

PEDIATRICS REFLECTION SESSION 6/12

Dear -- and --, Welcome to the U.S. Thank you for participating in the Peds reflection session. I imagine this is not a standard part of medical training in Japan. Nevertheless, we think it provides a way for students to reflect on the many emotional challenges involved in becoming a doctor. Thank you for sharing something about the Japanese healthcare system. It was interesting to learn how the prenatal care has been structured to provide such outstanding results. It was also enlightening to hear about the “doctor helicopter.” Much of what you shared (minus the universal healthcare!) was reminiscent of more rural practices in this country. Thank you for educating us a bit about healthcare in your country. Best, Dr. Shapiro

--, you wrote a delicate and poignant haiku – an image of what it should be like in a perfect world for every new life. Sadly, these little innocents enter a world that is far from perfect, including parents who may love their children but are really challenged to care for them. I very much appreciated the honesty with which you reiterated, “I had *so many* judgments!” Of course you did, as did most people in the room. It is natural to become distressed when we are confronted by a helpless infant whose parents have a history of opiate addiction, smoke, won’t vaccinate, and don’t trust doctors. What a difficult environment in which to begin one’s life! As we discussed in class, as a *physician*, the most important first step is to RECOGNIZE your negative emotions and evaluations. It is when we don’t acknowledge what we’re feeling and pretend we are completely “objective” that we can do inadvertent harm to the parent-physician relationship, which in turn compromises ideal patient care. Next, you want to ask, “How will this judgment/feeling affect my interactions with the patient and parents?” If the answer is in the negative, you might want to further ask, “What attitudes and feelings have the best chance of helping to take the best possible care of my patient?” As you pointed out in your excellent in-class comments, skillful emotions are not only those of compassion and nonjudgmentalness, although those are often helpful. Sometimes, as you observed, a tough love approach can be beneficial, but *only* if you are adopting it out of a true commitment to helping the patient/family, not because you’ve decided to vent your frustrations. Sometimes, as Dr. X offered, judgment can be softened by ‘replacing it with curiosity – “What makes this person act as she’s acting?” “How can I better understand[not necessarily *agree with*] her perspective?” --, learning to modulate and work with your emotions to advance optimal patient/family interactions is an ongoing challenge. But your authentic, self-aware remarks today showed you are really on the right track. All best, Dr. Shapiro

--, you produced a clever and insightful drawing. Truly, a picture can be worth a thousand words. At first I didn’t get why the baby in the crib was wearing a white coat? Were you saying medical students are really babies?! (Perhaps not such a terrible interpretation ☺). Then, as you expounded on your sketch, I grasped that, in fact, the point was that your patients are truly your teachers. As I commented, this humbleness fits pretty well with the position of a beginning third year student. My hope is that, even as your knowledge, skill, and expertise grow over the next years, you will be able to retain an attitude of humility in the presence of your patients, and never lose sight of the fact that your patients *always* have something to teach you.

I also especially appreciated your initial observation that, while the neglect and abuse by some parents of their children is shocking and indeed incomprehensible, the vast majority of parents are loving, caring, and devoted, although what this looks like in the specific may vary greatly from parent to parent. As you rightly observed, it is sometimes truly astonishing the level of care and devotion parents display toward severely ill and disabled kids.

Thanks for contributing a project that was simple yet profound, and addressed the core of what it means to be a good doctor. Best, Dr. Shapiro

What a clever, ingenious project, --. Creating a puzzle to illustrate the multiple individuals involved in pediatric care, and how (ideally) they all fit together smoothly and seamlessly was really a great idea. I suspect that image will linger in the minds of your fellow classmates as a model of interprofessional collaboration we should all aspire to. I also appreciated that you put the child patient in the very center of your puzzle – again, a great visual means of conveying the otherwise rather abstract concept of patient-centeredness. Another important point you made was modeling an attitude of generosity and nonjudgmentalness toward so-called “demanding” or “difficult” parents. As you wisely observed, most parents are motivated by love and concern for their child, even when they act in ways that are frustrating for the medical team. I thought your project led to a really valuable discussion of the skills needed to coordinate a team, including persistence, diplomacy, good communication skills, empathy and respect. Thanks for getting us all to think about this important issue. Dr. Shapiro

--, you chose a really important topic to reflect on. Pain is obviously a highly subjective phenomenon, and it is to very quickly become very judgmental about the suffering of others. Some pain we find convincing and credible; other pain doesn't seem real, or we evaluate to be exaggerated. Sometimes pain is offered to the physician in exchange for drugs. Sometimes pain may be objectively rather trivial, but may represent severe psychological distress. I really liked your awareness of your own skepticism regarding your 16 yo patient's “worst pain ever.” And I equally liked the final conclusion you reached: “Why not?” She felt she was in agony, and that says a lot about how the patient views her own experience. This doesn't mean you should ignore your independent observations (patient giggles with her sister, and has few nonverbal indices of discomfort), but you shouldn't ignore the patient's story either. To her, the pain is real and sizeable. Your task is to find out why. Best, Dr. Shapiro

Hi --, you had a really innovative idea to use social media as a way of building your development as a physician. Everyone wants to become a “good doctor,” but your strategy of “pinboards” for the roles of doctor, resident, and medical student is unique and ingenious. What is particularly commendable is that rather than stopping with abstractions (“thoroughness,” “compassion”), through your careful observation of your role models you are identifying specific examples of how concepts of professionalism are translated into action. The level of attention and careful observation that you bring to your learning environment is impressive. It is evident that you are not only learning biomedicine, but also the attitudes, behaviors, and interaction that make for effective and trustworthy physicians. I hope you continue this practice, and that some of your peers will adopt it as well. Attending to what you

admire in others is one of the best ways of beginning to incorporate such practices in yourself. Very well done. Dr. Shapiro

Dear --, I was deeply impressed by the thoughtfulness and nuance with which you reflected on the extremely painful issue of parents' neglect and abuse of their innocent children. The starting point of your essay was the extraordinary empathy you displayed for the aloneness and vulnerability of your little patient. You also did an amazing job of interrogating your own emotions and working with your initial feelings of judgment; as well as understanding and even empathizing with both the parents and the residents who in multiple instances seemed to have failed their child/their patient. Your essay shared a profound insight regarding the way "we all ignore what is painful and unjust in order to get on with our lives" which prompted a rich and valuable discussion. Your insights also helped us to wrestle with how best to confront and address the imperfections in others, in our colleagues, and in ourselves. It is hard to say for sure what the right answer is. In your essay you wrote that your goal is "not only to identify those who need advocacy most but also *how best to serve them.*" Your comments in class indicated your sensitivity to the paradox that exclusive focus on a worthy goal such as advocating for vulnerable populations can lead us down unintended paths of hostility and simplistic judgment toward others we make "the enemy." All I can share is my conviction that you are on the right path when you focus on compassion. Compassion does not exclude discernment and even wise judgment about right and wrong, good and evil. It merely frees you to continue to serve, so you are not weighted down with anger and hatred.

All in all, your essay was quite remarkable for its insight, awareness, and determination to act with integrity and do some good in a complicated and frustrating situation. Despite your understandable feelings that you let down your patient, I think in the largest sense you succeeded. Best, Dr. Shapiro