PEDIATRIC REFLECTION SESSION 5/13

--, your project for the Peds reflective session was impressive and creative. You tackled something that makes a significant contribution to childhood (and adult) obesity – sugary sodas. Your out-of-the-box thinking was fantastic! Instead of lecturing parents, you came up with an idea (quantities of sugar cubes) that was involving, immediately accessible, and shocking. Instead of telling, you asked provocative questions that made us curious and also engaged us as we tried to guess the answers. You also laced your presentation with humor, which also made the experience seem less like teaching and more like a game. There was a great deal to learn from this very innovative approach, which I believe would be successful not only with parents but with adult patients as well. Congratulations on this fine work. I hope to see it adopted in the Pediatric outpatient clinic! Best, Dr. Shapiro

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--, your project was absolutely fantastic. You identified one of the fundamental consequences of illness (loss of control) and then devised an original and creative way to address this problem. Your Physical Exam Wheel was an ingenious way of giving some control back to the child-patient ("You get to listen to my heart, doc!"), while making it a game, which by definition is a lot more fun than an exam. Like all great ideas, it was simple and straightforward. I think kids (controlling for a certain age range) would love it. Truly, I hope Dr. X decides to pilot it in the Pediatric outpatient clinic! Best, Dr. Shapiro

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Dear --, your drawings are excellent. Your project was a perceptive way of highlighting some of the differences between the adult and the child physical exam; in this case, showing how in children syndromic conditions can be reliably distinguished on the basis of small but identifiable physical variations in ears and lips. I also really appreciated your comment that what often makes the exam a success for you as a medical student (in and out, efficient, fast, focused on the physical findings) can be off-putting or even distressing for the patient and/or family. Neither perspective is wrong; both can be present simultaneously in the exam room (gets crowded in there!). The good doctor has learned how to hold both of them in balance, so that she is able to respect the time of her patients and herself but patient/parents never feel the child has been reduced to a disease. Thank you for this well done project. Dr. Shapiro

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--, great presentation (and the Prezi format was very eye-catching and engaging). I agree that the HEADSS screening can be awkward "for everyone," and your awareness of this reality already starts you on the road to lessening this problem. You identified some really skillful ways of phrasing some of the most sensitive questions; and especially for asking detailed and specific follow-up questions that would ensure getting the kind of information you need. You included some great pearls: "Assume nothing," "Dig a little." Pointing out

that "boredom" should be a trigger to probe more deeply about possible suicidal ideation was another gem. I especially liked questions such as "What do you want to be?" and "Sum up your life in a couple of sentences." To me, these questions were a great way of showing sincere interest in the adolescent, as well of conveying that their lives mattered. Finally, the presentation stimulated a valuable discussion of how to ask nonjudgmental questions regarding sexual orientation and LGBT status and how to manage various responses in the teen. Altogether, an excellent piece of work, thank you. Best, Dr. Shapiro

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Dear -- and --, thanks for your well-conceptualized sketches. --, you framed the problem: How scary and disorienting even a routine office visit can be for a kid. I loved the ominous white coat and the drawer brimming over with pain-inflicting needles! --, your drawing identified some important themes as well as ways of addressing them (managing separation anxiety; awareness of feelings of guilt in patients, i.e., doctor visits/procedures/illness as punishment; importance of cultivating a physician attitude that does not prioritize only efficiency, speed, and detachment; minimizing pain; reducing fear of the unknown). Together these pictures taught us all a lot. If doctors could remember that at least some of these elements are always present in the patient encounter, that awareness alone would do a lot to stimulate compassionate, patient-centered care. Great work! All best, Dr. Shapiro

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Dear --, thank you for sharing some of your personal memories of childhood visits to the doctor. Your stories led to a valuable discussion about inappropriately minimizing how various medical procedures will affect kids. Pediatricians and family docs have to navigate a line between not scaring the child unnecessarily while not inadvertently creating the feeling in the kid of being tricked or lied to. As we explored, sometimes the short-term gain (what can I do to quickly accomplish the task of examining the ears or calming the child about to receive an immunization?) drives the physician's behavior in less than optimal ways. From her vast storehouse of experience, Dr. X contributed several outstanding strategies that emphasized honesty, as well as empowering and involving the patient ("Tell me what this shot feels like, so I can tell other kids"). You also brought up another very worthwhile issue, which is how to appropriately share personal history with a patient in order to build trust and reduce the perceived gap between doctor and patient. The physician's life history can be a great resource, if it is drawn on with care, always keeping the patient's wellbeing and best interests at heart.

