

## PEDS REFLECTION PROJECTS 12/13

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Thanks for putting together a clever and informative skit. You accomplished several things: First, you did a great job of modeling how to conduct a HEADSS assessment. The low-key, nonjudgmental tone that the “medical student” used proved to be effective in getting his “patient” to open up. Second, you examined a common issue with adolescent patients – what is the best way to get the parent to leave the room so you can talk privately? In your scenario, “Dad” was already anxious and suspicious; and the “medical student” showed considerable skill in persuading him to exit the exam room. Finally, you tackled the complex question of how to work with a teen who does not want to acknowledge pregnancy to her parents. Your presentation reminded your classmates of the legal obligations of the physician to protect the confidentiality of the patient; while exploring how to offer the patient various options and help her formulate a plan no matter what she chooses. Here again, the “doctor” did a great job of showing the “patient” how he could support and assist her with this delicate conversation. All around, excellent work. Thanks again, Dr. Shapiro

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Dear --, your lovely picture about “turtle-time” at CHOC opened up a challenging question about “doing the right thing.” As you could see, you posed a dilemma with no completely easy answers. As I mentioned in class, perhaps in such situations it is less about figuring out the “right answer” as this may vary depending on circumstance; and more about ensuring you’ve approached your analysis in the best possible way. As the discussion showed, this involves honestly considering (and not minimizing or ignoring) the different agendas and needs of ALL parties involved. For example, one of the things I really liked about the attending’s decision was his deep understanding and respect for just how important “turtle-time” was to his little patient. Again, as we discussed, one should also consider the effect of different decisions not only on the patient, but on other patients; on families; and on nursing staff. These are not necessarily weighted equally, but should be thought through. You helped us see that doing the “nice” thing is not always the same as doing the “right” thing; but that unless you are able to understand the value of being kind to your patients you will never provide good care to them. I thought the discussion of how the patient’s needs could still be addressed even when her wishes could not be completely satisfied was the best illustration of this point. All in all, this was so interesting because you reminded us that even in simple choices (“turtle-time”) complex moral and medical issues can be implicated. Great work! Dr. Shapiro

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Dear --, thank you for trying to enter into the mom’s point of view through writing this poem. The questions which started off the poem – “What am I doing here?” “What are they doing?” – captured very well the overwhelming confusion and unreality of the situation that this mom was experiencing. The image of the mother alone in the hospital

with only her baby and a Tylenol while the shift changed and everyone was bustling out or in was very moving. Your poem triggered a rich class discussion that helped your classmates imagine the mom's feelings (guilt, helplessness, anger) as well as what might have been done to facilitate a better transition. It is always about the basics – good explanations that avoid jargon and accept that the parent may need some repetition to begin to grasp her kid's situation; an authentic acknowledgment of not having all the answers (while assuring the parent that you and/or the medical team know how to seek out the answers); and finally how to mitigate the feeling of abandonment that can occur when the people you've come to know and perhaps even trust disappear and a bunch of strangers are suddenly there to pick up the pieces. Because your poem was quite touching and engaged both our emotions and our intellect, it generated a valuable brainstorming discussion from which everyone learned something. Thank you! Dr. Shapiro

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Dear --, what a charming little poem! It was cleverly written and rhymed, and by addressing the baby directly (“you”) it conveyed a real sense of involvement and caring. It showed in a humorous way all the dread diseases from which immunizations protect kids; and also reminded us that kids get A LOT of vaccinations in that first year of life. I thought you showed great humility in considering how to approach parents with severely autistic children who were reluctant to accept immunization. As you pointed out, they desperately want an answer; and that is precisely what science cannot yet satisfactorily provide. So devastated parents turn to pseudo-science, and celebrity spokespersons, and they feel less helpless and less out of control. As we discussed, it can be a very difficult situation as sometimes parents hold these views as quasi-religious acts of faith, and mere reason or logic cannot dislodge these views. However, it is important to keep channels of communication open with even the most intransigent parents; to keep looking for a point of leverage that might cause them to reconsider. Otherwise, they will continue to only hear what they want to hear, and their misguided beliefs will only become more fixed. You chose a sweet and lighthearted way to get us to focus on a vexing and increasingly alarming topic. Thank you, Dr. Shapiro

