

PEDS REFLECTION PROJECTS 12/10/12

Thank you for that very creative and well-choreographed interpretive dance ☺. I had no idea exactly what you were trying to convey until you provided the helpful hint of Kawasaki disease. Then it occurred to me that you might have been portraying some of the classic Kawasaki symptoms (yes? No? maybe?). I know that Kawasaki's is a serious disease, but I thought your humorous presentation was directed not at the disease itself, or the patient experiencing it, but rather at the cluelessness of medical students encountering this hard-to-diagnose condition. Not being a dance professor, I am probably completely off-base here, but at least I thought about it! Although I may not have grasped all your symbolism, I thought it was one of the most original projects I've seen in 8 years of facilitating this session. I was also impressed by your teamwork and coordination (will be useful on the wards ☺). Finally, as you probably know, the protagonist of Chariots of Fire was a physician who struggled with his desire to fulfill his potential as a runner with his commitment to his religion. This reminded me of the personal struggles medical students must endure because of their commitment to their profession; and this thought might provide an intriguing subtext to your performance. Yes? No? Maybe? Anyway, I loved what you did, thanks for taking the risk ☺ Dr. Shapiro

Dear --, --, --, and --, An original and intellectually stimulating concept to offer a debate on whether ADHD is underdiagnosed/undertreated or the opposite. Your formal presentations were well-researched and presented important knowledge about this condition in a concise and up-to-date format. I especially appreciated your integration of poems (each supporting your team's position!), as these showed the human side of what can seem a very abstract issue. The combination of art and science that you all created for me modeled the ideal of clinical medicine – knowledgeable, informed mind and open, empathic heart.

Each side presented compelling arguments (as well as research) to persuade the audience as to the rightness of your case. The pre-post survey was an especially clever and engaging idea. I found it quite interesting that, even among students immersed in the medical culture, there was a perception that ADHD is overdiagnosed and overmedicated. It is hard to know what is the true. There is no question that ADHD is a verifiable, diagnosable condition that creates misery for parents, teachers, and the kids themselves, as well as leading to many deleterious longterm consequences. On the other hand, there is a danger that, once medicalized, societal and pharmaceutical pressures may lead to inappropriate diagnosis based on such factors as social control as well as class and race.

The value of your debate is that you caused all of us to think more critically about our beliefs and assumptions; and perhaps opened our minds just a bit to different ways of thinking about this important issue. Great work, very impressive! Best, Dr. Shapiro

Thanks for tackling the haiku form, they're really harder to write than most people think! I appreciated the wordplay ("left incomplete," "play games"). I also liked the structure of the stanzas that walked us through the student's learning and growing knowledge, culminating in the all-important exam. What a journey! Thanks for sharing, Dr. Shapiro

Hi --, how nice to run across you in the peds clerkship. I loved that you stepped back to look at the big picture, in this case how to think about things in medicine. Your very creative project reminded me of a board game, and there is an aspect of "playing a game" and "winning" in medical education. It also, as we discussed in class, was a bit like a maze, and many of your fellow students seemed to relate to that metaphor! Indeed, medical education can feel like being lost in a maze, full of twists and turns, dead ends and barriers. Luckily, there is a path to be discovered as well, and it does lead to understanding – on many levels. Thanks for getting us all to reflect more deeply not only on the sometimes confusing nature of the differential diagnosis, but also on the sometimes confusing experience of becoming a doctor ☺ All best, Dr. Shapiro

--, this was a fantastic project! Your glove balloons were really pretty, ingenious, funny, and always creative. It was great that you made this a hands-on experience, not only showing off your own handicraft, but getting your fellow students to create their own balloon figures. This experiential learning really engaged everyone. Also, for me there was a deeper level in your project, i.e., how to address (and hopefully comfort) the pain and fear that all patients experience. As I mentioned in class, in some way, every patient is a "crying kid." When adult patients (and sometimes kid patients too) are demanding, angry, withdrawn, dependent etc., sometimes they are just "crying." And sometimes they need a caring medical student or doctor to do something to make them smile or let them know they are more than just a diagnosis. Your project exactly accomplished this, as well as taking a step toward transforming what is often for patients a scary, alien environment into something safer. Really great work, thank you! Dr. Shapiro

--, thank you for a truly original and visually insightful project. As far as I can recall, in 8 years no other student has ever contemplated the architectural aspect of Pediatrics. Yet, as you observed, the physical structures that serve as houses of healing make a critical contribution to patients' psychological wellbeing; and research shows that architectural factors are associated with length of stay, wound healing, and other parameters of recovery. Your presentation showed the dramatic difference between adult and children's hospitals, and raised the provocative question as to why hospitals for "big people" aren't warmer, friendlier, and happier, filled with the kinds of colors, shapes, and whimsy that we see in pediatric hospitals.

