

## PEDIATRICS REFLECTION SESSION 5/21/12

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Dear --, --, --, and --, Very nice work on your skit (--, you definitely have a flair for the dramatic set-up ☺). You all played your roles with humor and insight. The internal monologue was especially revealing, as was the nurse's caregiving behavior toward adorable (and precocious) little --. Underneath the chuckles, however, your skit did a great job of surfacing an important question that plagues caregivers – why don't parents show up to be at the bedside of their sick little ones? It is hard to understand; yet as your classmates demonstrated, the answers may be more complex than we might initially imagine. The next interesting question becomes, how do you respond? Once again, the lively discussion generated valuable suggestions ranging from instrumental action (involving social worker) to in-the-moment support and caring. The skit proved its own success by the way it engaged the attention and thought of your peers. Thank you for identifying an issue that deserved deeper understanding and providing us with a way to get there. Best, Dr. Shapiro

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--, I was extremely impressed with your insightful comments in class today. Your awareness of how easily negative judgment affects health providers' views of parents was particularly astute. Other observations showed comparable maturity and deep understanding of the complexities of patient care on Peds. I thought you used the reflection project in a very creative way, i.e., to look back on yourself as a child (and forward to yourself as a future parent). As you discovered, Peds has a way of making you realize just how challenging parenting can be; and hopefully of deepening appreciation for all your parents went through in raising you! This perspective can be a much-needed antidote to the rather facile perception that sometimes emerges of parents as annoying irritants in the process of pediatric care. Thanks for sharing your endearing collage. Dr. Shapiro

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Thank you very much for turning in a written reflection – very responsible of you. I thought your meditation on Peds, in response to your friend's comment, was thoughtful and interesting. First, it was a nice validation of the Peds clerkship (yes, people do actually put thought into these things! ☺). Secondly, your realization that, even on the wards, most sick kids get better and get to go home, and fairly quickly at that, was important. It shows why, even when very sick kids are involved, by and large Peds is a hopeful specialty. I also was really struck by your observation that the families of kids react differently than those of adult patients. I assumed you meant that, although everyone of course is happy when their loved ones recover, parents' joy (and relief and gratitude) is often stratospheric. You also had a good insight that, although the physician has an important role to play, in the end parents are the ones who must safeguard and raise their children. Knowing one's limits is the start of humility. Thanks for contributing this reflection. Best, Dr. Shapiro

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Hi --, thanks for contributing such a creative and wellwritten story. You may not have identified the accurate details of what had created such distrust and fear in this kid's mother, but I think you came very close to understanding the emotional context. Callous, cold, assembly-line medicine easily engenders suspicion and dislike, sometimes with dire consequences as in this case of a mother refusing

necessary surgery for her child. Thank you also for sharing the happy result, and the means by which it was achieved. Indeed, as you and your team knew, by listening to the patient's (or parent's story), withholding judgment, and empathizing with her anxieties, it is often possible to shift the situation. The more powerless and threatened people feel, the more likely they are to dig in their heels. By empowering this mom, you also found the way out of the impasse. A wonderful example of how working on the psychosocial level can smooth the way on the medical level. Very nicely imagined piece of writing that triggered a valuable class discussion. Best, Dr. Shapiro

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--, this was an outstanding project conceptually. Really marvelous. The idea of the horns and pitchfork was cute; but what really impressed me was the visual of an overlay that could be "peeled back" to reveal the anxiety and fears of the mother beneath the stereotype. As a result of time limitations and other pressures toward efficiency, it is easy to view parents as an obstacle standing between you and the patient. It is easy to resent them and to avoid connection. What I respected so much in your project was the effort you made to move closer to understanding and respect for even the "difficult" parents of sick kids, and to appreciate their perspective. This was elegant work. With a few strokes and a few questions, you said much. Also, thank you so much for your perceptive comments in class and your engagement with the discussion. Best, Dr. Shapiro

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Hi --, thanks for sharing the collage of your birth! I found it so interesting to hear the story your parents framed for you growing up ("You were just so eager to get started with life you couldn't wait"); and how it became both more complicated and truer when you revisited with them as an adult. I was also struck by how much the excellent care from the nursing staff meant to your father. As we discussed in class, that is a great gift health professionals can provide frightened families: in serious situations, when everything feels scary and out of control, they can "contain" the fear and trepidation. They can't make it go away (they can't miraculously turn a low birth weight baby into a full term one) but by their words and actions they can convey that they know what to do and that they care about what happens. When patient and family experience such support, they tend to relax and trust. Btw, glad all turned out okay for you 😊 Dr. Shapiro

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Dear --, thanks for such an excellent oral presentation explicating your collage. It was so insightful about how the Peds clerkship can affect the learner. The before/after approach you adopted really helped us understand the level of doubt and unfamiliarity that exists prior to the clerkship's commencement; and how these anxieties are alleviated and replaced with more confidence, greater knowledge, and improved patience over the course of the clerkship. I saw many students nodding as you enumerated your uncertainties, for example about how to interact with adolescents, how you would feel faced with very sick kids, how to do a pediatric exam, how to deal with family members. Yet in all these areas, by the end of the clerkship you had developed real skills. I thought your discussion about "necessary force" was really interesting as well – it raised all sorts of related issues in my mind about the need sometimes to inflict pain on someone with the goal of improving their wellbeing. Altogether, a very thoughtful piece of work that validates all the effort that Dr. X and others have put in to the clerkship. Thanks for sharing, Dr. Shapiro

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Hi --, thanks for contributing your reflections to the creative projects session. You did a lovely job of elucidating some of the real challenges in Pediatrics – how to win the trust of adolescents during the HEADS exam so that you elicit more than monosyllabic answers; how to implement effective preventive medicine; how to counteract poor lifestyle choices leading to scourges such as diabetes and obesity. Thanks to your thoughtful sharing of these situations, your project provoked an energized solution-focused discussion. Well done! Dr. Shapiro

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--, absolutely great story about how miscommunication can occur between medical team and patient. Your telling of the story was very engaging, and the punchline – your little patient thinking his broken leg would have to be amputated – elicited sympathetic shock in your audience. I appreciated that you pointed out that this was not primarily a problem of language difference, but the class between the voice of medicine and that of “ordinary life.” This account illustrated very well how easily patients and family can form misunderstandings that can cause great distress and perhaps influence decision-making. I would say in this case that “one story is worth a thousand lectures.” I’m sure this simple misunderstanding will linger in the minds of your peers, and increase their efforts to ensure that patients accurately understand issues of diagnosis, prognosis, and treatment. A powerful and effective rendition! Dr. Shapiro

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Hi --, I liked your poem. It expressed very well how soothing and relaxing the routine care of a newborn can be. It also demonstrated how much you learned about what to look for in assessing these little infants! In your comments, you made some excellent points about how intimidating it is to attempt to examine and interact with kids in the presence of their anxious, fearful, or demanding parents! The discussion you generated helped remind the group that explaining each step you take and showing caring are effective ways of winning parental trust and getting them on your side. Thanks for your participation, Dr. Shapiro