

## PEDS REFLECTION PROJECTS 2/13

---

Thank you for reflecting on this difficult topic, --. I'm glad you brought it up because it accesses feelings that are very common in health professionals. As physicians, you can treat the body and mind (sometimes, if you're a very good doctor, you can treat the heart and the soul), but you can't change all of the societal issues that affect the health and wellbeing of individuals. You articulated beautifully the frustration and helplessness that can arise even when you've done everything in your power to intervene (and often gone that extra mile of effort, all for nothing). That can be a terrible experience, and it can be very disillusioning. We do not have perfect systems, in fact sometimes they are very fallible as you so clearly point out, and people (and kids) fall through the cracks (or chasms, as the case may be) all too often. We see things, such as the two incidents you describe, that break our hearts and destroy our faith. In my view, you do not want to stop caring. Instead, use the righteous anger you expressed so passionately yesterday to tweak the system as best you can, to advocate as strongly as possible for your patients. In the face of failure, as Dr. X wisely said, you must remember you did all you could, pray that that kid will survive her parents, and try again the next time. I think this process may involve some self-forgiveness. We wish we were better, we wish we had more power, but sometimes we simply do not. I appreciate your caring and compassion and willingness not to turn away from such wrongs. I would like all of us to bring the same level of commitment to issues of neglect and abuse. Thank you for sharing your thoughts, Dr. Shapiro

---

Hi -- and --, thanks for a creative and insightful presentation. You did a beautiful job, through your photographs and narrative, of literally "seeing through the child's eyes." As Dr. X commented, the way the perspective changed in the photos effectively conveyed how the physician can alter the focus – and therefore the experience – of the child. Your images showed very well all that can be scary and disorienting about a visit to the doctor – the facelessness of providers, the lights, the strangeness of the surroundings, the unfamiliar implements. In the second half, you skillfully demonstrated how simple things, such as removing the white coat, or first examining the child's favorite toy, can reduce anxiety and win trust. I also appreciated your point about smiling. A friendly, disarming greeting goes a long way toward putting a child (and her parents!) at ease, and is reassuring and calming. Basically, it acknowledges the patient as a person, whereas an impersonal, instrumental expression ("let's get this task done") treats the patient as an object. Importantly, you both realized that addressing the patient's fears and confusion is relevant not only in Pediatrics, but with adult patients as well. Your project demonstrated compassion-in-action, the ability to take feelings of caring and transmute them into concrete behaviors that will change the nature of the interaction. Very well done! Dr. Shapiro

---

--, thank you so much for sending a photo of your poster, that allowed me to look at it more carefully and appreciate the thought and care you put into it. The two-sided approach was quite creative, illustrating the different perspectives (nice/evil medical student, innocuous/dragon stethoscope, useful/gun-like otoscope etc.). The importance of point of view in medicine cannot be stressed enough. It is understandable to see things only through “doctor eyes,” but when you lose sight of the patient’s view of things, you lose the opportunity to truly help that patient. You have your tasks to accomplish, the history to take, the exam to conduct, but often the patient doesn’t care about those things, and has a different agenda completely. Your poster demonstrates real empathy for just how scary and intimidating kids can see a visit to the doctor. It also made the point that taking time to build rapport is time very well spent indeed. Thank you for encapsulating this issue in such a strong visual way. Best, Dr. Shapiro

---

Hi --, I liked your poem about “Cake Kid” very much! You did an amazing job of showing both the eager medical student perspective (“wow, cool diagnostic dilemma”) and the human face behind the diagnosis. I really was impressed at the way you were able to completely change the tone of the poem halfway through. The first part is gung-ho student, preoccupied (understandably) with getting the HPI (cake batter and all), surviving the pimping, looking smart etc. Then you go into the room to see the patient, and thank goodness, you actually *see* the patient. You see so well that a “cool” diagnosis means a lifetime of suffering for a kid and his family. You also avoid falling into pity for your patient’s hard lot, and instead are able to admire his resilience. Tellingly, you realize that one of the best antidotes to burn-out is connecting with the human story of your patient, even when that story is “rough.” Just hold onto this insight, and it will take you a long way in medicine. All best, Dr. Shapiro

---

--, --, --, and --, you put together a great skit and acted it out with humor and creativity. You took a deceptively simple well-child check and used it as an opportunity to uncover (or not!) child abuse and neglect. One of the most nuanced parts of the skit was the friendliness and bonhomie of the father. He seemed like a very nice man if you didn’t look too carefully or weren’t paying attention (like Bad Doctor in skit 1). This portrayal challenged our stereotypes of abusive parents, and reminded everyone that apparently nice people can do very bad things. Yet you also supplied plenty of warning signs (the controlling dialogue, the unstocked refrigerator, the pressure for grades, the sharp commands to the little boy, the repeated references to “clumsy kid”).

I also liked that Bad Doctor wasn’t a villain either. He too was personable and outgoing. If you’d asked Bad Doctor his perception of the encounter, I’m sure he would have said it went great! Nice dad, good kid (maybe a little shy!). Bad Doctor’s “instructions” to Little Boy, while meant to be helpful (“stop sucking your thumb”, “keep grades up”, “be careful”) were actually perfect examples of ineffectual “teaching” that both overlooked the underlying problem and would have no effect on the child’s behavior. The fact that Bad

Doctor talked pretty much exclusively to Dad and consistently referred to Little Boy in the third person was another nice touch that illustrated how easily a child patient can be left out of the interaction.

