

PEDS REFLECTION SESSION 12.2011

This is a really strong poem, I hope you might consider submitting it to Plexus this year. "Nobel Prize herniating out of a tiny skull"? Wow, this is great writing. "Draped in my righteousness/A heady kind of drunk.." also so expressive.

More to the point for the clerkship, I now grasp that you were focused on the growing problem of parental rejection of immunization (btw, extremely clever title!). I loved how you used the poem to process your own frustration and anger (and fear); and to consider more effective and patient-centered strategies for reaching these parents one parent at a time. You show real insight into the perspective of the physician, who knows people may become sick and even die as a result of these parental choices. The poem expresses so well not merely the clinical understanding, but the emotional struggles as well.

Dear --, I appreciated your engagement and perceptive comments during class discussion. Your project – sewing a bear, with the able guidance of your wife! – was very touching. First, I admired that you ventured outside your comfort zone. Second, you created something – a soft cuddly bear (truly not scary!) that a little kid might easily embrace. I'm sorry we were running out of time when you presented, but I wondered – how did it feel to make the bear? Was it more like practicing your surgical stitches? Or did it get you in touch with your tender side? In any case, you showed great sensitivity to how your size might sometimes seem intimidating to a child (or even a supine patient); and how specific actions on your part (whether crouching down, or making a bear) might mitigate that superficial impression, and show the kind, caring heart within. Nice work!
Dr. Shapiro

Hi -- and --. Excellent project! As I noted in class, I liked that you ventured outside the safety of the strictly medical world (where, even as a lowly 3rd year, you are still part of the power hierarchy) into the “neutral zone” of the playroom which, as you realized, attempts to approximate “normalcy” for sick kids and their sibs. By doing so, you allowed yourself to remove your white coats and be on a more equal level with the kids, talking with them, drawing with them.

Your statement that although the kids were sick, they “still had a light inside them” was very moving to me. Kids do have that light, and sadly, the slings and arrows that life sends (including illness and suffering) sometimes extinguish that light (as you observed about some of your VA patients). You know, I think one thing that all physicians should strive for is to do their little piece to keep the light – as well as the patient :-) – alive. How to do that was beautifully symbolized in your “heart” arrangement of the kids’ drawings.

I also appreciated your awareness that serious or chronic illness not only affects the patient, but ripples out to change the entire family. As you insightfully commented, the lives of perfectly healthy siblings are tremendously altered by the presence of a sick family member. Sibs often feel guilty or resentful toward the sick child. However, there are also positive effects associated with a sick sib, such as increased altruism.

Altogether a creatively conceived project executed with caring and perceptiveness. Dr. Shapiro

--, you made some truly perceptive and insightful comments in class yesterday that showed an awareness of how important it is not to close down emotionally in response to the demands of patient care and clinical training. Your project was lovely – you have real artistic ability. Your statements about what a positive experience pediatrics was for you and how much you enjoyed working with kids captured the essence of what pediatrics is all about. Thanks for your participation. Dr. Shapiro

--, aside from the fact that you have a lovely voice (and it is super hard to even stay on pitch in those circumstances!), I was really touched by the message of your project. One of the things you realized was how illness separates and isolates kids from the normal world of their peers, and how much they long to return to that world. The irony of the lyric that reiterated “the kid who has everything” (all the gadgets and technology medicine can offer!) was spot-on, and underlined the poignancy of the child’s yearning for the simplicity of being a happy, healthy kid. You did a very creative and imaginative job of adapting the words of the Little Mermaid song while keeping its essential emotion of heartache. A superb choice, and beautifully executed. Thank you! Dr. Shapiro

Emily Dickinson happens to be one of my favorite poets, and she has few equals when it comes to contemplation of death. The exquisitely ironical tone in the lines “Because I could not stop for Death/He kindly stopped for me” capture both our terror of death and its inevitability. These poems, so beautifully written, provided a wonderful entrée for contemplating that which we would prefer to avoid – the existential questions of why do we die? And even more difficult, why do little children suffer and die?

You segued into a heartrending discussion of how parents make such impossible decisions, providing troubling examples of parents perhaps too cavalier to let go and too much in denial to ever let go. Much of the conversation which your project triggered focused on the need for physicians to explain honestly and clearly the child’s likely prognosis. To this I would add, listen, listen, listen to the parents if you are planning to assume the awesome responsibility of guiding them. What underlies their thinking? What are the emotions they are experiencing? William Osler, the great (and widely

quoted) early 20th c physician said that if you listen carefully to the patient, they will tell you their disease; similarly, if you listen carefully to their anguish and uncertainty as they confront their child's end of life, they will often tell you how you can help them.

I know you felt a bit uncomfortable presenting a “downer” project to your classmates, but believe me it was essential. How can your experience on Peds be truly complete until you've found the courage to confront the unimaginable – the deaths of innocent children. Thank you for helping us not to turn away from this reality.

Best, Dr. Shapiro

--, thank you very much for sharing something of your childhood in Iran. It was a wonderful way of reminding your classmates that often children in this country started out someplace else, and that those early experiences will have shaped their expectations and views of doctors (and of course, life generally). Some of the specific points were so valuable – for example, helping us all to try to imagine, although for most of us a near impossibility, what it might be like to grow up in the middle of war. You also helped us to challenge religious stereotypes about Middle Eastern countries by talking about your atheist grandfather. The way you contrasted the more technical Iranian approach to medicine with our efforts to care for the whole person (at least in principle!) in the U.S. was a good reminder that, although our medical education system has many flaws, it has many strengths as well.

