

PEDS REFLECTION PROJECTS 11/13

--, --, and --, great job on your Peds reflection project. The topic you chose – childhood obesity – is obviously a very serious problem in this country. I really liked your hands-on approach in bringing healthy alternatives to high-sugar, high-carb snacks that kids could choose (although it was an interesting real-life experiment that given a choice between delicious pies and broccoli, most students went for the former! It makes us realize how hard it is in real life to modify our eating). The idea of a game was similarly involving. You could see for yourselves how seriously your classmates took it, and how quickly they became engaged with the questions. This was an excellent reminder that active learning – i.e., learning that involves the learner directly – is far preferable to passive learning – and this is true for patients as well as medical students ☺. The other aspect of the project that made it succeed so well is that it was creative and different from the usual “blah-blah-blah” about eat healthier and exercise more. The uniqueness caught our attention and got us interested. I hope you can keep in mind the importance of using your creativity and ingenuity in helping to educate not just peds patients, but patients in general, about their health. Thank you for such an exciting educational experience (and I hope it helped students on the OSCE and the SHELF ☺). Best, Dr. Shapiro

--, I really enjoyed your take on “point of view.” First, I’ve rarely seen a student use this concept to look at themselves, as you did in the first part of your presentation. It is very true that the way we think of ourselves in our mind’s eye can be very different from how others see us. Then considering how a infant or small child might see you was the perfect complement. As one of your classmates pointed out, remembering that infants have an immature visual system was a great insight that again I’ve never heard before. It is also true, as you skillfully illustrated with your slides, the angle (generally doctor looming, patient supine), the intrusion of stethoscopes and otoscopes, the problem of universal precautions for a patient in isolation, are all factors that can make a harried, hassled, but basically nice medical student seem like a fearsome and alien presence. Your project brought home this point in an extremely effective way. Thank you. Dr. Shapiro

Dear -- and --, thank you for such an illuminating (by Northern Lights? ☺) introduction to Scandinavia (and thanks for reminding just which countries make up this unit – I left out Iceland ☹). I think the students got a sense of your countries and even a little sense of you. I cannot even imagine what you thought of the South. Thank you also for helping us to understand the Scandinavian medical education system, and for tactfully and gently observing that it is ridiculous (my word) that the U.S. does not have universal single payer health care. ObamaCare might be a start in the right direction, as you generously said, but only if we can get the website to work! ☺ In any case, thank you for generously sharing

with us. I hope you've enjoyed your stay here, and please sleep in when you get back to Norway and Sweden ☺ Best, Dr. Shapiro

Dear -- and --, What a great project. I loved the idea of taking things you find in a typical exam or hospital room and transforming them into toys. The playfulness, the silliness, the sense of fun are usually qualities not much in evidence in hospital and clinic settings, and your balloon animals definitely brought them into prominence. It was also an excellent idea to have your classmates practice, rather than just admire your expertise. See one, do one, teach one. By using this hands-on approach, you significantly increased the likelihood that your fellow students might actually try something like this on their own. And despite the levity introduced, this project had a serious message: Look for ways to be light-hearted in medicine, look for ways to reassure your patients, reduce their fear, and make them smile. This goes not only for peds patients but patients of all shapes and sizes. Thanks for making this important idea so palatable and so much fun! Best, Dr. Shapiro

--, you chose a very important topic to highlight. Most people use car-seats of one kind or another for their kids; but many use them improperly, as your presentation pointed out; and one of the greatest sources of confusion is the rear-facing seat. The flyer you devised is visually attractive, contains valuable information and simple to understand directions, yet also answers the crucial question "Why?" Why do it this way? The illustrations were informative as well, and the single word "bad" or "good" followed by an explanation was an effective educational approach. One small observation – I noticed all the kids in the pictures are Caucasian. It helps in launching an educational campaign if some of the figures portrayed share an ethnicity with the target population. That being said, I learned something I can apply to my own grandkids (making sure the shoulder seatbelt has not been removed for greater comfort, which I've actually seen my little cuties do!), and I am sure that your classmates learned important information as well. Thank you very much, Dr. Shapiro

Thank you for helping us achieve a little different perspective on autism. As your presentation noted, the diagnosis of autism is expanding dramatically. We are accustomed to think of autism in terms of deficits, but many higher functioning individuals with autism reject that evaluation, and often suggest that rather it is "neurotypicals" who are excessively emotional, irrational, and thus responsible for many of the world's problems. Perhaps this perspective is also simplistic, but it offers a much-needed corrective to the way we view all kinds of disabilities. Like your classmates, I found the analogy of "going to Europe" especially illuminating as a way of understanding autism from the perspective of individuals diagnosed with this disorder. Europe is a nice place, but if you don't understand the language or the customs, you will be constantly disoriented, off-balance, overwhelmed, and thrown back on familiar soothing coping mechanisms as a way of

navigating this strange place. As a thought exercise, it's interesting to think what the world might look like if it were created by people with autism. I wonder if you've ever viewed the PBS film Neurotypicals? It does a wonderful job of helping us understand how people with autism view "us." This was an interesting and thoughtful project. You definitely made us all go a bit deeper in our assumptions. Also, the research and current knowledge about autism synthesized in your paper was an excellent, well-organized summation presented in an accessible and useful manner. Best, Dr. Shapiro

Hi --. Thank you for this lovely poem. It was quite well-crafted, with the sing-song rhyme scheme and rhythm belying the serious medical conditions of the children described. Your poem beautifully captured the helplessness all physicians feel at some point or other when confronted with innocent suffering. It contains several beautiful turns of phrase - "my words start sinking again," "I shrink to the floor," are two examples. The vividness and concreteness of these images convey very well your anxiety and powerlessness.

