
Dear -- and --, I LOVED you developmental milestones dance. I also liked the way you engaged your fellow students so that they had to actively attend to the dance in order to identify the milestones (the narration did help those of us slow of eye who missed the many creative moves you built in to demonstrate various milestones). --, your comment about empathizing with kids who have limitations on their movement as a result of your working within the constraints of the milestones was a valuable connection which I certainly would have missed. Finally, I liked that you placed the milestones within the context of ordinary movement (if dance can be considered ordinary), since this is how kids actually "perform" them. All in all, this project was creative, enjoyable to watch, and made the milestones come alive. Best, Dr. Shapiro

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Hi --, I was both moved and impressed by your discussion of the kid with myasthenia gravis and her father, whose wife had recently died from a neuroblastoma. I was struck by the empathy you showed for this family. The father's "happiness" even when recounting tragic events, his buying your lunch, and his general appreciation for the care and interest you (and the team) took with his daughter's case provided a wonderful example of the science and the art of medicine at work. You all showed him that you were concerned for his daughter as a human being and that you resonated to the tragic nature of his story. Even in very difficult circumstances, listening with respect and being willing to make a human connection makes a great deal of difference to patients and families. Thanks for sharing how good doctors can really make a difference on multiple levels in patients' lives. Best, Dr. Shapiro

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Great presentation on HEADSSS, --. Your slides were full of important data as well as superb suggestions for winning the patient's trust and broaching extremely difficult topics such as sexual abuse. Your emphasis on the importance of relationship-building was absolutely spot-in. It was a tribute to your sensitivity and skill that the patient divulged to you her own history of sexual abuse which she had not shared with anyone in 4 years, including her mother. Your presentation also modeled nonthreatening and supportive language which I hope your peers will incorporate in future HEADSSS assessments. As well, I was impressed with your gentle persistence in asking tough questions more than once, using different approaches, showing your understanding that adolescent patients may not open up on the first attempt. While demonstrating total grasp of all the complex instrumental and reporting requirements involving a case of suspected sexual abuse, you simultaneously embodied compassion, empathy, and nonjudgmentalness. An outstanding job, and a situation in which you truly made a significant difference in the life of your patient. Best, Dr. Shapiro

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--, thanks for your extremely informative poster of child drowning and near-drowning. The poster and subsequent discussion brought out many important points that I suspect many of your classmates had not considered. You did an excellent job of engaging your audience and getting them to think actively about this critical issue. Moreover, the fact that you were willing to discuss this topic not only as a student-physician but as a parent, sharing your fears and anxieties regarding your own precious kids, provided an immediacy that moved this presentation from the abstract to the personal. Thank you for a well-researched and timely project. Dr. Shapiro

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--, thanks for your patience at the Peds reflection session. It is hard to go last! Despite the late hour, you managed to focus our attention on an important, but somewhat neglected topic, dental health. Your hand-out provided valuable education and information to your classmates. I especially liked the section that delineated arguments that might persuade parents about the importance of ensuring good dental care for their kids (the links to poor school performance, social relationships, and lower success in life down the road). The points you raised about adolescent care were especially apropos, as parents often don't consider issues such as smoking and oral piercing in relation to overall mouth health. Altogether, a thorough and valuable contribution to our discussion. Best, Dr. Shapiro

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Hi --, and thank you for bringing to light an important issue – how alcoholism reverberates in the family, especially among the children of alcoholic parents. The poem you read was very touching, and illustrated the helplessness and anger children can feel at having to cope with an alcoholic parent. As you pointed out, such children often become parental children, attempting to assume a care-taking, protective role toward their mother or father. This inversion of the parent-child relationship almost inevitably results in psychological disruption down the road, as the child has essentially missed out on the developmental experience of being a child. Your presentation captured the poignancy and severity of the impact on kids and the importance of understanding that alcoholism, like drug use, is really a family problem. Best, Dr. Shapiro

