

PEDIATRICS REFLECTION SESSION 10/12 COMMENTS

Hi --, nice to see you again! Thanks for contributing your green frog poem. You have a lovely way with words, and the idea of looking at the pediatric illness experience from the perspective of a *stuffed frog (!)* was both adorable and original. In some ways, it seemed as the froggy “carried” the medical student’s humanity, acting as a kind of intermediary to the patient, building trust and confidence. You also illustrated well how “demonstrating” aspects of the exam on the complaisant froggy robbed them of much of their terror for the patient. The poem is especially effective in conveying the companionable, intimate nature of silence (“silence – joyful noise!”) – as you astutely observed, how much is communicated without words, and how perhaps the best form of communication is listening. I was very touched by the line “one with your heart.” It showed so clearly your empathy and compassion for these little patients. Altogether, a very sweet and humane piece of writing. Much good luck for the rest of the year! Dr. Shapiro

Hi --, and thanks for sending me your reflection project. You made the point about the awesome resilience of kids, and you are so right about that. I was equally struck by your wonderful impulse to step forward and comfort this unhappy child, even though it was “not your job.” In addition, when after his surgery the little guy soured on the “white coats,” you persisted in your attention and eventually won back his affection and trust. Of course, it is natural to feel disappointed when a patient withdraws emotionally, but generally this behavior has little to do with you personally, and is more of a reflection of the patient’s fear and helplessness. That you persevered, and didn’t let the kid’s behavior determine *your* behavior, marks you as a humanistic and dedicated future physician. I imagine that, on discharge, not only did you miss your little patient, but he missed you as well. Of course, as you say, how wonderful that your patient made a good recovery and could return home, but that missing is a sign that you had established genuine bond. Nice work! Dr. Shapiro

--, you came with a creative, somber, and sobering way of educating parents about the dangers of child drowning (good choice of background music). I thought Dr. X’s comment was so insightful – your words of information and caution literally created a bridge over the uncovered water that parents could use to cross to safety. What a great metaphor! The “drowned doll” was both a funny touch and weirdly gruesome. It caught your audience’s notice, which is a vital component of effective patient/parent education. The fact that it was obviously an action figure – yet could have been the active figure of a real child – was what made it so troubling, and therefore so effective. Thank you for focusing our attention on a serious public health risk; I suspect that your presentation will remain in our memories for a long time. Best, Dr. Shapiro

Hi --. It was a pleasure to hear someone reference **Lord of the Flies** in medical school! It is a book with a lot of relevance to medical education. Loss of innocence is not something that only happens to little children – I think many medical students feel that something of their own idealism and innocence is tarnished as a side effect of their medical training. Of course, it's often the case that under situations of high stress, people always have a choice to make about how they will behave.

Your lovely poem brought us all back to that experience of innocence (the apparent *tabula rasa*) we discover in a newborn. I liked that the narrator in the poem spoke directly to the infant – it made the scene immediate and intimate. You realized that we are all drawn to a new baby because of its innocent heart, pure thoughts, and the trust it extends (deserved or not) to the whole world. In a way, its purity makes us once again pure. All in all, the poem is a poignant depiction of something in life that is, as yet, completely uncorrupted – a state that we all long to recover. Very affecting meditation, --. Dr. Shapiro

--, I absolutely loved your drawing of the medical team rounding *from the infant's point of view!* It was funny and well-drawn, and did a terrific job of emphasizing the goggle eyes and distorted features that loom, Sendak-like, above the baby. I especially appreciated that you tried to understand the perspective of someone that we might sometimes think *has* no perspective, because she has no language and no thought that we recognize. Your effort to enter into the world of a little being so different from who you are now shows great empathy. Your clever sketch I think reminded all of us of the value of trying to see clinical situations through the eyes of the patient. Great job! Dr. Shapiro

