

PEDIATRICS HUMANITIES PROJECTS 6/10

-- and --, thanks for your excellent, humorous, and touching haiku. As I noted in class, I thought it was a very creative move to take the issue of brevity in case presentations that your attending demanded and “translate” it into another medium completely – the haiku. The haiku themselves were wonderful – I particularly liked the ones about assuming the “fetal position” in response to pimping, the mysterious in-residence cleaning lady, and the child abandoned at the hospital. You both demonstrated that, at least in poetry, you can be both succinct and cover all the major points. Very enjoyable and very well done!
Dr. Shapiro

Very nice essay, --. You did a great job of drawing on your own experiences as an injury-prone kid to reflect on how emotionally sensitive children are, how perceptive and observant they are, and how they have great built-in bs detectors. You conveyed important lessons about finding common ground with your patients, being honest with them, and being completely present during patient encounters. Thank you for this contribution. Best, Dr. Shapiro

Guys, I loved this project! The content is adorable, but as I mentioned in class, for me the best part were the blank pages :-). This taught us all such a valuable lesson – that as physicians, you need to make space for patients to step out and show themselves. With kids, one of the best ways to do this is ask them to draw something. The other aspect I really liked was that this project actively invited the patient’s participation through coloring. This interaction with the issues the booklet addresses will also help kids feel more in control of the experience. Seriously, I think Dr. X should pass out a bunch of these over at FHC :-). Best, Dr. Shapiro

--, thanks for sharing your story of the little patient who started off frustrated and resistant, but whom you were eventually able to befriend. Your willingness to meet her at her level and create a collage with her is a beautiful testament to your caring, sensitivity, and persistence. When you don’t give up on your patients, you are often rewarded. I am sure you are creating something together that will always be meaningful to you. At its best, that’s exactly what happens between doctors and patients – together, they create something meaningful and healing. Best, Dr. Shapiro

-- and --, you created a funny interview with a difficult adolescent patient that also made us think. Although (I hope!) no physician would ever behave *quite* that badly even with an uncooperative patient, the issues you raised are actually quite complicated and deserve careful thought. Addressing sensitive issues such as sexual activity, drug and alcohol use, eating habits, and school performance with teens almost inevitably leads the physician into slippery territory. Your hypothetical physician was guilty of innumerable sins – judging his patient’s socioeconomic status, colluding with drug experimentation, reinforcing what was likely an eating disorder, ignoring possible depression, making highly inappropriate personal disclosures – but having an authentic conversation with an adolescent patient on these topics as you know is far from easy. Your skit reminded us how easy it is to skate through such encounters, and how much damage can be done if you do so. Thanks for contributing this perspective. Dr. Shapiro

Childhood obesity sadly is a pervasive and growing problem, so thank you both for addressing this in your patient/parent education project. Your visuals were quite eye-catching, and would make very good aids to talking to kids and mom about healthy nutrition. As we discussed, the individual physician is swimming upstream in tackling this topic, when there are so many societal, familial, and cultural pressures in the other direction. This doesn’t mean pediatricians should not have these conversations, but the more creative and innovative they can be in engaging their patients, the more likelihood they will make a dent. Very nice work! Dr. Shapiro

Dear --, thank you for such a sensitive and perceptive poem. I especially appreciated that you chose to write it from the point of view of the little homeless patient whose life was so difficult that the hospital appeared as a desirable place to be. It is a devastating social commentary that for some kids, the hospital represents stability, security, safety, predictable (if not good!) food, clean sheets, toys and games. No one should ever *want* to stay in a hospital. Yet, as you discovered, some do. Your poem captured this kid’s reality very well. I also liked the metaphor of asthma as a lion. Very good! This is exactly the kind of thing a child might say! Thanks for this excellent effort. Dr. Shapiro

This was a delightful and cleverly conceived skit! The “devil-on-the-shoulder” was wonderful, it personified in an attention-grabbing manner an astute insight about some of

the factors that contribute to things “going wrong” in a clinical encounter. You kept your audience laughing, while at the same time conveying important teaching points about how (not) to interview a difficult adolescent patient. In the discussion and your written reflection afterwards, you demonstrated the importance of empathy for patients who appear disengaged and “not to care” about themselves. It is not easy to “set your prejudices and own life problems aside,” but as you well recognized, failure to do so can significantly interfere with good patient care. Your observations about the particular vulnerability of the pediatric patient were especially insightful. Remembering just how out of control, helpless, and confused they may feel (which unfortunately may manifest as rudeness, disrespect, or obnoxious behavior) can help “rebalance” the physician’s attitude. All of us have a little bit of the inner devil, but the task is to become familiar with this fallen angel so that you can easily see him coming and hopefully keep him in check ☺. Very well done! Best, Dr. Shapiro