

PEDS HUMANITIES/ADVOCACY PROJECTS MARCH 2010

--, --, and --, thanks for a creative, humorous, yet thought-provoking project. Clever title. The photographs were hilarious – and scary! The position of the camera achieved precisely what you intended – the patient’s perspective on being hospitalized. I’m really glad you all realized that not only is the patient scared, but also the parents and the medical student (and perhaps occasionally even the doctor!). Thanks also for sharing some strategies about reducing fear by sharing your own humanity and connecting with the patient’s humanity as well. All around enjoyable and insightful. Dr. Shapiro

You all put together a very impressive project. Your Jeopardy-style game “Quiz Time” definitely motivated your fellow students to compete. At the same time, it was quite educational, so you achieved your objective of “making learning fun.” As I noted in class, on a process level, the game was unnervingly successful in bringing out that perennial dynamic of “I’m right” vs. “Let’s learn something.” I thought playing the game demonstrated at a visceral level how easy it is to get caught up in “winning” in medicine, something that our non-stop examination process inculcates in all of you. Yet, although as you realized, competition can be a lot of fun, ultimately it is about placing your learning in the service of the patient. That can all too easily fall by the wayside. Great job, lots of fun ☺ Dr. Shapiro

--, this was an absolutely fantastic project. Medical educators struggle all the time with how to “teach” or induce empathy in learners, usually with very little success (how effective is it to sit in a lecture hall and be told you should “empathize” with your patients?!). You devised an ingenious yet simple way of “compelling” a truly empathic experience. As I noted in class, one thing I particularly liked about the “straw-breathing” was that it produced a literal feeling of discomfort. If we actually risk climbing into a patient’s shoes, as opposed to just mouthing the words, it can be uncomfortable, because to a small extent, we begin to actually share the patient’s suffering. Of course, breathing through a straw for 40 seconds isn’t the same as having asthma. But it was an extremely effective way of moving the class a step closer to the suffering of their patients. Extremely well-conceptualized! Dr. Shapiro

Hi --, what a clever idea you had to make a peds Spanish-language crossword puzzle. I bet a lot of your classmates will actually go home and try it, just because it looks fun – as well as challenging. I was also touched by your expression of appreciation toward your fellow students. It was not so long ago that I often heard residents and physicians expressing the exasperated (and racist) view that “these people” should learn English if

they wanted to receive healthcare. I think there has really been a sea-change, at least among the younger generations of physicians, to desire to communicate with and reach out to patients who speak different language. As I'm sure you're aware, having limited language skills can be rewarding, but it can be very frustrating. Your words of acknowledgment I'm sure meant a lot to your classmates, and hopefully will encourage them to keep going (linguistically ☺). Thanks for an enjoyable and creative project. Dr. Shapiro

Great idea, -- and --! I am actually surprised that a project like yours has never been attempted on a larger scale. Of course parents' satisfaction is important to assess, but pediatric patients obviously have their own views, and they could certainly be elicited with a little effort (as your "survey" ably demonstrated!). I actually found your "results" to be fascinating. As in most things medical, ultimately it is all about the relationships! Sure, kids like stickers, but what they really like are doctors and nurses who care about them and treat them kindly. I also thought some of the kids' comments were so interesting – for example, the kid who said clinic was a "safe" place (makes you wonder about the neighborhood/home) and the kid with asthma who gave a very sophisticated evaluation of the quality of care she received! This was a very creative and original project. Thanks for undertaking it. Dr. Shapiro

Wow. Your dance performance was quite something. To be honest, I was astonished – first by your courage, but then by your interpretive skill. I loved that you bypassed the verbal, intellectual realm entirely (although being a very verbal, cognitive person I did appreciate the written explanation!), because in healthcare (obviously) so much of what transpires is at the body level. The music was perfect for the experiences you were trying to convey. Also, I hope you were able to "roll" with the occasional laughter. I think as your colleague expressed, you made your audience a bit uncomfortable, because you were moving (quite literally) in a realm so far divorced from medicine. Yet it was precisely this daring that allowed for a truly unique experience. I also LOVED what you wrote in your essay about being willing to connect with patient vulnerability – very astute and also very humane. I commend you for taking this leap (pun intended). Dr. Shapiro