Thank you also for acknowledging that not only the children are suffering, but also their parents and grandparents. You recognize well how illness ripples out from the patient to touch and disrupt the lives of so many others. All turn to the doctor to heal the child and thus remove their suffering – thankfully, often this is precisely what happens, but of course not always. This is why the profession of medicine requires great courage.

You end the poem on a positive note. Indeed, in the end, many "mysteries are solved" and "problems are resolved." As you say eloquently, your patients and their families trust in you for aid and succor. With knowledge, a little luck, and the occasional prayer, you are privileged to bring them healing.

A very moving project. Thank you! Dr. Shapiro

--, your project was profound. Starting with the concrete image of a father's joy in newborn nursery, your musing ranged to the preciousness of life and its simultaneous vulnerability. You also identified a prevalent parental response – guilt – which often surfaces, whether or not objectively they have anything to be guilty for. When parents are confronted, as you put it so eloquently, with their world crumbling, they often blame themselves, because then at least the tragedy is explainable, thus predictable and controllable (if only I had/hadn't done this/that). The alternative is to see the world as random and meaningless, which is a scary thought indeed. Thank you also for sharing with the group your grandmother's persistent guilt as a result of her youngest son's death. This helped ground your point, and made it very human and "near to home." This was an insightful and powerful meditation that concluded by offering us a truly tantalizing thought: "Pediatrics is at the crossroads of philosophy and science." I think that might well be true of medicine in general; if so, I suspect that doctors who could remember this would be the better for it. Thank you. Dr. Shapiro

--, you put together a well-organized, easy-to-read hand-out on sports injuries. I could easily see it being used by pediatricians (Dr. X, please take note!) to educate parents. I particularly liked your inclusion of the emotional stress that can result from participation in sports, including the desire to win, the perception that the player must not let down the team, and as we discussed in class, resultant tendencies to minimize or ignore injuries. Emphasizing having fun and learning life lessons is an excellent counterbalance to the prevalent preoccupation with winning and the lure of college scholarships. Thank you also for the interesting discussion about football related concussion. Altogether, an informative and useful presentation. Best, Dr. Shapiro

Hi --, nice to see you again. Perhaps because I have also participated in 1000 crane projects, I absolutely loved your mobile. On an aesthetic level, it was completely lovely and charming. On a psychological level, it opened a rich discussion about how concrete actions shared by family and friends feeling helpless and despairing about a difficult medical event can really counteract helplessness and promote healing. Grounding these ideas in the example of your childhood friend who passed away was also very helpful in showing how such a project manifests in a concrete way; and its longlasting impact. Thank you also for the research you did on coping with loss and grief. You presented many excellent ideas such as listening to the ill child, answering questions honestly, rehearsing your own behavior, talking appropriately about the future, and of course the value of support groups, both for children and parents. These approaches can be helpful to parents AND to physicians, who often really struggle dealing with the topic of death and dying, especially with children. You helped us realize that compassionate but honest conversations can give the child a sense of control in what is of course a very frightening situation; and can help reduce feelings of isolation. This was a really important, although difficult to discuss, topic, and I'm so glad you had the courage to tackle it. Best, Dr. Shapiro

Dear -- and --, this was a terrific project! What we *think* we are saying to patients – even in fact what we *are* saying – may be very different from what the patient hears. You showed in a very humorous and also insightful way how even the kindest, gentlest explanations (whether about a painful but necessary procedure or injection, a HEADSS assessment, or the dreaded ear exam) can terrify and distress a vulnerable patient. The guitar accompaniment focused our attention on each presentation, and added both to the humor and the pathos. I particularly liked that the doctor point-of-view presentations were really *skillful* in terms of tone of voice, choice of language, attentiveness to patient etc., yet the patient perspective *still* was filled with fear. To me this emphasized that under stressful circumstances, communication is hard; and it is not necessarily anyone's fault when it doesn't work first time out of the box. That's where patience comes in – and perhaps soul-

soothing guitar music ☺ I just loved this project, it was so perceptive about the different perspectives of doctors and patients. Thank you for your creativity. Dr. Shapiro

--, your selection of a topic (Halloween safety) was quite timely, given that we just celebrated Halloween a week ago. You made many useful points – flame-retardant costumes, weather appropriate garb, healthy (ish) eating, alternatives to passing out candy, how to avoid getting lost or run over - in a friendly, non-threatening style, with a hand-out that fully entered into the Halloween spirit. This would make an excellent sheet to pass out to parents next Halloween (Dr. X, take note ☺). This was a very thorough consideration of all the ways Halloween could go wrong for kids and parents. Anticipating these potential pitfalls would help ensure that families have a fun and SAFE Halloween. Best, Dr. Shapiro

Yum yum, --. A great idea to approach the childhood obesity epidemic through a kid-friendly, inexpensive, and simple to prepare collection of recipes. Preparing the snacks that you identified could create good family bonding by involving age-appropriate children to participate in the preparation of these delicious dishes; or, if mom or dad were making these on their own, the recipes offer quick, low-cost, and tasty ways of providing healthy snacks for their children. I especially liked that you urged parents to try foods such as salmon and avocado that some might reject as “not kid food.” In fact, as you gently suggest, kids can learn to eat – and enjoy! – a much wider range of foods than hamburgers, French fries, and pizza. All your recipes really made me hungry! Thanks for sharing this creative approach. Best, Dr. Shapiro