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--, I commend your powers of both observation and reflection. You took a relatively minor incident – a resident repositioning nursemaid's elbow – to notice how such a painful procedure can affect not only the patient, but the parent as well. As you said, you didn't expect the mom to start crying as well as the kid. Yet, rather than simply "moving on," you chose to consider why this happened and what it meant. Your conclusion that parents and children have a highly empathic bond so that pain in the child actually causes pain in the parent is thoughtful and in fact supported by research. Your presentation also raised important philosophical issues about how to come to terms with the necessity of inflicting pain on others, even to achieve beneficent and therapeutic goals. What does it do to the person of the physician to knowingly cause pain to a patient? Is it possible to stay open to

that suffering while not allowing this awareness to paralyze you? Must doctors become "immune" to the pain they cause, or can they acknowledge it and accept it? As we discussed in class, sometimes physicians tend to minimize the pain they must cause, thereby inducing a sense of mistrust and betrayal in their patients. If physicians can authentically acknowledge that care and cure often involve additional pain for patients, perhaps they can be more honest about this aspect of medicine, both with their patients and themselves. Thanks for such a thought-provoking essay. Best, Dr. Shapiro

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Dear --, thanks for your excellent project on childhood obesity. I thought your idea of the "healthy" vs. "unhealthy" food choices booklet was very clever and could truly be helpful to a young child. Visual imagery is more powerful than verbal language, and the concrete and specific nature of the pictures you provided would be persuasive. Further, the fact that the child was actually choosing between the "good" and the "less good" might instill a kind of modeling that could generalize to a real-life situation in which he or she might actually choose the baked rather than fried chicken! Finally, the whole design of the project had the feel of a fun game, rather than boring instruction by a doctor, which also might be appealing to a kid.

Thanks also for highlighting how broaching a topic like weight can be made more complicated by language and cultural barriers. All in all, congratulations on your creativity and ability to engage a small patient on this very sensitive topic. Dr. Shapiro

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Hi --, thank you for an illuminating presentation on childhood obesity. Your "hipster blog" was quite amusing. In between the chuckles, you made an excellent point that obesity cannot be dealt with in the interaction between child and doctor. This is an issue that involves the parents, ideally the whole family, and perhaps even the larger community. Often it is true that overweight kids have overweigh parents and overweight sibs as well. This realization in itself points to family-based interventions. Also, as you pointed out, a child has little control over what he or she eats. In the early years, parents have responsibility for food purchasing and preparation. And by the time that child is older, and has more independence in choosing foods, bad habits have already been established and are hard to undo. Add to all this the power of advertising, the cheapness and convenience of unhealthy foods, peer and family pressures to consume certain food products, the existence of food deserts in certain neighborhoods, and you have a perfect storm.

You are certainly correct that parents must be held accountable. The question is how? Will tough love work? Sometimes, especially when it is offered within a nonjudgmental context of genuine caring. Will empathy and understanding of the challenges involved in making behavioral and lifestyle changes? Often, but only as a first step. Motivational interviewing, not only for the child, but for the parents can be extremely helpful.

I also liked your dissection of how these diet/lifestyle encounters typically go. You are so honest and astute in noting how often there is a sense that the patient is not on board, or is hiding something, or has no intention of following medical advice, but the doctor "just moves on," pretending as it were that because the patient was counseled, change will occur. Sadly, often this is not the case. Lifestyle change is a process, and it requires support and buy-in from many sources, the physician being only one of these. As you suggest, it is vital to bring parents – and ideally important others – on board.

Thanks for complicating our thinking about how to truly help kids lose weight. Best, Dr. Shapiro

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--, thank you for your eye-catching nutrition poster which made many excellent points about childhood obesity in an interesting visual way. I was particularly impressed by your insight that we (meaning all of us doctors, parents, laity) simply "get used to" seeing fat kids, so we no longer are sensitive to overweight issues, and must rely on BMI calculations to identify kids at risk. Your next thought, "What are the parents doing?" is the natural and correct places to go. Children need the help of parents, family, and ideally friends and community to help pry them away from cheap, convenient, and good-tasting food. As we discussed in class, it is not an easy task, more of an ongoing process than a single "instruction." There are powerful economic and social forces arrayed against healthy eating, and it will take a significant commitment on multiple levels to change that. Nevertheless, as you astutely observed, physicians can play a meaningful role. As you commented, the trick is not to shame and blame parents (which rarely is effective longterm), but rather to work with them – and the child – in a nonjudgmental, supportive but persistent manner that activates as many resources as possible – nutritionists, community programs, family and friends. In this case, it truly does take a village. Best, Dr. Shapiro