--, I enjoyed your project. A lot of times kids (and sometimes adults as well) can't really articulate their experience, but when they try to draw it, it comes out very well. I thought it was quite interesting that your patient chose to agree to the drawing, even though both hands were compromised. Since I am sure she did not feel coerced by you, I suspect that even though the idea challenged her, she wanted to do it, and that it was meaningful to her. Like you, I found it sad that it was so hard to think of something she *liked* about the hospital (and then it was only leaving!); but I thought her drawings captured very well the

reality of the hospitalization experience for many kids. Thanks for sharing with us, Dr. Shapiro

--, I think you might have to eat those words about choosing medicine because you're not much of a poet. I think you are both. This was a wonderful (in the sense of really complex and difficult) issue to address, and the poignancy and indeterminateness of poetry seemed to me a perfect way to consider the issue. I particularly liked the way the poem depicted the ever-deepening intertwining of mom and severely disabled child. I worked with families of developmentally delayed kids for 10 years, and I often observed this intense relationship. It can seem excessive, but it is also an almost uncanny connection, and I try not to be too quick to judge. We ask, are these meaningful lives? Does this child take some pleasure in her life? Would this mother have been better off without the constant burden of her daughter? I think these are questions worth raising, but we have to accept that any answers arrived at will always be partial and uncertain. I also very much liked the recurring image of the red wagon. Its vividness enlivened the patient; and as the patient aged, its presence became tragic. Excellent work all around, --. Dr. Shapiro

--, it was so nice to see you after can it be two years! Thank you also for the lovely nod to the literature and medicine elective :-). I was so pleased to see that your interest in narrative medicine has persisted. The story you shared was a wonderful one. It reminds us to listen, *really* listens to patients and family members (not because they're right, but because they might beto be conscientious and thorough; and above all to be humble. Btw, Jerome Groopman in his book *How Doctors Think* identifies the "error" this physician makes in reverting to 2nd yr med student history-taking mode as "availability error," i.e., what most influence clinical choices is the last bad experience.

Perri Klass is one of my favorite physician-writers. She is so irrepressibly humane! (If you liked this essay, google her, she's written some great books both fiction and nonfiction). On a much smaller (and sweeter) level, her essay reminds me of Timothy Quill's famous essay in which he admitted to taking active steps to end the life of a terminally ill patient in excruciating pain. Here Klass acknowledges committing a big "unprofessional" no-no – giving a needy patient an occasional financial hand-out. Every physician in good standing will tell you this is unacceptable and improper behavior, as it is supposed to represent the slippery slope to overwhelming enmeshment with manipulative patients (just as euthanasia is supposed to lead to wholesale elimination of defenseless patients). However, more than a few physicians have done exactly what Klass does. Of course, it is a practice that can get out of control. And Klass, to her credit, does not defend herself so much as describe her action, leaving it to us the reader to make up our own minds. Thanks so much for sharing these! Best, Dr. Shapiro

Hi --, one thing I really admired about your reflection is that you recognized, rather than ignored, difference (in both patients and parents) but you veered away from passing judgment. Some kids you want to take home because they are the perfect child; and other kids kick you in the stomach. That's peds :-). I also appreciated the honesty of your insight that the complex dynamics of pediatrics (dealing not only with sick kids, but often frightened, angry, desperate parents) can be overwhelming. Because kids are so innocent and "perfect," it can be particularly hard to see them suffering. And parents can be at their worst when their kids are in the hospital because of how stressed they are. So your assessment is clear-sighted and accurate. Knowing who you are and what works (and what doesn't work) for you in medicine will help you find the right specialty. Thanks for sharing your thoughts. Best, Dr. Shapiro

--, thanks for contributing this important advocacy project. You are quite right that while helmets have become expected for bicyclists, you still see many skateboarders blithely hurtling down the middle of the road with hair blowing in the wind. As you noted, the consequences occasionally can be devastating. You brought forward some sobering pieces of information which I'm sure will keep this issue in the forefront of your classmates' minds. Best, Dr. Shapiro