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Great project, --. It was very practical and pragmatic, full of astonishingly creative tips about how to do an eye, ear, throat, or respiratory exam without the kid – or the patient – either going ballistic or dissolving into a puddle of tears. What I valued even more was the philosophy embodied in the statement, “There are no uncooperative patients, only uncooperative pediatricians (physicians).” Of course, this is an exaggeration and overly simplistic. But it does show us our biases in that it is easy to blame the patient for being uncooperative, whereas in fact it is the physician's unwillingness to change course and think outside the box that may be at fault. Your project was a fantastic example of understanding the patient's perspective and then working with it creatively to create a win-win situation. I also like the way you involved your classmates at the end by asking them to share their own strategies for working with frightened or recalcitrant kids. All in all, an excellent job on many levels! Dr. Shapiro

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--, thank you for your project highlighting child abuse. The poster you made should be put up in every clinic exam room and ED. The way you designed it, with the red flag categories and the yellow explanations, is visually attention-grabbing as well as easy to read. Thank you as well for reviewing with your classmates the warning signs accompanied by excellent examples. Child abuse is a problem we hope we never see; but we need to be prepared so we don't overlook it. Your work also triggered a valuable discussion about how difficult it is to remain nonjudgmental in child abuse situations, and gave many of your peers an opportunity to explore this very challenging issue. Best, Dr. Shapiro

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Fantastic diorama! I haven't seen one of those since my kids were in grade school ☺. You identified a problem that in thinking about the pediatric experience has received remarkably little attention. We consider the shape of the buildings, light sources, the color scheme, the décor, but there is little awareness about what it is like to "move around" in the hospital in order for different procedures to be performed. The patient becomes familiar with her little room – and because the hospital is so scary, it is frightening to leave that room for a strange place. Your diorama mapped out the journey in a way that would put a child at ease. You populated your hospital with friendly, unassuming doctors, nurses, and techs – just the right size so that a child could manipulate them! It almost looked fun! A clever project that thoughtfully addressed a neglected issue. Best, Dr. Shapiro

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Dear --, thanks for crafting such a lovely poem (I think you should send it to Plexus! ☺). You are really a good writer, the poem's language and meter was quite arresting. The topic, resistance to flu shots, was especially apropos for this time of year! As you discussed, it is a problem where you cannot guarantee 100% success. There is more uncertainty with the flu shot than with the polio vaccine. Yet everything we know suggests it is better to try it than not. In these circumstances, I thought your use of the insurance policy metaphor was inspired. It was a clear and effective way of conveying why it might be a good idea to get the injection. I also liked your persistence, and that you were willing to approach the issue from many angles. For many patients and parents, it is simply a question of finding the right argument, the argument that really makes sense to that patient or parent, and helps them shift their thinking. Excellent work, --. Thank you! Dr. Shapiro

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Hi --, I really liked your project devising "Five Easy Tips" for kids and parents to resist obesity and stay healthy. There were several particularly good aspects to your project: 1) It avoided the clichéd phrase "eat more fruits and vegetables," which however correct, is so overused as to be meaningless 2) you relied on metaphor and imagery rather than passive

knowledge transmission (“eat breakfast like a king...”; “eat a rainbow...”). These form vivid mental pictures that will attract interest and stick in the mind. 3) You designed your tips to fit on a small card that could be easily carried in a pocket or wallet. I also liked the way that you refused to argue with a recalcitrant patient (“Water tastes terrible” “No it doesn’t” “Yes it does”) and rather accepted their perception but made it tolerable. Your project showed creativity and originality, and would be very effective with actual patients. Best, Dr. Shapiro

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Dear --, thank you so much for sharing your struggles with whether to tell your patient’s parents that she likely had a devastating brain tumor. I was very moved by your evident distress over this situation. I am not saying distress in and of itself is valuable (although I think we should allow ourselves to be touched just a little by the immense suffering of patients); but in this case you didn’t dismiss or ignore your feelings of discomfort, but rather used them to think more thoroughly about this case. As you saw, despite Dr. X’s best efforts and mine, we could not come up with a definitive answer. This is true more often than we’d like – that there is not one, absolutely clear-cut and certain way to proceed in clinical practice. All we can do is exactly what you did – think about all the factors implicated: How will telling benefit the parents? How might it harm them? How quickly can there be follow-up by “the experts” – the hem-onc team etc.? What is your level of certainty about the likely diagnosis? If you do tell them, what kind of support is available to them? Am I trying to spare the patient suffering, or am I trying to spare myself? These and many more questions should be considered. And then we listen to our gut, and do the best we can. We learn all we can from how these situations of uncertainty play out. Then if need be, we ask forgiveness of those whom we have inadvertently hurt through our actions, and we try to forgive ourselves as well. To me, one dimension of a good physician is someone who wrestles with what is truly in the best interests of patient and family. You did this. Your story provided exactly the right note to end the class – searching for the right path forward, accepting that we may not always find it, and then doing the best we can.