By contrast, Good Doctor was alert, attentive, and while also friendly toward Dad, did not allow himself to be manipulated or controlled. Good Doctor talked to Little Boy directly, despite repeated efforts of Dad to intervene. He maintained eye contact with his patient, crouched down to seem less intimidating, and listened carefully to the kid's utterances. Cleverly, Good Doctor figured out a relatively nonthreatening way to get Little Boy alone, so he could assess the situation (and call CPS! – another good teaching point in the skit, and absolutely the right thing to do).

All in all, this was an enjoyable and humorous presentation that also taught your classmates important lessons about common pitfalls in interacting with kids and their parents. Original, creative, and well executed! Thank you! Dr. Shapiro

---

Dear --, what a lovely contribution your song made to the Peds session. I'm so glad you took that risk (it is vulnerable to sing in front of others, even in a video!). Music often expresses emotions that mere words cannot, and your song certainly succeeded in this regard. You conveyed beautifully a child's perspective on being hospitalized and rounded on by a bunch of white-coated strangers. Your poignant lyrics and melody expressed the child's confusion, her lack of ability to speak up for herself. The affecting queries "What's going on? Who are you? Why are you looking at me?" were very moving, and also captured so well the questions in the minds of many patients. I also liked the way the song complicated the idea of always smiling with patients that came up earlier in the discussion. You showed well that when a smile is discordant with the emotional parameters of the situation, it can seem inauthentic and distancing. Finally, I thought the way the song played with time was very effective and insightful. Patients have all the time in the world, but often little understanding their situation. Doctors have plenty of understanding, but often don't have (or take) the time to explain it to the patient. This is an intellectual puzzle, but when woven into a song, it became a heartrending plea. Altogether, a wonderful and emotionally evocative experience. Thank you! Dr. Shapiro

---

--, you came up with a very interesting idea for your peds project. By documenting the drawing ability of variously-aged children, you provided hands-on insight into the development of both fine motor skills AND creativity. It was lovely to see the work of the 5 yr old kid who apparently thought drawing a circle was too boring, and provided you with an entire person! Personally, I thought you were a bit hard on your own artistic ability, you did show us that there is a real difference between a 2 yr old and a 23 yr old ☺. I'm glad you focused on art, you also reminded us what a useful tool this is therapeutically. Children are often able to "draw" feelings and concerns that they have trouble articulating verbally. Even though physicians can't do art therapy with kids, asking a child patient to

**draw a picture of an upcoming procedure or the doctor-patient encounter or a self-portrait can provide lots of insight into the child's perspective. Thanks for your work! Dr. Shapiro**

---

**Dear --, thank you for the video and poem you contributed to the peds reflection session. The video, while I'm sure useful diagnostically, had a deeply troubling quality because of the incessant repetition and the infant's obvious distress. Watching the baby seize over and over conveyed powerfully just how distressing this must be to parents. The poem provided a wonderful complement to the video, expressing the thoughts and feelings of the narrator (a medical student?) toward both patient and mother. The poem was lyrical and moving, with compelling metaphors such as the quiet before the storm. The writing showed great empathy for mom and infant through language about "wanting the strangeness to end" and "wanting peace." These pleas captured in a simple and heartfelt manner your awareness of the suffering involved in this diagnosis. The entire presentation accomplished an important goal of transforming an intriguing diagnosis into a deeply felt human experience. Thank you. Dr. Shapiro**

---

**Hi --, thank you for your reflection piece, which tackles a question posed often to pediatricians: Isn't it hard to work with sick kids? You provide a nuanced and thoughtful response. I like, and agree with, your insight that kids are very resilient not only physically, but emotionally. They can bounce back in minutes from blows that would lay a full-grown adult low for months. I also appreciate the respect you have for kids ("tough and tenacious"). They are no object of pity, and your empathic essay makes that quite clear.**

**Your analogy of a rubber band was terrific! It is a great metaphor for this paradox of strength and fragility that children embody. Yes, kids can spring back, they can also break (and yes, can they ever snap! ☺).**

**I wonder if you are thinking about going into Peds. I hope so, because you are so attuned to kids, you would make a superb pediatrician. In any case, best of luck with the rest of the year. Regards, Dr. Shapiro**

---

**Dear --, I'm glad you brought this very challenging situation to the Peds reflection session. It was a thoughtful and moving presentation. The integration of the slides of the child with SJ syndrome were shocking, but helped us imagine what it might be like to be the parent of this child. You expressed very well both the initial "medical student enthusiasm" for a rare drug reaction and later the realization that a child and family were attached to this diagnosis. You were exquisitely sensitive to the suffering of both child and dad. The fact that you checked in with them each day was evidence of your commitment and caring.**

**This story generated a valuable discussion about how to deal with the suffering of others. You poignantly described yourself as tearful during the rounds, but “no one else seemed shaken up.” The attending, in fact, exuded jollity. This of course is not wrong so long as the physician can also acknowledge the severity of the situation, and acknowledge the patient’s/family’s emotions. In this case, dad was obviously heartbroken, yet no one (other than you) acknowledged his suffering. Ignoring the suffering does not lessen it for the patient/family member – dad was still suffering, but everyone else was able to avoid his pain. To me, pretending nothing is wrong does not seem like the best, most compassionate response. You want the patient/family to feel that the physician empathizes with their pain and fear, but is also able to contain these emotions. The physician is not whitewashing anything, but is able to give a message of hope (when appropriate) or that, in your heartfelt words, “we are doing everything we can.”**

**You cannot take on every patient’s suffering because this would overwhelm you. But I think it is not too much to ask that physician retain the capacity to be moved by their patients’ suffering. It is a fine balance, but one that is possible to achieve.**

**All best, Dr. Shapiro**