

## **PEDIATRICS REFLECTION SESSION FEBRUARY 2011-03-01**

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Dear -- and --, thanks for sharing that humorous view of Norway. I will definitely remember a) it is not the capital of Sweden and b) you guys eat a lot of potatoes ☺. It was also fascinating to learn about the Norwegian healthcare system and how healthcare resources are allocated. As you are probably aware, in this country the pay scale and reimbursement schedule is the inverse – surgeons get paid a lot, and general practitioners (family docs) get relatively low salaries. Guess which kind of doc American medical students want to be?! It is sobering to be “beaten” in the healthcare domain by a small country like Norway; but I think that gave us all food for thought. I hope your time here has been interesting and enjoyable. Much success in your future careers as (I hope) general practitioners. Best, Dr. Shapiro

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Hi --. Thanks for your thoughtful and insightful comments in class yesterday. Thanks also for the poem about Miller’s. I liked the series of haiku (and you would not have been the first to turn in a haiku for this assignment – I never worry: they’re harder to write than it looks ☺). They made a great point that environment matters in patient’s recovery and wellbeing. I’m always struck by how often students comment on the sea-life murals. You did a great job of using the underwater scenery as a context for the stressful, worrisome, and demanding tasks that comprise the life of a medical student on Peds. I hope that the murals exert a healing effect not only on the little patients, but on the hassled medical students as well! Thanks again, Dr. Shapiro

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--, I appreciated your sharing about the connection you felt with these first-time parents, your awareness of the need to have a relationship with the entire family, not just the patient, and your interesting philosophical thoughts about how developmentally we move from dependency to liberation (sometimes!). I also liked the way you adopted the baby’s perspective in your poem. By giving this newborn infant a voice, you reminded us that this little creature too is a human being, already being affected by his environment. Your poem was a lovely way to commemorate a very happy moment in medicine. Best, Dr. Shapiro

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Your essay was really good first person point of view writing, --. You showed great empathic imagination in adopting the perspective of this little kid, and helped us all see just how confusing, scary, and overwhelming (and boring!) the hospital experience can be. I especially liked how the

kid saw doctors as “strangers,” which helped us understand why it is sometimes hard for patients (and parents) to trust and accept what the doctors advise. Your portrayal of the slightly inept but committed medical student was charming; and how wonderful that you took the time to put this kid at ease and get her to talk! Nice work, both in the writing and the doing. Dr. Shapiro

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--, thank you so much for addressing some of the complexities of suspected child abuse in your poem, “The Phone Call.” You captured so well how often physicians must proceed with limited information, being asked to provide facts and data they do not possess. Sometimes you must simply take your best shot. Reporting child abuse is sometimes not clear, but in my view you were right to err on the side of caution. The patient told you a clear story of past violence. Is she an unstable adolescent angry at her father or a victim with no one to protect her? You will have to let someone else sort it out. But not taking this girl seriously, ignoring her allegations could have had devastating consequences. Your description of your patient as “a hurt soul” was so perceptive. Hurt physically? Emotionally? Both? Again, you could not determine with complete assurance in this case. As you so insightfully say, you were given “pieces of her story,” and you responded to them as best you could. I think that is all we can expect from each other. You are left with uncertainty and doubt, but also I hope the knowledge that you did not turn away from her cry for help. Best, Dr. Shapiro

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Hi --. Thanks for the great flow chart. Perhaps they should pass that out when you go on inpatient on-call. Although it was a humorous presentation, you also raised a serious question. Who are the patients that serve as cues to “get food, take a break”? Of course, as we discussed, difficult or frustrating patients are not neglected medically. But it is worth asking whether they receive the care they are due. I think your project helped ask that question, and helped your classmates explore what causes doctors to turn away from patients (don’t have real disease, can’t figure out what’s wrong with them, demanding, attention-seeking etc.). We need to be aware of our emotional responses in such situations (feeling annoyed, helpless, incompetent, frustrated) so that these feelings do not unconsciously drive our behavior. So in my view this was a particularly valuable project. Thank you! Dr. Shapiro

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Wow, was I impressed! That was a fantastic project. I’ve seen the Ortho Bear/Anesthesiologist Bear on Youtube, but I thought your animations were at least as good. You used humor very

skillfully to highlight issues that are (somewhat) unique to Peds, such as the clueless medical student (I guess kids are just little adults), and the obnoxious parent. These are situations that definitely can arise, and can present challenges to the attending. In your animation, on the whole the attending (somehow) was able to model calm, patient behavior, mentoring the medical student (go Girl Scout cookies) and persisting with the parent. You all chose a very engaging medium to both get us to laugh and make us think. Great work! Dr. Shapiro

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Hi all. Really liked your project, especially that you did your “research” with the real authorities – kids and parents. I thought it was so interesting that kids, just like other patients, want to be told what the doctor is doing *before* she does it. Makes perfect sense, but it’s easy to forget. I was especially touched that moms appreciate it when the doctor “puts baby back together,” all snapped up and ready to go. It’s just one of those small gestures that expresses caring and thoughtfulness. Finally, I can’t remember which of you commented on watching parents’ faces as their kids were undergoing procedures, but I thought this was such a good way of empathizing with the parents as well as learning something about them – how they handle stress, how they cope with their kid’s suffering etc. Always pay attention to as much as you can – it all matters. Best, Dr. Shapiro

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This was a fantastic project, it helped me think about safety in a whole new way – i.e., from the perspective of those we try so hard to keep safe, i.e., the kids! I love this kind of thinking, where someone takes a very routine topic and approaches it in a completely original way. This was such a creative approach, especially asking the kids to draw pictures of safety (rather than rely on language). As we discussed, this project provided interesting insights into what kids think will keep them safe (and conversely the dangers they perceive in their environment). You both did a great job, exactly what this project is supposed to be about. Best, Dr. Shapiro

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Hi --, I loved the central metaphor employed in your project, the STOP and GO. This was such a creative way to stimulate our thinking about when parents should “stop” their kids’ behavior (especially kids with behavioral disorders, such as ADHD and autism), and when they should just “go” with it. Clearly, there are many agendas operating. As your clever monologue illustrated, the parent may want to show the doctor that a) she is in control of her child or b) her child isn’t as troubled as others might have suggested. The doctor might find it helpful

diagnostically to see the child behaving “naturally” without mom’s constant interference; but might also learn something valuable by observing the parent-child interactions. The child may feel micromanaged and stressed by the mom’s instructions, therefore acting out even more. In the end, assessing ADHD is a complicated affair that ideally requires information from home and school, as well as what can be learned in an office visit. In this encounter, you demonstrated that you were paying careful attention and learned a lot about both mother and child. Thank you for sharing in such a creative way! Dr. Shapiro

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Hello --. Thank you for raising a topic in your poem that troubles many students – and pediatricians – i.e., neglectful, even abusive parents, or simply parents who are really little more than children themselves. Your poem well expressed the anger and frustration that such family situations can evoke, especially since the ones who are at most risk are innocent children who of course did not ask to be brought into this world. I especially liked your speaking in the voice of that innocent child, that made your poem very effective. As we discussed in class, so often these “failing” parents are simply perpetuating habits and lifestyles that surrounded them as they were growing up and being parented. This does not mean that there should not be individual responsibility, but the reality is that often these parents really lack the internal (and external) resources to easily build good lives for their children. These resources can be developed, but only with a lot of mentoring and support, way beyond the role of the physician. All a busy physician can do is encourage and reinforce good parenting, make appropriate referrals, and in the worst eventuality, be prepared to contact DCFS. Dr. Shapiro