

PEDS REFLECTION PROJECTS COMMENTS 9/22/14

Dear --, what an insightful and empathic skit you crafted. You were impressively successful at capturing the perspectives and emotional reactions of parent, patient, surgical resident, senior resident, attending, and medical student. You are quite right that in such a situation there are a lot of different needs, wants, and priorities circulating. I was impressed by your awareness that EVERYONE in that room was suffering – of course parent and patient, but also learners, residents, attending. Everyone needs support and care. There are no villains, only people who are stressed out, burdened, uncertain.

I loved that the turning point of the interaction came when the attending (ah, the wise attending) realized that the dad was “just scared.” What a great insight! So often parents act in angry, aggressive, or demanding ways, but at the root of these behaviors is often enormous helplessness and fear that their precious child is sick and they don’t know what to do.

Finally, you asked fantastic contextual questions. 1) Who takes care of the caregiver? I wish we did a better job as an institution of taking care of medical students, residents, and attendings. As we discussed in class, it is always important to know where patients and parents can turn for support, but it is also important for people in the health professions to be sure they have ways of caring for themselves. Commitment to self-care makes it less likely that such challenging situations as the one you describe will deteriorate into actions (such as leaving the hospital AMA) that are not in the best interests of the patient. 2) What does each person want in the situation? This is such a great question. Once you can answer this for every person in the room, you have a much better chance of successfully resolving conflicts and finding workable compromises. 3) How do you deal with parents who make a choice not in the best interest of their child? I think this essay is a very good start on an answer to this question. You show that the best way to deal with parents in these circumstances is to listen, to be respectful, to avoid defensiveness and reciprocal aggression, to find common ground, and to look for solutions that will meet everyone’s needs.

Very creative and excellent work! Dr. Shapiro

--, your essay was a very thoughtful analysis of a pervasive and complex problem in the delivery of healthcare. The large cast of characters involved in most hospitalizations reflects an increasingly common reality of contemporary medicine, in which multiple physicians representing various specialties and at varying levels of training are routinely involved in the patient’s care. As you perceptively realized, despite everyone’s good intentions, extensive expertise and competence, patients and families can end up feeling confused, neglected, and forced to be their own advocates. I thought the discussion your project generated produced many creative thoughts about the systemic nature of this problem, how individuals can get “hooked” into a negative process, and what might be done to mitigate these problematic interactions.

In the case of your patient, it took different specialists some time to agree on the most likely explanation of her symptoms. While they deliberated, mom became more and more upset. As you perceptively depicted, the mom felt that the primary team was not listening to her, was sloppy, had poor communication, and did not take responsibility for the patient's care. I appreciated your non-defensiveness in acknowledging that there was some degree of truth in all the mom's complaints. You are so right that often, despite their getting excellent care, patients and parents do feel as though they have "fallen through the cracks," that they are getting mixed messages, that no one really cares about them.

Your conclusions are very sound. First, as you observe, we need systemic changes so that the complexity of medical care is seen as a benefit and an advantage, not a drawback. An important focus is communication across teams and consults – easy to say, but sometimes really hard to do. Even when fleets of doctors are not always able to work together seamlessly, they must make it appear so to their patients and patients' families. Differences will exist, yes but they must be resolved before parents get conflicting messages or worse become aware of conflicts among the care providers. Secondly, as you say, hand-offs must be done in such a way that the patient and family never doubt the commitment of the various teams, always feel that there is continuity in both information and caring. Finally, I really appreciated your awareness that, although this is largely a systemic issue, it does not absolve individual physicians from taking personal responsibility to be advocates for their patients.

A truly outstanding essay that tackled a crucial question in inpatient medicine. Dr. Shapiro

Dear --, I was delighted you brought up the issue of cultural differences. The request for a female doctor is not an uncommon one, and is especially sensitive when based on the patient's religious beliefs. I thought you had an outstanding role model in your attending, who did not compromise optimal patient care (i.e., examining the baby) but was willing to think outside the box and concoct a truly creative alternative (doing so outside of the mother's presence). In my book, this showed both respect for the patient and husband's beliefs as well as considerable ingenuity. I disagree with the nurse who criticized this solution as "encouraging bad behavior." The patient and husband were not "behaving badly" from their cultural perspective; rather, they were following age-old customs and beliefs. To judge these beliefs contemptuously is not who we want to be as health professionals.

--, your essay showed great personal awareness and honesty in its realization that, prior to your attending's example, you might have made errors either way – capitulating to the husband's request and allowing someone less qualified to conduct the exam; or dismissing the husband's concerns and proceeding with the examination. I think such mistakes are quite common, and arise out of unexamined attitudes such as the nurse expressed. Your great strength is that you recognized a more skillful way of handling the situation in the choices your attending made, and have made a commitment to emulate this approach. Now that is what I call real learning! Best, Dr. Shapiro

Hi --, I really liked your observations about newborn nursery, including your comments about the teamwork between parents and sometimes other family members. You also prepared an appealing and educational brochure for new moms on breastfeeding and reflux precautions. How lovely that you started off with "Congratulations!" thus establishing a positive and enthusiastic context. The illustrations were helpful, and appeared to depict women of different ethnicities, which will enable women from different backgrounds to relate to the material. I particularly liked the FAQ approach, as I imagined moms searching through these questions to see if they matched the questions they themselves had. I also liked that you pointed out benefits of breastfeeding not only to baby, but to mom as well. This approach might increase mom's likelihood of choosing this method of feeding. Finally, I appreciated the thought and care you put into the design and language of the brochure. Not all educational materials are created equal, but yours is straightforward and accessible. A user-friendly effort that showed considerable empathy for the anxieties of the new mom. Best, Dr. Shapiro

--, thanks for sharing your artistic talents with the class. Your drawing was really excellent, and reminded us of the very different perspective of an infant peering up from his crib. I'm so glad you focused on the points of view of both patient and parent. As you observed, most students (and a not inconsiderable number of pediatricians!) find it easier to empathize with kids; often, as you also noted, kids are more likeable than their stressed-out, fearful, or demanding parents. Many learners (and again, some pediatricians) find it difficult to deal with parents who, as in your examples, demand to talk to the head of the hospital or decide they are leaving AMA with their child.