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--, thank you for tackling the still too-often ignored issue of medical error. This patient suffered awful consequences because of a mistake compounded by unwillingness to corroborate the success of the procedure as well as poor communication with the floor. I admire that you stepped forward to say, this was wrong and should have been handled differently. I admire that you trusted your instincts – this is not something to cover up, minimize, or pretend never happened. It should have been discussed honestly by the team, not in a shaming way, but so everyone could learn something. The practice of medicine requires a certain self-confidence, but you make a superb point about the risks of arrogance, compounded by the hierarchical nature of the medical system. I hope as you move higher and higher on the food chain, you will never dismiss a suggestion by someone less expert or less well-trained. Their different way of assessing the situation just might teach you something!

You might be interested at looking at these two TED talks that discuss this issue openly, humorously, and movingly.

TED talk by Kathryn Schulz - the inevitability of errors: http://www.ted.com/talks/kathryn_scultz_on_being_wrong.html.

Also a great TED talk by E.R. physician Brian Goldman entitled, "Brian Goldman: Doctors make mistakes. Can we talk about that?" http://www.ted.com/talks/brian_goldman_doctors_make_mistakes_can_we_talk_about_that.html

I also appreciated your raising questions about how different "kinds" of patients are sometimes treated differently. It is surprisingly easy to start thinking of a severely cognitively and physically impaired person as "less-than-human," someone to whom less than optimal care can be given. Of course this is morally and ethically wrong, but it is harder in some circumstances than others to retain a connection to the full humanity of the patient. As you go through your training, notice when this might happen to you (the kid with severe MRCP, the drug-seeking patient, the patient in PVS, the morbidly obese woman) and think about ways of maintaining relationship. Not easy, but what is required of doctors.

The second case, which regrettably we did not have time to discuss, was also a wonderful (or terrible!) example of how physicians can "educate" or "inform" patients and parents without conveying anything at all of value. A lot has been said and written about medicalese and techno speak. Again, this is an easy pit to fall into. By the time you are a 4th year, the incomprehensible nature of doctor speak will (hopefully) be second nature (or unfortunately first nature). It makes you sound like a real doctor, one of the tribe, and in the right circumstances (a case presentation or talking to a colleague for example) it will be an efficient way to communicate and earn you good evaluations. But I hope you never forget that it is not normal speech, and that no one else understands it, particularly sick, frightened, confused patients and family members.

I completely respect that you made the effort not only to recognize this problem, but to practice overcoming it in yourself. As you discovered, there is a reason doctors talk like doctors – it is an accurate and efficient way to convey information. Translating it in normal language can be challenging, but practicing this skill is a great way to improve. And as you already found, you will find great role models to help you. If I might suggest, metaphors, analogies, and figures of speech can be powerful tools in helping us laypeople actually grasp what you're talking about.

Finally, you showed great insight in recognizing that the mother's question (although of course deserving of a clear and comprehensible explanation) also masked a deeper, harder-to-verbalize question: "Do you care about what happens to my son? Are you working on his behalf?" Many medical authors have pointed out that the patient and family usually do not realize how much time the team spends thinking about them, discussing their situation, and researching their disease. They see the doctor for 5 minutes at the bedside, and that

seems that. Practicing (appropriate) transparency with patients helps them understand the physician's perspective as well.

Thank you so much for two absolutely outstanding, thoughtful, insightful, and highly empathic essays! Best, Dr. Shapiro

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Hi --, what a wonderful presentation you made at the Peds reflection session. I deeply admired the way you processed your emotions in this situation where a distraught father of a patient in significant pain ordered you (and the team) out of the room. First, you identified your feelings – defensive and angry. Excellent! Most people would react exactly the same way: you had done nothing wrong, you were there to take the history, just doing your job. But THEN you considered the patient and family perspective – the child is in pain, the father feels helpless, everyone is waiting on the morphine order, what can he do? He tries to protect his daughter with the only means available to him – telling you all to leave. Is it more convenient for you to take the history now? Yes. Is it part of your education? Yes. But can the patient and father be accommodated without serious consequences? Absolutely yes. And so commences a lesson in how the patient should always be the first priority (or at least as often as possible), despite more inconvenience, disruption, and effort for the doctors and staff. I am truly impressed by your empathy and humility, and hope you never lose either. Best, Dr. Shapiro