I apologize that we did not take time to address the final part of your presentation, which reminded us about both the many rewards of caring for child patients as well as the almost unbearable emotions that arise in response to a terminally ill child. I thought you expressed these realities with insight and sensitivity. All best, Dr. Shapiro

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Dear --, --, and --, what an outstanding job you did on your pediatrics reflection skit! You each conceptualized and played your roles to perfection. --, you made a believable 16 year old unable to cope with overbearing parental pressure to succeed at a very high level on all dimensions, initially suspicious of and reluctant to communicate with the physician, but willing to open up in response to empathy and nonjudgmental probing.

--, you were quite funny as the very controlling mom who expected the world and then some from her child, yet you also helped us understand how easy it is for the sacrifices and dreams of the immigrant family to be transmuted into unrealistic demands for success in their offspring; as well as how cultural factors influence parenting styles and family dynamics.

And --, you were fantastic as a skillful physician who used redirection, body repositioning, and finally a point-blank request to get mom to leave the room so you could probe what happened to your patient; then used gentle, but persistent questioning to reveal at least passive SI and a very trapped, overburdened young patient. You also handled the issue of limits on patient confidentiality honestly and clearly, and by the end of the encounter formulated a plan that gave the patient hope.

The skit as a whole did an excellent job of presenting the different perspectives of doctor, patient, and family member fairly and accurately, as well as how they all intersected. You all modeled how a sensitive interview can begin to excavate a complex family situation that, left unattended, could have tragic consequences. Extremely well done. Best, Dr. Shapiro

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--, this was a really terrific story. It highlighted just how difficult it can be to balance the system's needs for efficiency, speed, and task completion with the needs of patient/family to retain some control and feel that their preferences are being honored – or at least heard. I cannot say whether in this particular instance it would have been possible to adjust the time at which the pre-rounding occurred; but I know in general the more that small accommodations can be made for patient and family, the more they will feel understood, respected, and valued. From my perspective, once the parents made their wishes known, you did exactly the right thing by bringing their concerns to the team. It is the team's responsibility at a minimum not to minimize or dismiss such concerns, but recognize them as a way for the family to exert some influence in a very out of control situation.

The way you talked about the father showed tremendous empathy. For example, your use of the word "torment" I found to be very powerful. Doctors often talk about patient/family frustration or upsetness, but sometimes this minimizes what is truly being felt. In this case, you were not afraid to recognize the depth of the family's suffering. Similarly, your moving sketch portraying the father as Sisyphus, pushing that boulder of his child's illness

up the hill, only to have it roll down again and again, was the perfect metaphor to represent the hopelessness of his task yet the determination with which he approached it.

This was an outstanding project, it helped your classmates consider carefully how they approach patient care. I think as a result of this work, they may be more likely to keep the patient and family's perspective in mind, even in matters that seem trivial. Best, Dr. Shapiro

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Dear --, this was such a beautiful, evocative poem. I loved the way you used language to show how the physician's prejudices and biases can enter into the equation (e.g., the pun on the medical term "right gaze preference" to excavate the physician's "preferences" to have the patient "go back to where he came from"; and your reference to the patient's medical condition of nystagmus paralleling the physician's "nystagmus" of the soul).

The judgment of the physician toward the father was very well presented, and in my experience is not uncommon. Your ability to show us what lay behind the father's actions and choices was an effective way of reminding us not to be so quick to judge the motivations, competency, and devotion of others.

The ending section was powerful in the way it portrayed both infant and doctor both struggling in "seas of discontent… each searching for answers." These lines reflected your awareness of and empathy for the suffering of both patient and physician.

This moving narrative poem generated a valuable discussion about the intersection of societal/political questions about healthcare as a right or commodity, immigration etc. with the individual suffering that the physician confronts in patient after patient. The answers are complex, if they are to be found at all. But I do believe it is the moral obligation of every doctor to think through the implications of their positions for the oath they take as physicians – and to make sure that, no matter what their politics, they "do no harm" to their patients, if not in terms of differential medical treatment, then through disrespect, disapproval, disparagement, or condemnation.

Outstanding work, --. Thank you for this thoughtful and insightful effort. Dr. Shapiro