We're just a couple of dads," he says, adding that their wives have been their quiet partners through it all. "This was just what Brian and I had to do to ease our pain."

But they're not done yet. They hope that donors will come forward and sponsor Adopt A Room enhancements to all of the rooms in the children's hospital's new home. Transforming a patient room in the new facility into an Adopt A Room will cost \$300,000, which includes funding for upgrades and maintenance as well as a naming opportunity.

"Let's help some families," Schepperle says. "Let's make an ill child's time on this planet a little bit better."

To learn how you or your company can sponsor an Adopt A Room, please contact Elizabeth Patty at 612-625-6136 or [e.patty@mmf.umn.edu](mailto:e.patty@mmf.umn.edu).

## What's special about Adopt A Rooms?

All rooms at the new home for the University of Minnesota Children's Hospital, Fairview, will be private and family-friendly. They will be 390 square feet each, about 75 percent larger than standard hospital rooms.

All children's hospital rooms also will have sleeper sofas to make overnight stays more comfortable for parents. Additionally, the rooms will be equipped with kitchen tables, microwaves, and mini-fridges and will have in-room office areas to make them more like home, says Russell Williams, vice president of the patient experience at the hospital.

Adopt A Rooms will have all of those features, plus many others to help keep children occupied and comfortable. Plans for "adopted" rooms include large-screen TVs for watching movies, table space for playing games or doing homework, and even a way to explore the outdoors using a zoom camera on the hospital's roof.

Plans also include bedside consoles that children can use to control the lighting and color of their rooms.

"Children lose control of their lives when they are diagnosed," says Brian Schepperle, who with David Millington came up with the idea for Adopt A Rooms. "We wanted to give a little of that control back to them."

Since the first two Adopt A Room suites in the current children's hospital location opened in November 2006, they've been getting rave reviews from children and parents alike.

"Families really appreciate being able to stay together during their child's hospitalization, and children like the control they have within the rooms," Williams says. "The kids want all hospital rooms to be like Adopt A Rooms. Working together with the Minnesota Medical Foundation, we'll aim to grant their wish."





## An eye to the future

University provides unique training opportunities to tomorrow's pediatricians

Fourth-year medical student Johannah Krueger has enjoyed working with children almost as long as she can remember. Throughout high school and college she found herself fascinated by how they grow and discover their world.

That fascination eventually led her to the University of Minnesota Medical School, where her experiences helped solidify her interest in a career as a pediatrician.

"In medical school there were a lot of rotations I really enjoyed, but with my pediatric rotations, I just really loved going to work every day," Krueger says. Today she's applying to pediatric residency programs as the next step in shaping a career focused on kids.

From medical school clerkships to residencies and fellowships, the University of Minnesota's Department of Pediatrics plays a key role in educating tomorrow's pediatricians. Those who have trained at the University have taken their skills across the country and the world to improve children's health. On a local level, the University's pediatric residency program has had a huge

impact, training about two-thirds of Minnesota's practicing pediatricians.

And the residency program continues to grow in popularity: It has received nearly 500 applications for 23 spots in this June's residency class.

"This has become one of the most sought-after places for pediatric training in the United States," says Joseph Neglia, M.D., M.P.H., interim head of the Department of Pediatrics.

### A well-rounded perspective

All medical students at the University get a taste of pediatrics through a six-week pediatric externship, part of the clinical experience that fills their third and fourth years. Students also may sign up for any of 15 other pediatric clerkships, including pediatric cardiology, adolescent medicine, and clinical genetics.

A hallmark of the experience is the variety. Students spend time not only at the University of Minnesota Children's Hospital, Fairview, but also at three other hospitals in the Twin Cities. The different settings expose students to diverse

*Third-year resident John Anderson, M.D. (left), is training in the University's pediatric residency program, one of the most sought-after in the country, which is led by John Andrews, M.D.*

patient populations, resulting in a well-rounded perspective on the range of situations pediatricians can encounter.

