

PEDS REFLECTION PROJECTS 9/11

--, you chose a great topic. Childhood obesity is reaching endemic levels in this country, and the pediatrician is obviously well-positioned to address this problem. The instructional hand-out you prepared is well done – it defines the problem succinctly, and then focuses on solutions. Changing behavior is always challenging – but providing concrete realistic suggestions is a good start. As I mentioned, I was particularly glad to see you address the problem at a community as well as an individual level. Ultimately, we as a society have to make a commitment to healthier eating. Thanks for reminding us about the physician’s role in reversing this trend. Best, Dr. Shapiro

-- and --, thanks for your cleverly drawn poster. To me, the theme you tackled with some humor (and artistic skill!) is one of the most critical in medicine – i.e., to remember the patient’s perspective even as you hone your fast-developing physician perspective. Patients’ fears and worries can seem inconsequential or even ridiculous to the physician, but that does not imply they should be treated as such. A better approach starts with empathy, which is exactly what your poster displayed. As you suggested, responding to patients’ concerns with respect and understanding, while providing alternative ways of thinking about the procedure, can lead to better patient outcomes. Vivid drawings that made an important point. Best, Dr. Shapiro

--, you provided us all with much food for thought with your complex and troubling case presentation. In the few minutes we had available, we weren’t able to “solve it” for you, but that doesn’t mean solutions aren’t possible. As your peers suggested, this was a situation of cascading communication omissions and errors. The medical team sought refuge within itself, effectively blaming the parents as “difficult” and abandoning the family emotionally. Going back to the beginning, I agree that more clarity from the urologist would have enabled the parents to have a better understanding of what was happening. The pediatric team and the urology specialist also needed better lines of communication to adequately address the concerns of the parents. I suspect that the desire of the urologist to avoid these parents and “move on” contributed to the ongoing inability to resolve the discharge-with-catheter issue. An open conversation that respected parents’ legitimate concerns (the catheter falling out, not being able to care for it properly) accompanied with creative and caring problem-solving, under other circumstances, probably could have resulted in a positive resolution. Your patient’s situation demonstrates the importance of honest and compassionate communication in all aspects of medicine. Thank you for sharing with us. Dr. Shapiro

-- and --, your pro and con list was very funny – and from listening to many students over the years talking about their experiences on peds, extremely accurate! I thought as I was listening to you that the pros were all the reasons why some students choose to specialize in pediatrics; and the cons all the reasons why they don't. You did an excellent job of identifying classic issues – the adorableness/annoyingness of kids, the devotion/demandingness of parents, the satisfactions/frustrations of immunization and other preventive health strategies. An enjoyable way to help your fellow students reflect on what they loved – and hated – about pediatrics. Thank you, Dr. Shapiro

--, I so appreciated your poem. First, I thought the indefiniteness and indeterminacy of a poem perfectly suited the uncertainty of the situation you described. Secondly, I was very moved by the image of you “roaming” the corridors of --, listening to what the building had to tell you. If you think about all that those walls have seen, both of joy and of sorrow, it's pretty powerful. In terms of the specific situation you described, the little girl with no clear diagnosis, this was a very important issue that you brought to everyone's attention. As we discussed, doctors like to provide answers, fix things. But there is a lot of uncertainty in medicine as well, and one of the things you must learn as a physician is not to deflect your own frustrations/discomfort/fear onto the patient, not to avoid what you can't control. Your example provided a much-needed corrective to --'s example of a patient effectively abandoned by her doctors and medical team. Although “only” a third year student, you had the ethical sense to “stand by” your patient and family, thus conveying that there was still reason to “hope,” even though answers were not forthcoming, you (and hopefully your team) would continue to try to do your best by them. This is the essence of good doctoring. Best, Dr. Shapiro

Hi --, thanks for sharing with the group how sensitively you approached your 15 yo patient with scabies. I suspect that his “Superman” persona may in part have been related to the sense of invulnerability typical of many adolescents; but may also have been triggered as a defense to the shame and embarrassment he felt. Sometimes when we are ashamed of something, we avoid it or pretend it doesn't exist, and this may have been part of what was going on with your patient. By creating an environment of safety, by being nonjudgmental and reassuring, and by treating your patient as an adult capable of handling information about his medical condition, I believe you won his trust, and increased the likelihood that, this time around, he would adhere more scrupulously with his treatment plan. You modeled how a “noncompliant” patient can be a starting point

for deepening understanding and addressing underlying misunderstandings. Very nicely done. Dr. Shapiro

-- and --, you chose an excellent topic to address in your advocacy project. Car safety – at all ages – is of critical importance; and doctors are in a good position to reinforce the message. The car safety quiz was effective in getting your classmates’ attention, and I think we all learned something about how our hands should be positioned on the steering wheel since the advent of airbags. The leaflet you designed had good visuals, helpful references, and key information displayed in an easily noticed format. Deepening people’s understanding of things they think they already know (“Yeah, yeah, never text while driving”) can be challenging, but it can also save lives. Job well done. Dr. Shapiro

--, you came up with an extremely creative idea for your reflection project. Nicely done! You raised many interesting issues: 1) What happens when physicians become patients (the literature shows they are usually shocked at what it’s like to be a patient, which I find fairly ironic) 2) How we support (or not) work/life balance (pretty interesting that a resident with a sick newborn in the hospital shows up for rounds) and 3) how easy it is for doctors, when touched by the illness of family members, to take refuge in the doctor role, while fleeing from their much more important role of grandchild, daughter/son, husband/wife. Your interview offered us much food for thought.

Also, thank you for your perceptive comment about --’s project. You saw beyond the “patient education” (of course, very important) to realize that something even more significant was transpiring between doctor and patient – in this case, by treating her patient as an adult, the medical student was able to both reassure him and win his trust. This awareness of interpersonal dynamics will stand you in good stead as you proceed through your training.

All best, Dr. Shapiro