

**PEDIATRICS HUMANITIES PROJECT OCT 2009**

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I loved your project, --, kind of like origami safety instructions :-). It's creative, interactive, catchy ("Be cool, walk to school"), and visually interesting. Plus you managed to work in some really good information for parents. I hope Peds will start passing out these little booklets. Maybe a Spanish-language version is next? :-). Thanks for addressing this important topic with such originality. Best, Dr. Shapiro

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"Sammie's safety tips" was a great idea, --. I liked that "Sammie" is kind of androgynous, so both boys and girls could relate to him/her. Also, the phrase "Sammie says" is a cute take-off of "Simon says," which from an early age kids learn to follow – so hopefully you're building in heightened compliance :-). Kids would like the simple drawings and the colorful presentation. This was a good way to underline some important safety messages. Thanks for contributing this little booklet. Best, Dr. Shapiro

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Hi --, how nice to cross paths again so soon. I really liked your project, in both its conceptualization and execution. I was impressed by your idea to "switch hands" to compose the drawings, thus forcing yourself to be "closer" to a childlike state. You asked some great questions, too. Although perhaps my irony didn't come across, kids are by no means "little adults." Their differences are physical, emotional, intellectual, developmental – and grasping this is one of the basic lessons of Peds. We can learn a lot from kids precisely because they have a different way of being in the world than do most adults – more present-oriented, more able to experience awe and wonder. Thanks for reminding us about that! Best, Dr. Shapiro

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--, I hope you are feeling a lot better. I admire that you made the effort – and a good one too – to complete this assignment even when you were obviously unwell. I was very touched that, even sick and miserable, the thought you expressed in your poem was returning to take care of your little patients as soon as you could. This is the admirable altruistic impulse that must inform every good physician. However, as we discussed in class, it's also important to keep in mind a context for that altruism. A cardiologist once told me, "The heart beats to itself first." He meant that a good physician must care for herself so that she can care for others. Get well soon! Dr. Shapiro

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Thanks for your excellent patient education project on texting while driving, Nick. That is one horrific car crash you've portrayed. It might very well make some teens "scared safe." You also did a good job of not overloading distractable, attention-deficit adolescents with too much information, rather selectively choosing those most striking and most likely to compel a response. I'd like to see this poster in every pediatrician's office. Nice work! Dr. Shapiro

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--, thanks for your yummy-looking project on fruits and vegetables, as well as for your thoughtful comments in class. As I mentioned, I really liked the interactive nature of this project – I think kids would enjoy the coloring, and as you pointed out, it's something parent and kid could do together. I also loved your one-line, easy to implement suggestions (I'm going to try some of them myself :-). That component was very clever. It says to the kid (or parent), you think you know grapes... but wait, what are they like *frozen*??? This was another great way of engaging a child's interest and curiosity. Similarly, the simple instructions for "creating" low-calorie desserts are an ingenious way to introduce kids to cooking, and to thinking about food not just as something to be consumed but as something to fashion and form. Finally, the "empty space" was inspired. This allows kids to be proactive, to express their own preferences. All in all, this was really well done. I'm hungry! Best, Dr. Shapiro

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--, you may not be oriented toward the psychosocial, but you have a real gift, which is a good thing, no matter whether you are choosing a people- or a techy-specialty. You did an absolutely fantastic job of entering into the perspective of this 15 yo. You really grasped the pain of her life, which is a hard thing to look at. You also accepted her coping mechanism of being a bit of a smart-mouth, without punishing her, realizing as you expressed it in the poem this is the "last sanctuary" for this kid. I'm very glad you shared with us the concrete help you and your team were able to provide her on discharge, so that hopefully she will not feel the need to "retire" at 16. Really good work. Dr. Shapiro

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--, this was an important topic to bring to our attention: kids raising kids. It's easy and understandable to be angry about the (almost) inevitable poor parenting, as you capture so well in the voice of this toddler. Of course, this kid didn't ask to be born, and now he's stuck with a flaky mom that would rather be pushing a bottle in his mouth or texting her friends that becoming a parent. It is very frustrating. I hope you and your team were able

to get across (as you did in your poem) to mom *why* baby was having problems. As Dr. X noted, mom would probably benefit from a parenting class, both to ensure she doesn't well-meaningly choke her kid on poorly delivered food; and to connect with other young parents who are struggling with the same challenges. Thanks for addressing this little kid's situation. Best, Dr. Shapiro

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--, this was a really strong piece of writing. The tone says it all – here is this sick little child who's been in the hospital far too long (“Forever,” what a sad little nickname) and whose life is totally outside her control. Yet instead of making her pathetic, you give her this ironic, wise-cracking voice. She speaks as an equal, and commands our respect. She also points out that the medical team's perspective (measuring everything in/everything out) has more than a touch of the absurd about it. I was very touched by this point-of-view writing. You made it impossible to ignore this kid – and to hope she gets her red wagon ride soon! Thank you, Dr. Shapiro