For instance, Krueger completed a general pediatrics rotation at one venue, a neonatal intensive care unit rotation at another, and a pediatric nephrology rotation at a third.

“That’s a great thing about the training in Minnesota—they really do a lot,” she says.

### Diverse experiences

The department’s residency program attracts graduates of medical schools around the country who decide to specialize in pediatrics.

As with medical school, a big advantage to the University’s pediatric residency program is the spectrum of clinical experiences it offers, says program director John Andrews, M.D. With opportunities to work at an academic children’s hospital and other hospitals in the community, “Our residents really feel as if their pediatric skills are portable,” Andrews says.

The three-year pediatric residency program provides a full range of hands-on honing of skills through 13 four-week rotations each year, including general pediatrics, critical care, ambulatory care, and electives. Each resident also is involved in a continuity-of-care situation that entails following

patients in a single primary care clinic for three years.

And for many residents, the program’s global health track sets the University apart. Last year 22 of 23 first-year residents signed up for the track, which allows them to devote part of their training to working in Uganda, Nicaragua, Bolivia, or one of several other countries.

“A lot of my interests go well with this track,” says third-year resident John Anderson, M.D., who heads to Cambodia in March for four weeks as part of the program. “I have a big interest in infectious diseases. I’m also interested in public health and immigrant health.”

### Expected to expand

Resources and opportunities for medical students and residents alike are expected to expand with the opening of the new home for the University’s children’s hospital in 2010.

The facility, which will consolidate pediatric care that’s currently on two campuses, is being built with the needs of the Department of Pediatrics’s teaching programs in mind. Features will include conference rooms on the patient floors and a larger conference center.

“There’s space set aside for education,” Neglia says. “It really allows us to translate what we do in a state-of-the-art environment.”

## Department welcomes new leader

A noted pediatric nephrologist and award-winning medical educator has been chosen to lead the Department of Pediatrics at the University of Minnesota. Aaron Friedman, M.D., will also serve as pediatrician-in-chief of the University of Minnesota Children’s Hospital, Fairview.

Friedman comes to the University from Brown University’s Warren Alpert Medical School in Rhode Island, where he was head of the Department of Pediatrics and medical director for the Hasbro Children’s Hospital.

He has received numerous awards for clinical care and has written more than 100 articles and 35 books and book chapters.

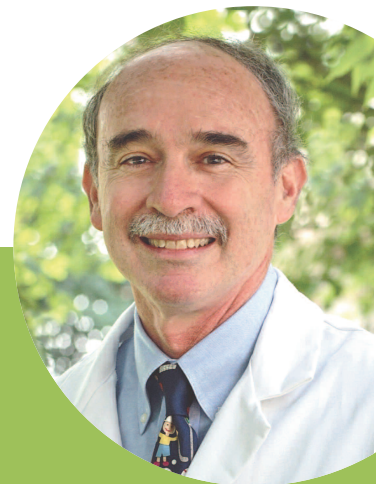
“I am excited by the opportunity to work

with this top-tier department, to help bring a new clinical facility to patients and staff, and to be part of an excellent research and training university,” Friedman says.

Friedman is no stranger to the Midwest. Before working at Brown University, he was head of the Department of Pediatrics at the University of Wisconsin–Madison, where he was part of a team that successfully helped build a new children’s hospital.

“All of these traits make Dr. Friedman a wonderful addition to the University of Minnesota,” says Medical School Dean Deborah Powell, M.D. “He’s a proven leader.”

Friedman will assume his new roles at the University in mid-March.



*Aaron Friedman, M.D.*



## ‘Something incredible’ University team gives a brighter future to a boy with a rare condition

*Melissa Groza believes the University is the best place for her son, Brent.*

*Photo by Scott Strebler*

Brent Groza’s family has had plenty of experience with hospitals since the bright-eyed toddler was born 18 months ago. But it wasn’t until they accidentally ended up at the University of Minnesota in August that they finally felt they were where they needed to be.

