

PEDIATRICS HUMANITIES SESSION APRIL 2009

Hi --. Glad to hear you're feeling better. Whether you're a patient or a doctor, being sick is no fun! I was very touched by your poem - I couldn't help wishing I knew more about this sweet little one with no visitors and only the love of the team to keep her going. By the end of the poem, I was praying for "chubby cheeks" too, so your writing definitely engaged and moved me. Stay well, Dr. Shapiro

Hey --, so nice to see you again after the passage of much time; and to hear you are still feeling good about EM. I really enjoyed your humanities project – what can you teach a teen in 5 minutes or less? I admired that you ventured into the murky waters of stds and drugs when “the pediatrician himself doesn’t go near the topic...” Clearly, these are difficult, but critical topics. Your quip about sexually transmitted viruses is something I will carry forward, and I suspect many of your classmates will as well. What a terrific use of humor and out-of-the-box surprise to catch your patient’s attention and drive home an important point! Thank you also for raising the issue of parental discomfort. I think the more physicians feel comfortable themselves in paying attention to the subtle but often important cues that emerge in an encounter, the more they can clarify and surface concerns and reservations that can then be dealt with. True, you don’t have all the time in the world (about 5 minutes I guess!), but sometimes it is worth pausing to get everybody on the same footing. As we discussed in class, parents can be violently opposed to sex and drug education in the physician’s office; but just as often, they may be grateful (although still uncomfortable), that *somebody* has the guts to raise the topic with their kids. You identified a really good, and neglected, topic and helped us all think about it in more depth. Great job! Dr. Shapiro

--, by addressing the (debunked) link between vaccination and autism, you focused all of us on a timely and critical topic in pediatrics and public health. Thank you for such a well-informed presentation that provided excellent historical background, familiarized your audience with extant research, and noted some of the powerful psychological forces at work in perpetuating this persistent myth. A very well-organized, well-researched, and well-presented project. I’m sure your classmates learned a lot from it. Thank you! Dr. Shapiro

Hi --, I really liked your poem on a kid’s perspective of healthcare. Great title (“Strange People Stabbed Me”) – what a perfect way of summarizing the child’s experience. It was cleverly written, and its humor helped us all reflect on serious topics, such as minimizing pain, lying to patients etc. No wonder kids cry when they see white cuts. Very well done. Best, Dr. Shapiro

Hello, -- and --, and welcome to the U.S.! Thank you so much for being willing to participate in this unusual (at least for American medical students) teaching session. What a great project you put together! The topic you chose to address – mental illness and suicide in children and adolescents – is obviously critical, but hard for many to think about, so thanks for bringing it to our attention. I particularly valued your highlighting of adolescents’ tendency to “fake” normalcy, and the all-importance of image in this age group. I hope it reminded your peers how worthwhile it is to “look below the surface” of things in healthcare.

I routinely use The Scream and the deathbed scene of Munch’s sister in my teaching, but I’d actually forgotten that the artist was Norwegian so thanks for that cultural reminder :-). More importantly, your presentation did a wonderful job of demonstrating how art and poetry can help us apprehend the interior of concepts such as suicide and mental illness, which otherwise all too easily remain impersonal abstractions. You really got into the spirit of this session, and we were all the beneficiaries. Thanks again, Dr. Shapiro

Great role-play, guys! As I mentioned in class, during these sessions, students inevitably bring up the difficult and emotionally-laden topic of child abuse. Yours was one of very few presentations over the last 5 or 6 years that actually dealt with in real time how to handle a suspected situation of abuse. I was impressed with the way you worked in parental factors that might raise the index of suspicion, such as disciplinary practices, history of criminality, incongruent emotional responses etc. (while reminding us that child abuse occurs in all socioeconomic, racial, cultural etc. groups); and integrated suspicious physical signs as well. The skit also role-modeled really skilled techniques on the part of the world-renowned attending (and to a lesser extent, the slightly anxious intern :-)). By including this component, you moved the issue of child abuse beyond the understandable emotionality it evokes to specific skills of identification and response. In other words, you showed not only a very difficult situation that every future emergency medicine doc, family physician, and pediatrician worries about, but demonstrated appropriate ways of handling it. You made education both enjoyable and memorable! Thanks for a wonderful project, Dr. Shapiro

Thanks for another lovely poem, --. You put your finger on a prevalent and very interesting dynamic in pediatric practice – the role-reversal in child-parent relationships. I was really appreciative of the opportunity to reflect with you and your classmates on this issue, which doesn’t often get addressed, but is something I’ve observed repeatedly. Your poem allowed us to consider when this is a psychologically healthy response for parent and child, and when it might be limiting. Sometimes the kid feels she has to be brave for the parent; but then sometimes the parent is expressing things that the child can’t figure

out how to. In rereading the poem, I was reminded of how hard it can be to connect to kids – “Good,” “No,” “I don’t care,” “Yeah” – it’s not much to work with, is it? Was this child as oblivious as she seemed? Was the mom carrying the burden of her psychological and physical pain? We don’t know, but I like that your poem asked the questions. Best, Dr. Shapiro

Hi --. I really liked the parallel you constructed in your poem between the parent-teacher conference and the parent-pediatrician encounter. You identified a crucial, but often unstated, dimension of all the “testing” that occurs in medicine. Of course, ostensibly it has a very different purpose than in academic settings, but the intervention that results is similarly remedial if the subject “does poorly.” Importantly, the tacit – and likely unintentional – message is that the patient has “failed,” is not “up to par,” is inadequate and a poor performer. Other language in medicine reinforces this perception (“patient failed chemo”) and I don’t think it is entirely accidental. There’s a lot of helplessness floating around in medicine; and it can be comforting psychologically to be able to hold someone responsible, even if it’s the patient. This tendency toward patient-blame is something we all have to be aware of – and your presentation put it in memorable terms for everyone. Great job! Dr. Shapiro

--, your presentation on an aspect of medical economics – the California Healthy Families program – was extremely well-researched and informative. It served both to educate your classmates about an underutilized option in healthcare and to remind all of us about the broader context of insurance coverage (or lack thereof) in which the daily practice of medicine occurs. Thank you for this advocacy project. Dr. Shapiro

--, I apologize for not spending a few minutes in class responding to your project (I think I became a bit too time-focused) because it was a very moving sharing on your part (as you rightly said, an “awww” moment – and those are precious!). You got it exactly right – those moments when the patient connects and trusts you (in this case, to the point of peeing on you :-)) are what make the practice of medicine worthwhile and rewarding. I so appreciated that you recognized, reflected on, and memorialized that moment. Too often we just pass them by – and unfortunately, that’s what I did with your project. But I do commend you for understanding the importance of that small moment, and for sharing it with your classmates. I hope that, even without my highlighting it, they valued it. Best, Dr. Shapiro P.S. The last line of your essay made me smile. You are perfectly within your rights as a physician not to want future urination episodes (unless you are planning on peds! :-)).

Haha! Your educational skit on child safety was both amusing and highly informative! I am definitely going to get all of Dr. Troy McClure's videos :-). The freeze-frame approach was very effective and attention-grabbing; and the issues you highlighted (choking, tag-along skateboarding) are obviously ones that can have devastating consequences. You are absolutely right not to make assumptions about parents' knowledge about safety. Education is key. Very clever and very well-done! Thanks, Dr. Shapiro