

PEDS REFLECTION PROJECTS APRIL 2015

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Thank you for your informative report on pediatric headaches. You provided information that was new to your classmates (and certainly to me) – i.e., the underdiagnosis of headaches in other cultures and the broad differential. Most interesting to me was your sensitivity in helping develop realistic expectations in your 14 yo patient, and your awareness of how medications could be misused and how parents were often more open to “natural” prophylactic meds. Your project was an exemplary presentation of both the science and the art of medicine. Well done! Best, Dr. Shapiro

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Thank you for your “rant.” Confronting child abuse is one of the most emotionally trying aspects of pediatrics. The idea that the very people who are supposed to protect a child can inflict such harm is almost unbearable to contemplate. Seeing a heroin-addicted mom, as you did, who delivers an addicted infant, and then ignores the baby, is heart-wrenching. It is very natural that feelings of anger and revulsion are directed toward this mother. Your project (coupled with that of the Norwegian students) led to a thoughtful and I think fruitful discussion of what to “do” with such feelings. As I mentioned, a worthwhile question to ask is, “How will expressing these feelings help my patient?” “How will judging this patient improve my patient’s care?”

I loved that you discussed this case with your mom (ain’t moms great?!). She had very good insights. Often, although few people are unmoved by child abuse, we may have a particular “hook,” perhaps in your case your cousin’s infertility. As a result of processing your feelings with your mom, you were able to step back, look at them with a little distance, and evaluate them more objectively. Knowing this personal trigger might help guide you in your interactions with the baby’s mother, to choose an approach that might encourage her, for example, to go into rehab.

--, this was a very honest, perceptive grappling with an agonizing topic. Thank you for helping to think it through a bit. Best, Dr. Shapiro

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--, thanks for risking a poem. You did a good job. Most importantly, you expressed several important insights, namely the complete bewilderment of your little 5 yo patient; the frustration of the parents in having to wait for a diagnosis; the scary-sounding name of the disease (as well as the possibility of poor outcome). I was especially impressed by the way you empathized with the state of uncertainty that enveloped both parents and doctors. As we discussed in class, it is easy for people to start blaming each other in this situation. Finally, you did a fantastic job of advocating for your little patient regarding the second lumbar puncture. I understand how difficult it can be for medical students to “speak truth to power” (and in this case, of course, you were not certain what the truth was, since it might have lain outside your medical knowledge). But I thought you handled the situation perfectly – simply wondering, asking questions. Often, what the medical student wonders about can actually help an experienced attending consider alternatives. I commend you for thinking of the suffering of your patient and how it might be ameliorated. Such a course of action is never wrong. Best, Dr. Shapiro

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An absolutely outstanding project, --. First, your idea of writing a letter to your patient was very creative. As we discussed, it is often an effective way of resolving “unfinished business” with patients who, for one reason or another, you cannot speak to directly (e.g., a patient who has died, or an infant as in this case, or a patient who left AMA etc.). Secondly, the letter itself was incredibly moving and beautiful – and amusing. I loved the way your heart opened toward this 14 day old baby, how he become your “perfect patient.” The tone you adopted was so sweet and affectionate, it was obvious that you were able to form a genuine relationship with this little fellow and to cherish it. The idea of somehow, down the road, your minds being in sync was quite touching. It is true that patients often think of the doctors who’ve made a difference in their lives; the doctors likewise sometimes reflect on particular patients; and perhaps on occasion the universe aligns to that this happens in synchronous fashion. It’s a lovely thought.

Finally, as I noted in class, I was particularly struck by your *awareness* of everything going on in that infant’s room – not just the tubes and the machines, but the parents’ love, the care of the nurses, your own connection, all the intangibles that contribute to healing.

Truly a wonderful presentation. Thank you. Dr. Shapiro

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Dear -- and --, what a lovely and creative project! A flower is indeed a perfect metaphor for a child, who as you expressed needs tending, nurturing to blossom and thrive. --, your concept of “entering into the patient’s world” was wonderful. It is really a definition of empathy – being willing to meet the patient where he or she is. As you both recognized, this is how you make a patient comfortable – whether child or adult.

--, thank you for sharing a story from Tanzania, for reminding us how differently birth (and death too) can occur in different countries. I was particularly interested in your description of the nurse’s laugh which I first mistook as judgmental, but which you helped me see as supportive. I would never have been able to imagine that on my own.