You did a great job of showing the importance of finding out the parent's thinking: what lies behind their anger, their fear, their apparently irrational behavior? As with the mother who wanted to take her child home, once you discover the underlying reason ("my child might pick up another infection in the hospital"), it is easier to sympathize and also to explain an alternative perspective. Your conclusion that while parents may act like adversaries, they, like the physicians and medical team, are really trying to advocate for their children was truly insightful and compassionate. Once you realize you and the parents are really on the same side, even when apparently in conflict, it is easier to find common ground and move forward. Thanks so much for sharing your thoughts, Dr. Shapiro

Hi --, --, and --. I really liked that you chose the Shel Silverstein poem which I specifically remember reading to my kids to let them know that I saw through their little ruses to stay home from school. Your illustrations are adorable, each colorful, engaging, and delightful. It was a creative way of introducing your theme that kids can truly be afraid of going to school and that fear can make them sick (conversion disorder in one case, and severe constipation in another). You did a wonderful job of showing the importance of taking kids' concerns seriously, whether having to pick a side between warring friends or not wanting to use the school bathroom. The issue with the girl with Crohn's I thought was related in the sense that all three patients wanted a safe space, whether home or hospital, that would protect them from the vulnerability of their conditions. You all showed great

empathy and sensitivity to the perspective of these children, while seeking out solutions that could address their fears and help them learn how to reintegrate into regular life. This was a lighthearted project with a serious message reminding all of us that, just because kids are kids, doesn't mean we can ignore or dismiss what matters to them. Great work the three of you! Dr. Shapiro

Wow, that was one of the most involving presentations on circumcision I've ever seen. Fantastic, so creative, so uncomfortable, so engaging. I doubt I will ever look at a banana the same way again! You did great research and were able to present your classmates with the most up-to-date information, which allows room for interpretation. I thought the best part of this project is that it enabled a frank discussion of a procedure that is still often taken for granted. Does it promote health? Is it the equivalent of female genital mutilation? Is the pain inflicted justified by medical, cultural, familial, or religious reasons? It was much more authentic to discuss these questions in the presence of that screaming little baby. Thanks for bringing us closer to this issue. I think you made all of us question our assumptions and reconsider our positions. Best, Dr. Shapiro

--, I loved that you wrote your reflection from the point of view of a stressed-out, harried mom with an attention-seeking 4 yr old, an FTT 15 mo old, and no support system. You captured very well her sense of being overwhelmed, her isolation, her helplessness at her toddler's inadequate eating habits. Adopting the patient's (or parent's) voice – not just thinking about it, but actually embodying it for a few minutes – has been advocated in the literature as a way of increasing empathy for patients and family members who appear unreasonable or “difficult.” Clearly this mom was struggling with her circumstances, and given her kid's declining health, it would be easy to blame her as a “bad mom.” Instead, you chose to try to understand the situation from her point of view. It's not that she is necessarily right or wrong, but more that in order to begin to address the problem, you need to understand its source. As you and your attending rightly included, this mom needed a lot of support; thus recommendations to have her child seen at a feeding clinic and to develop a social network would both go a long way toward reducing the mom's anxieties. It is likely that her desperation communicated itself to her son, and at least contributed to the eating issues. This was a thoughtful and caring essay, and represented a good beginning for treating not only patient but his mom.

Dear --, this is a beautiful and thoughtful poem. I only wish you had been able to share it with your classmates. As I read it, it engages with the perennial problem of how “interesting” disease (and the consequent suffering) becomes to medical students and residents. As you insightfully observe, disease becomes a puzzle to be solved. In a sense, “wrong things” become desirable because they are intriguing, an opportunity to learn, to discover, to make family proud – and yes, of course to help. In the poem, the narrator recognizes that the wrong of the disease would be there anyway, and that medicine can ameliorate some of this wrong. But the narrator also recognizes that he no longer feels

as he once did about wrong being “bad”; he worries that perhaps he no longer feels as a regular human should about the suffering of others. But he also recognizes that the meaning of wrong changes; and part of the price of healing may be that wrong becomes interesting.

This is a profound meditation on a complex philosophical issue. For my part, I don’t think it is “wrong” (☺) to be interested in disease. Probably you shouldn’t be a doctor if you don’t have this interest. But I wonder if it is possible to maintain both emotions simultaneously – curiosity about the disease process, and compassion for the person experiencing the disease. I know such a balance is not easy, but it seems important to remember with both head and heart that for the patient and their family, wrong is still bad.

This is a well-written and well-crafted poem that gets at the core of how to be a good doctor. I am so appreciative that you shared these thoughts with us. Best, Dr. Shapiro