Brent was born with immune dysregulation polyendocrinopathy enteropathy X-linked syndrome, or IPEX for short. Children with this syndrome—and there are only a few of them in the world—have a genetic alteration that causes their immune system to attack the body’s own tissues and organs. Untreated, their tiny bodies can basically self-destruct.

Brent’s parents, Melissa and Pete, first knew they had a special child when Brent went into a diabetic coma the day after he was born. Three months later, he started having trouble keeping food down. Then he developed eczema. Over Christmas 2006, Brent’s diabetes spun out of control, and his digestive system went on strike. The baby clung to the edge of life as doctors at the hospital near their suburban Chicago home scrambled to figure out what was happening.

Eventually, a gastroenterologist was called

in. Amazingly, she had completed her residency training under an IPEX expert. The Grozas soon had a diagnosis—one that no parent would want to hear. Most kids with IPEX don’t live to see their second birthday.

“I thought, ‘My son can’t get married, he can’t learn to drive,’” says Melissa. “It was as though your boat had capsized in the middle of a tunnel of terror.”

The one hope for Brent was a stem cell transplant, which provides healthy cells to fill in for the dysfunctional ones. Brent received a transplant in Chicago in March, but it didn’t take. At the end of their rope, the Grozas decided to move to Cincinnati, where their gastroenterologist had trained.

Again fate stepped in. Before they left for Ohio, the Grozas drove to Minnesota to visit Melissa’s parents. Soon after they arrived in the Twin Cities, Brent spiked a fever and was admitted to the University of Minnesota Children’s Hospital, Fairview.

“They never had a patient like Brent before,” Melissa recalls. But that didn’t stop the doctors and nurses from giving him their best. Brent’s health-care team, led by transplant specialist K. Scott Baker, M.D., M.S., and pediatric hospitalist Abraham Jacob, M.D., was quick to admit what they didn’t know, respect what Melissa knew, and gather new knowledge.

Feeling a sense of comfort and control they had not felt since Brent was born, the Grozas decided to stay at the University for Brent’s care. On November 20, he received another stem cell transplant, this time at the University’s children’s hospital.

The cells are settling into Brent’s bones, where doctors hope they will provide the immune-system function his body needs. The Grozas are now preparing to move to Minnesota—a place Pete, a native of southern California, long ago told Melissa he would never live.

“The U must have done something incredible for that to happen,” Melissa says.

What was it? “The overall experience—everybody rooting for Brent, taking time to be the shoulder to cry on,” she says. “We’re now starting to make plans for the future, and we have that, thanks to the U.”

## Sample wines from the 'Land Down Under' at the wine charity event of the year

Don't miss WineFest No. 13, a gathering of community leaders, medical professionals, and big-hearted wine lovers that supports the Department of Pediatrics at the University of Minnesota.

Guests at WineFest will enjoy exquisite wines, gourmet menus, and enticing auctions while supporting groundbreaking medical discoveries that help treat and cure childhood diseases.

The Midwest's premier wine charity event includes a Grand Tasting on Friday, May 9, and Fine Wine Dinner on Saturday, May 10, plus exclusive opportunities to clink wine glasses with Australian

vineyard principals and winemakers, this year's honorary winemasters. Working to make WineFest No. 13 a weekend you don't want to miss are event cochairs Joanne Jirik Mullen and Yvette Mullen, along with dozens of committed volunteers.

Since its inception 12 years ago, WineFest has raised more than \$6.5 million to support research to treat or cure childhood illnesses and disorders, help launch the research careers of promising junior faculty members, and purchase medical equipment critical to breakthrough research.



Join us! To learn more about WineFest No. 13 or to purchase tickets, visit [www.thewinefest.com](http://www.thewinefest.com), call 612-626-5720, or e-mail [winefest13@mmf.umn.edu](mailto:winefest13@mmf.umn.edu).

The painting *Heal* by Ta-coumba Aiken will be a highlight of the event's live auction.