Your project overall emphasized how, especially in Peds, the physical exam is less an algorithm and more an art. Along these lines, you raised an intriguing question about the value of the professional façade. Pediatricians, more than most physicians, are well aware how that façade can interfere with good patient care because the patient finds it intimidating and unfriendly. I think good doctors in other specialties also know when and how to “play” with that professional demeanor; and know when they are using it to hide behind rather than to help. Much food for thought in this flower! Dr. Shapiro

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Dear -- and --, what a tender and touching project to end with! It is indeed heartbreaking when you encounter those babies and kids who seem to be all alone in the hospital, no visitors, no family, no one who cares (and thank you for pointing out that this is not always from indifference but because the parents must work or take care of other children etc.). You were also very empathic to the fact that this poor little baby was in isolation, and how scary and alien the gowned gloved medical

personnel must have seemed. As we discussed, when the patient's needs far exceed your ability to provide for them, it is easy to turn away. Instead, the two of you jumped in, with perfect compassion-in-action, and did what you could to fill the gap by spending time playing with the infant. You also noticed that indeed the hospital staff became the family. Your sign-out note "Cuddle baby often" was superb: how often do you see this in the chart, yet how often is it needed. These three words summarize perfectly the art of medicine. That you recognized how important this was says a lot about the kinds of humanistic and caring doctors you will be.

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Hi -- and --. Thanks for participating in this unusual reflection session with such good grace. Thank you also for sharing some fun facts about Norway (such as where it is – we Americans are embarrassingly ignorant about basic world geography!). Your pictures showed us a beautiful country with a rich heritage. Thank you also for reminding us that it is simplistic to divide the world into good people (a category that always includes us) and "bad" people (like abusive parents). Your project forced us to realize that so many are caught in vicious cycles of neglect and harm from an early age that predisposes them to terrible behavior as adults. This is not to excuse such behavior – many people who were themselves abused as children avoid growing up to become abusers – but as your poem said so eloquently (how I wished I understood Norwegian when you read it!) none of us is completely innocent, we are all implicated so long as society contains injustice and inequity. You gave us all a great deal to ponder. Best, Dr. Shapiro

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--, your algorithm for parents to help them determine "Why Is My Baby Crying?" was well-conceptualized and executed. You presented in a simple, easy to follow format different reasons a baby could be crying, as well as indications for seeking medical advice. A hand-out along these lines would be particularly useful for first-time parents first, because it would educate them; and second, because it would help engage them as active partners with the physician. One of the most important lessons of parenting is to learn to be observant about your child, and to be able to interpret symptoms and unusual behaviors within the context of personal knowledge of your kid. For most parents, this happens naturally, but your accessible, unintimidating hand-out could certainly facilitate this process. Well done! Dr. Shapiro

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--, I liked your tribute to Turtle Talk. It is a delightful program and well deserves the attention you gave it. Your poem helped us all remember the importance of finding ways to humanize patients while they are hospitalized and bring elements of normalcy into their very abnormal hospital lives. It is easy to forget that even sick kids are just kids, with lives and interests that have nothing to do with their medical conditions. Turtle Talk and similar programs give kids a much needed break from the dominance of their disease and allow them to reconnect with the joys of childhood. For the medical student lucky enough to participate, it is a restorative and rejuvenating experience as well. As we discussed in class, although it's easier to see the importance of an opportunity like Turtle Talk with kids, the principle is the same in adult medicine. It is dehumanizing and demeaning to be reduced to a diagnosis. The more we can help patients to stay connected with themselves, the more we will help them heal. Thanks for such a poetic reminder! Best, Dr. Shapiro

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Dear --, your essay brought out several important points. One is that while everyone tells you it is all about the patient, the reality is that as a medical student, you are also very focused on how your resident/attending perceives you and what is going to be put into that all-important evaluation. Thus you are often juggling competing priorities. I appreciated that you acknowledged that so honestly. A completed “checklist” will win praise from your supervisors. But as you perceptively concluded, sometimes it is in the best interest of the patient to deviate from the checklist, or even leave the checklist incomplete to pursue more meaningful questions. In your example, the overwhelmed mother of an infant with profound MR and other disabilities was asked in a rather insensitive manner by “another clinician” whether she wanted her child circumcised. That insensitivity likely comes from time pressure (clear an item on the checklist) and not reading the emotional needs of the mother.

The subsequent discussion highlighted important insights. One had to do with apologizing when you make a mistake. Ideally this “clinician” might have realized (perhaps with a little gentle assistance from his or her medical student ☺) that the mother was upset, and gone back to discuss the interaction. Admittedly it can be hard to humble yourself in this way, but it is the right thing to do, and means a lot to the patient. Another valuable point had to do with *how* you use a checklist. If it is merely a task to complete, the patient will sense this and become resentful. If it is a guide to help you better understand the patient, then the manner in which you ask your questions will be very different – more interested, kinder.

--, I think in this case you got it exactly right when you said that the mother needed was a “compassionate touch and kind smile” to let her know she was not alone facing a challenging future. In this context, the proper time and place for a conversation about circumcision would have been easier to identify.

Very thoughtful and empathic essay. Thank you. Dr. Shapiro