--, this was a clever and empathic cartoon strip to emphasize the importance of true patient education to achieving adherence to medical regimen (as opposed to being an information conduit delivering data to the patient/parent receptacle). Factors such as language, culture, health beliefs, finances, expectations, and misunderstandings can all lead to frustrating outcomes. As your presentation stressed, noncompliance is a starting point, not an endpoint. What is the obstacle that has impeded following physician directions? What aspect of the doctor's explanation has not been adequate? As we discussed, understanding cannot always be accomplished in a single visit, and "blaming" patient (or doctor!) will likely not improve matters. Better to recognize that sometimes understanding takes time, repetition, a combination of approaches, and above all patience and perseverance. Your project demonstrated exactly this level of awareness. Your future patients will be lucky to have a physician who takes education seriously! Best, Dr. Shapiro

Dear --, thank you for taking the risk of sharing not only as a student-physician, but as a mother. You've probably noticed that, while almost everyone loves or at least is sympathetic toward sick kids, some doctors are impatient with, exasperated by, or plain don't like their parents. Helping us better understand the perspective of parents, who usually are motivated by deep love, weighty sense of responsibility, and often guilt, even (or especially) when they appear to physicians to be demanding, annoying, argumentative, aggressive, and mistrustful. As you observed so astutely, parents have a constant fear that something bad will happen to their precious children; and when it does, they are determined to make sure they've done everything in their power to ensure their child's wellbeing, no matter how obnoxious they may appear. Your reflection acknowledged parents' strength, devotion, and advocacy, and provided a much-needed counterpart to prevailing narratives that cast parents as an impediment in the care of the child. I loved what you said about the doctor's role as not only to treat the child, but respect the parents, and heal the family. When a child becomes seriously ill, it is an injury, a wound to the entire family; and the pediatrician who recognizes and addresses this is a wise physician indeed. Thank you for such a moving and insightful statement. Dr. Shapiro

--, you did really fine work on this parent education project. It embodied so many excellent principles of effective patient/parent education: it used humor, it incorporated the perspective of the child (the allure of food on the stove or in the oven), it emphasized working together with the parents as a team and respecting their input and ideas; and it delivered a simple, straightforward, and very important message. Best of all was the attitude of inclusivity and respect it conveyed towards parents. I am certain that the interpersonal sensitivity evidenced in this effort will make your interactions with future patients as easy as P.I.E ☺ Best, Dr. Shapiro

Hi --, you had an innovative idea to revisit your 7 year old essay about breaking your arm. By the time we're adults, we've moved so far from childhood, it can be hard to remember what being a kid is like. Having actual evidence documenting that perspective is an excellent way of literally "seeing through the child's eyes"! I noticed a couple of things about your essay. One is that you were fortunate to have doctors who were friendly but straightforward ("Unfortunately, this may hurt"). I also thought it was nice that you got a choice about the color of your cast. Illness and injury can make the patient feel helpless, and this was a simple way of restoring some sense of control. The essay also shows that, even at this tender age, you were an excellent observer. It is filled with numerous very specific details! Finally, perhaps the most important thing is that your mom accompanied you throughout, finding out what she needed to know and just being there for you. As you concluded from your essay, kids are very resilient, and with a caring physician and a devoted parent, they can perceive that even something like breaking their arm is an "adventure"! Thanks for excavating your past, and hope it will give you some insight into your present role on the other side of the white coat ☺ Best, Dr. Shapiro

--, thanks for your valuable reflections on cross-cultural differences. The idea that emotions can make people sick is a common one in many cultures. It is also easy to associate one medical problem (a bump on the head) with another proximal symptom (belly pain from appendicitis). What impressed me in your story is that the mom trusted you enough to share her health beliefs and ask the questions that were troubling her. As you suggested, if everyone is not on the same page about the cause of illness, there may be resistance to an intervention (e.g., surgery) that does not seem to follow logically depending on the belief system. You wisely stated that physicians need to act as guides, and this includes guiding the patient's or family member's understanding so that there is a shared understanding that enables treatment to proceed. This is a critical issue in health care, and I thank you for focusing our attention on it. You also modeled how an open, nonjudgmental attitude can help patients and parents make sense of disease. Best, Dr. Shapiro