I also enjoyed the poem you shared. It reminded us all that kids are smart, perceptive, and uncannily good at reading people including parents – and doctors. As you pointed out, although they “don’t know why,” they are always trying to put the pieces together. We can help them, by explaining, by reassuring, or we can hinder them by ignoring their need to know. This was a great point, thanks for bringing it to everyone’s attention. Best, Dr. Shapiro

Thanks for sharing this very sweet project that documented your trajectory from “terror” to confidence on the peds clerkship. You chose a really great topic to consider. I am always surprised by just how scary Peds is for students – the fear of being around kids, the fear of dropping babies, the fear of having so much to learn, and just the general feeling of being out of control in the presence of these little ones who often can’t even communicate their needs. A lot of your fellow students resonated to these issues, and your project provided an opportunity to talk about them. Using the little baby faces to express the evolution in your own emotions was inspired. I’m glad you experienced such committed teaching from your residents and attending, and that the end result was a feeling of satisfaction and competence. All best, Dr. Shapiro

First of all, --, you are a really good artist. If you haven’t submitted a drawing to Plexus, you should think about it ☺. I was very intrigued that when you drew your family members, you drew them as children. As I mentioned in class, it reminded me that even as adults, we all have the child we were within us. Sometimes that child contains the essence of the adult we have become; and when we think about that child, we can reconnect with a part of ourselves that seems to have vanished. What a lovely thing to help us contemplate – our inner child!

Thanks also for bringing in your baby shoes and cowboy boots. They were, of course, completely endearing. But they also served a valuable purpose by reminding us that we ourselves, and all the many adults around us, were once little children who romped around in little shoes and adorable boots, thinking we ruled the world. I found this a very touching experience, thank you for creating it for all of us. Best, Dr. Shapiro

--, this was a truly awesome project in its conceptualization and its execution (although it could have used a little more glue ☺). First, the idea of “shifting the conversation” between the recalcitrant, withdrawn adolescent patient and her doctor from going through screens and review of systems to things that really matter was quite inspired. Secondly, the idea of “decorating” the patient as a way of acknowledging and celebrating her was beautiful (literally and figuratively), and showed great empathy for the needs of most teens to be accepted and approved.. Third, the experiential component, getting your fellow students

involved in writing statements was both effective and engaging. I was deeply moved by the quality of the students' declarations to their patient. You were successful in getting them to move past the often stifling medical conventions to offer encouragement, wisdom, hope, inspiration, caring, support, understanding, and permission to dream. Despite the apparent lightheartedness of this project, you got your peers to dig deep and engage with the humanity of their patient. Really well done! Best, Dr. Shapiro

Dear --, you gave us a great deal to reflect on in your presentation. From thinking that the shift from adult to peds involved only a shift from large to small stethoscope, to delving deeply into issues that touch on the philosophy of medicine you shared with all of us the profound evolution in your own understanding. I loved the Adult/Peds chart you constructed – it was informative and illuminating. The distinctions you identified (e.g., between steady state/dynamic, fragile/resilient, responsibility/innocence, mutuality/paternalism) showed great insight into the nature of clinical medicine in general, as well as some of the dimensions that distinguish pediatrics from adult medicine. I was especially intrigued by the idea of the guilt of privilege – as you defined it, the guilt of being blessed with resources, opportunities, nondisability. As I noted in class, once we are honest enough to acknowledge this guilt, what comes next? Where does it lead? Is it so uncomfortable that we try to run away from or ignore it? Or do we use it to fuel a commitment to helping others? I think different doctors answer this question in different ways. In any case, your project was extremely well-conceptualized, logically presented, and thought-provoking. Thanks so much for putting in this level of effort. Best, Dr. Shapiro