### Honorary Winemasters

Victoria Angove, *Angove's*  
Daryl and Lisa Groom, *Groom Wines*  
Matt Lane, *Penfolds and Wolf Blass*  
James Lindner, *Langmeil*  
Ben Riggs, *Penny's Hill, Black Chook, and Mr. Riggs*

## We hope you can join us for these upcoming events, which also benefit the University's Department of Pediatrics:



**Nickelodeon Universe  
Grand Opening**  
**Saturday, March 15, 2008**  
**Mall of America, Bloomington**  
Mall of America's signature

amusement park is reopening with a new theme and a new name. Nickelodeon Universe will feature exciting new rides and attractions inspired by Nickelodeon's most popular shows and characters.

As friends of the University Pediatrics Foundation, you are invited to attend the Nick Kick-Off, an exclusive breakfast before the park's opening. Tickets—which also include a limited-edition Nickelodeon Universe tote bag, a private meet-and-greet with Nick characters, and park admission—are \$125 for adults, \$75 for kids ages 4–16, and free for kids age 3 and under. Special admission tickets, including a tote bag, are available for \$50.

For more information, contact Christina Newcombe at 612-626-5720 or [c.newcombe@mmf.umn.edu](mailto:c.newcombe@mmf.umn.edu).

**Ben's Buddies Charity Golf Tournament**  
**Sunday, September 7, 2008**  
**Majestic Oaks Golf Club, Ham Lake**

A benefit for research and education in the Division of Neonatology

For more information, visit [www.bensbuddies.org](http://www.bensbuddies.org) or contact Barb Hanson at 612-845-2837 or [barb@bensbuddies.org](mailto:barb@bensbuddies.org).

Vikings player Ben Leber visited with kids who were vaccinated at the University of Minnesota Children's Hospital, Fairview.

## Vikings 'tackle' the flu

The Minnesota Vikings teamed up with the Department of Pediatrics in November to launch a community-based health program called "Tackling Influenza" during National Influenza Week. Funded by a three-year grant from the Vikings Children's Fund, the program is designed to provide flu shots to uninsured or medically underserved families in the Twin Cities.



## On My Mind



Looking out on a snow-covered yard, I am reminded of the amazing transformations that take place here in Minnesota each year. To me—a southern California boy—the bright green of the new grass, the tulips coming up, and the return of the leaves to the trees in spring is always remarkable. In many ways, this Department of Pediatrics is also transforming itself.

Winter has not been a time of rest here. We have interviewed a record number of applicants to our pediatric residency—read more about our internationally sought-after program on page 4.

Our research enterprise is well on track. New recruits have brought energy, faculty have new and renewed grants, and our partnerships with the University Pediatrics Foundation and Minnesota Medical Foundation continue to grow.

In January we signed a collaborative agreement with the St. Cloud Hospital and CentraCare Health System. This collaboration will allow more children to get the specialty care they need closer to home.

We also have been working hard on plans for the University of Minnesota Children's Hospital, Fairview. We've put in long hours to create a transformational environment that will set standards in the care of children and create new space for our education and research missions. In this space, we will be able to move the latest scientific discoveries from the lab to the patient's bedside, quickening the pace of research that is so critical to so many children and families.

Winter has set the stage for a new era of growth and transformation in children's care, education of the next generation of children's health professionals, and the science of pediatrics. As we think about renewal this spring, it is important that we all collectively envision not only what we have but also what we want to be. No matter the season, we are all in this together.

Sincerely,  
Joseph P. Neglia, M.D., M.P.H.  
Interim Head, Department of Pediatrics  
Albert D. and Eva J. Corniea Chair

## children's health Spring 2008

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Nicole Endres  
*Editor*  
Stephanie Borchardt  
Dolores Korf  
Elizabeth Patty  
Jennifer Soderholm  
*Development*  
Lisa Haines, juju  
*Designer*

For more information, please contact:  
University Pediatrics Foundation  
200 Oak Street SE, Suite 300, Minneapolis, MN 55455  
612-624-6900  
upf@mmf.umn.edu  
www.upf.umn.edu  
612-625-1440 or 800-922-1663 (toll free)  
www.mmf.umn.edu