--, you presented a really interesting perspective on an apparent "success story" – 15 yo obese male with significant weight loss after changing eating habits. In your story, the physician congratulated the kid, apparently focusing more on the endpoint (pounds lost) than on the process of getting there (eating habits). The mom's concerns about a possible eating disorder (or at least the development of unhealthy and extreme eating habits) was an important reminder that our weight-obsessed culture (including its physicians) needs to attend more to the how than to simply the result. Although obesity is a public health threat, eating disorders are also a serious at times lifethreatening problem; and by addressing the former, we don't want to encourage the latter. A recent article in the Harvard Political Review opined that obesity and eating disorders are really two sides of the same deformed coin that represents Americans' views about eating and body, and emphasizes that solutions lie in cultivating healthy processes around food and exercise (<http://hpronline.org/covers/food-covers/the-obesity-eating-disorder-paradox>). Thank you for sharing an important caveat about how, as a society, we are approaching this critical issue. Dr. Shapiro

--, thanks for sharing that tribute to your parents. It is often true that, not until they are older can children appreciate all the sacrifices parents make for their children, all their worries, guilt, and sleepless nights. As we discussed in class, I was impressed by your skilful use of self-disclosure. This is a "tool" in the physician's armamentarium that needs to be employed wisely, with the focus always remaining on the benefit to the patient (not the physician). That having been said, sharing something about yourself, particularly something that let's the patient/family know you can understand their experience not only in a professional way, but in a personal way, can be a powerful means of moving closer to your patient. Sometimes the gap between patient and doctor is so vast that the doctor is not perceived as someone who can relate to the patient. This reduces trust and subsequently adherence to treatment plan. Your ability to reach out to families of kids with asthma on a personal as

well as a medical level is a wonderful example of humanistic medicine at work. Also, your poster of beautiful healthy lungs, which you used to explain reactive airway disease to parents, looked to be a very effective teaching tool. Nice work all around! Dr. Shapiro

Hi -- and --. Great idea to create a parent/physician dialogue as a way of highlighting some common issues that arise for parents of an autistic child, such as vaccination concerns, chelation and other alternative therapies, and parental guilt. You provided an excellent role model of a concerned, compassionate physician who listened carefully, empathized with the mom's perspective, was nonjudgmental, reassuring, and informative. I particularly liked the way you emphasized that the physician should be an "ally" of the parent (a very nice conceptualization), and that taking care of this child over the long haul was a matter of parents and physician "working together." You also were skillful at eliciting mom's values and priorities. This skit was very educational, both in the sense that it got the class to think about autism from a parent's viewpoint, and in that it served as an excellent demonstration of how a physician can work with a distressed parent to find common ground. Very nicely done! Dr. Shapiro

Hi --, I'm so sorry to hear you've been sick, but glad you had your mom to take care of you. She sounds like a very good mom indeed 😊. I liked the way you learned from your own illness about the importance of family in helping a sick member through their suffering. Having loving, caring people around you truly does lessen the burden of illness.

I was so touched by the wonderful relationship you had (and still have) with your grandfather. My oldest daughter was particularly close to both my parents, and although they have passed, she still "consults" them about major life decisions, and even writes them the occasional letter, just as you did. The bond with loving grandparents who just have faith in you is a special one.

Your observations about Pediatrics were both insightful and moving. What you wrote about how wonderful it is that children (almost) always have someone who is sincerely invested in their wellbeing I think is one of the reasons that Peds is such a hopeful specialty. The large majority of children are part of some community, they have people who care about them and are trying to help them. This makes the job of the physician much easier; by definition you are part of a team! As you point out, adult patients have already made many choices, have suffered the slings and arrows life has sent their way, and may find it harder to accept guidance.

You also expressed a perceptive understanding of parents. As you say, they can be overprotective, demanding, or mellow, and the important thing is to be able to adapt your style to accommodate their fears and support their efforts to do the right thing by their kids.

--, it seems to me that, regardless of what specialty choice you eventually make, your grandfather would be very proud of you. All best, Dr. Shapiro