Finally, on a more personal note, I have to say for someone who fainted at the sight of blood and was terrified of needles, you've come a long way :-). All best, Dr. Shapiro

Dear --, you are a very good artist, and I loved the way you got us all to see how testing the plantar reflex is in fact an example of communication between doctor and patient. Nicely done! I also appreciated your self-disclosure about your anxieties in starting Peds, and whether you'd be able to connect with sick little kids and demanding, terrified parents. The insights you developed about how “good communication” is a cliché that needs to be grounded in careful attention to word choice that avoids jargon (the shortness of breath example was terrific!) and acknowledges the emotional context were excellent. Best of all, in my view, was how you “came into your own” on this clerkship. Initially insecure and uncertain, you grew (I'm sure medically but also...) emotionally and psychologically during this clerkship. You may not end up as a pediatrician, but I'm pretty sure this experience will make you a better doctor. Best, Dr. Shapiro

--, it was so nice to see you again after all this time – a long way since litmed (. How great you are going into Peds – pediatricians are absolutely the nicest docs. I can tell you

are going to be a wonderful pediatrician because of your sensitivity to the vulnerabilities and fears of parents. All pediatricians love kids, but only the really good ones understand and empathize with the parents' perspective. You are already there!

Your project was both creative and useful – you asked a really intriguing question of parents (and yourself, through your observations) that elicited information that in the normal course of things doesn't necessarily get conveyed to medical students.

Several points really struck home. One was the importance of reassuring parents that their child's sickness is not their fault. It's hard to understand just how guilty parents can feel until you've walked in their shoes. Another point I found particularly insightful was the one about "the big picture." Parents are often overwhelmed by facts and figures, but lack a context for interpreting all this information. Finally, (perhaps more for your fellow students) , I applaud your realization that, from the parents' point of view, the medical students play a CRUCIAL role on the medical team. Indeed, as you noted, often the medical student is the one whom parents identify as their child's doctor because the student often knows them best and provides most continuity.

Thanks for such an excellent piece of work, --. Best, Dr. Shapiro

Hi --. I appreciate your tackling the haiku form – it seems simple, but they're hard to write! I liked both of them very much – one poignant, one funny. Your awareness of how the patient can become a spectacle was really perceptive. Sadly it is true that sometimes we approach patients like animals in a zoo – curious and interesting, and there for our instruction (and perhaps even amusement!). Your poem reminded us that all the patient wants is to go home. The second one, I think describing newborn nursery, was lighter, but similar in that it also explored the theme of alienation and connection. All patients want to be recognized, to be seen and heard. All patients want someone to "hold" them, whether literally or metaphorically. Your poems conveyed this emotional tone with sweetness and compassion. Thank you. Dr. Shapiro

--, you came up with a funny project that had a thoughtful essence. No matter how nice you all are, not everyone loves a medical student, especially when that person is sick, sleep deprived, and frightened. As your humorous dialogue indicated, adolescents are an especially challenging population to work with. Sometimes they're just mad at the world (goes with the territory), but some of the "complaints" are well-founded. Who likes to be awakened early in the morning to be poked and prodded? How alienating are the "protection suits" worn to safeguard immunologically compromised patients? And it is indeed distressing to lie in bed while people talk about you as if you weren't there. This project demonstrated great empathy for the patient's perspective. Excellent work! Dr. Shapiro

Wow, you are a good performer, -- (which is not as irrelevant as you might first imagine to being a good doctor, as there is a sense in which the doctor-patient encounter is a performance). I really liked that you adopted the role of infant advocate. As you observed so compassionately, it is part of the physician's role to assume the voice (with great humility and caution) for patients who are unable to speak for themselves. I thought the discussion of professionalism was quite interesting. To me (although I am not necessarily endorsing singing your recommendations to your patients) the height of professionalism is figuring out creative, innovative ways of reaching out to your patients, attracting their attention, and showing that you care. Your project did exactly that. A very enjoyable and successful presentation! Dr. Shapiro

Dear --, you did a terrific job of adopting the point of view of a kid going for a routine physical. You captured very well the kinds of things that bothered this kid – the other crying kids, the shots, the discomfort of the PE. The aspect of the project I thought was most perceptive was the appearance of “fun” (toys, friendly doc) but the reality of discomfort, even pain. This was a really intriguing insight on your part. Albeit with the best intentions, there is an aspect of Peds that can be a little deceptive or disingenuous. Peds is not all about smiling fish and happy music and cute stickers and tasty lollipops. It also has pain and fear and loneliness and boredom. I thought your project was extremely effective in generating a good discussion about how to reconcile these two dimensions authentically and honestly. Thanks for causing us all to reflect more deeply.

Dear --, the sign of an effective reflection project is when it generates impassioned debate, which is exactly what your project accomplished. As you realized, the troubling case you presented raised many issues that have no easy resolution. It is frustrating and upsetting when valuable medical resources are wasted. It is even more distressing when you wonder whether certain patients are scamming the healthcare system. Some people behave in unethical and manipulative ways. Some people are forced to engage in problematic behavior as a result of the limitations of the society in which they find themselves. Sometimes ensuring that a patient receives a necessary but expensive medicine they cannot afford ends up costing the system inordinate sums. Sometimes patients simply do not comply with recommended medications because they cannot afford the price. In an ideal world, none of these things should happen. In our imperfect world, it is hard to figure out what is right.

What I know to be right is a medical student who spends half a day looking for a pharmacy that has a cheaper version of the needed drug. What is right is a resident who takes the time and makes the effort to identify emergency funds. These are hopeful examples of individuals choosing to do the right thing within the constraints of an imperfect healthcare system.

Thank you for helping us wrestle with this complicated issue. Best, Dr. Shapiro