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You two did an outstanding job, not only with the project but more importantly, with the patient. Your commitment to this kid, the time you took to get to know him and understand his concerns, your creative problem-solving about his schoolwork – in short, your willingness to be moved by his plight and your efforts to do something to ameliorate his situation was wonderful role-modeling for your peers (and Dr. X and me). --, the point of view essay was excellent. You were very successful in finding this kid's voice and drawing us into his world, one of confusion, boredom, loneliness. --, as always, your sketch is so impressive. The mom and kid turned away from each other in their respective wheelchairs expressed better than words their essential alienation despite the similarity of their condition; and the little teddy-bear, held by this hulking boy, just underlined the heartbreak of the situation. I urge you, when you are able to connect to a

patient, not to fear this, but to appreciate it as a gift. You do not have to spend every waking minute agonizing about the patient's plight. It is not too much to hope that patients can expect at least a corner of your heart to remain open to them; and that that openness will be translated into compassionate acts. Well done! Dr. Shapiro

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Hi --, thank you for focusing our attention on the difficult, difficult issue of child abuse (or possible child abuse). Encountering children who have been abused – and parents who have been accused of abuse – is one of the most distressing aspects of a pediatric clerkship. It's hard to even imagine that parents could inflict such harm on innocent, vulnerable children. I thought Dr. X's reminder that you are not judge and jury was very apropos: you are there to do what is necessary to protect a defenseless child, including bringing suspicious history/signs to the attention of authorities. It is true that occasionally parents are unjustly accused; but it is also true that parents can truly love their children (in their own way) AND not be able to control harming them. It is very complicated. What I can say is that we all need to be aware of our "stereotypes" about who could and who couldn't be an abuser. Not judging but paying attention in the long run will be your best guide. Thanks again, Dr. Shapiro

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I am so impressed by your creativity and ingenuity. Even more, I am impressed by the compassionate impulse that initiated this project – i.e., the diabetic kid who was stuck in the hospital until he could finish his survey. You saw his misery, were determined to alleviate it, and the consequence is a really clever game that kids and parents would both enjoy. I hope you think about donating Diabetes Bingo to Child Life. It would give kids with diabetes a great way to learn more about their disease – it would be both empowering and fun! Best, Dr. Shapiro

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--, you contributed a really thoughtful essay. Your examples were all excellent. As I mentioned in class, you are to be commended for acknowledging a medical mistake – sadly, the culture of medicine, though of course filled with error, still finds it very difficult to acknowledge this reality in any healthy, constructive way. When we are too defensive about mistakes, we rarely learn from them; when we beat ourselves up excessively about an error, it becomes so painful that we resist the possibility that we might ever make another one. Having the courage to see clearly what went wrong is the best way to both learn something and be able to move forward. I guarantee you'll never miss another case of roseola.

Your comments about communication were also well-taken. You are right that there is always something “lost in translation.” However, if you think about it, this problem exists to some degree in ALL patient-doctor encounters. As you may have heard, studies show that patients retain as little as 50% of the information that a physician transmits (and that’s when they’re speaking the “same” language!). Communication is challenging period. When language and culture are different, it becomes even harder. However, simply by being aware of this fact, you are less likely to stumble into communication errors.

You set up the final example extremely well. What could go wrong, right? It was a clever way of introducing the increasingly contentious issue of immunizations. As you discovered, parents can have strong convictions on this point – in fact, I think the parents you encountered were mild compared to some I have heard! It can certainly be frustrating, but often medicine is less about “telling” people what to do, and more about understanding – and being respectful of (not the same as agreeing) – their perspectives (vaccines cause autism), looking for common ground (we both want what’s best for your child), and negotiating care (let’s start with the most essential vaccines). Your concluding sentence says it all – and very well! Thanks for taking the time to reflect on these varied events that share a common thread. Best, Dr. Shapiro

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Dear --, Dr. X passed along your peds humanities essay to me, and I am SO glad I had a chance to read it. It is wonderfully honest and insightful. We actually heard about this mom and patient during our session, but your essay went much deeper and gave me a more nuanced – and compassionate – view of the situation.

First, I want to compliment you on your awareness of how you got pulled into the dominant story about this mom; and how quickly this story became reified (solidified), so that it was the “only” legitimate story (I wonder how the chart note read, and suspect that, without the intervention of a skilled attending, would be the story passed along indefinitely). It is perfectly “fair” as a doctor to be thinking carefully – and even critically – when things don’t fit together smoothly. Your diagnosis and treatment depend on getting as comprehensive and accurate picture as possible. However, this can all be done within a context of compassion, respect, and support for the mom. Maybe she is exaggerating things here and there (when I was a mom of young kids, I did that occasionally with my family doc when I felt he wasn’t paying enough attention! oops); maybe she is making mistakes in terms of feeding her infant. These things don’t make her bad, but just as you eventually returned to, a very young, scared mom. They also don’t necessarily invalidate her perceptions that something is wrong with her child. You can say, it doesn’t all connect right now, but also keep an open mind. Go with your best guess without villainizing or humiliating the mom. Keep on the same team.

The other thing that impressed me was how readily you learned from an excellent attending. You were able to step back and see what had happened to this mom; and

correct your own empathy and understanding based on your attending's approach. This is what being a medical student should be all about! We all make mistakes in terms of assumptions, stereotypes, especially if everyone around us is basically parroting the same story. The real skill is to be able to reconsider the situation, question whether you are behaving in the best manner, and revisit your conclusions. Always hold your ideas about others lightly, because often people surprise you. Your last paragraph is a model of empathy, humility, and caring. Instead of distancing from this struggling young woman, you moved closer emotionally, and acknowledged her courage and commitment. She *still* might be overfeeding baby, but you've now created a context in which you can work with her in a respectful and dignified manner.

Great work, --. You should be very proud of yourself. And that attending deserves a gold star :-). Dr. Shapiro