

PEDS CLERKSHIP REFLECTION PROJECTS Jun 25, 2011

Hi --, how nice to see you again! You have not lost your flare for writing, I'm glad to see! This was an absolutely charming blog excerpt, and it sounds like you are becoming a superb kitty-mom. The humorous turn (agonizing about developmentally delayed vs. hyperdevelopment; failure to thrive etc.) brought lots of chuckles, and also conveyed a terrific lesson – how to empathize with parents using what's at hand. By involving us in the lives of you and your kittens, you showed us how to take our own circumstances, and probe them to find connections to the lives of others whom we think we cannot understand and cannot relate to. A really superb and innovative project. Thanks for this strong effort, and much good luck during the rest of the year. Dr. Shapiro

Hi --, so glad you brought this important issue of pain management/drug-seeking in an adolescent patient to our attention. I particularly admired the empathy you showed in presenting the varying perspectives of patient, nurse, and medical student. I also respected the care and communicative skills you brought to your encounter with this patient, as she was able to open up with you, and share her feelings of being judged and her longing to return to ordinary life. This type of situation is often hard to read with certainty. You were able to stay open to the patient's suffering, while understanding that her desire for strong narcotics carried significant potential risk for her. Seeing all sides (and eventually, when you are more experienced, making the best judgment call you can) is part of what good doctoring is all about. Excellent work! Dr. Shapiro

Great job, you two! Perfect choice of song to parody (not only the timely Michael Jackson connection, but the annoyingly platitudinous tone of this song added a much-needed note of levity to this very serious topic). The writing was clever, both funny and poignant (especially when I read the lyrics). One thing I particularly noticed: In the introduction to the song, your very understandable frustration and aggravation with parents who resist vaccination was evident. Yet what came through in the performance was your deep concern and caring for these unprotected and vulnerable kids. When I mentioned that, if you were to sing that song for parents, you might get farther, I was only partly joking. What I meant was that if you could transcend the feelings of annoyance that any physician would feel in those circumstances to express the commitment you obviously feel toward the kids, it would at least attract the parents' attention – and perhaps give them pause. As we discussed in class, this can be a hard problem to overcome. But sometimes, as we heard, simply sharing your knowledge and experience in a nonjudgmental, compassionate way can make a difference. Thanks for such a creative and heartfelt project. Dr. Shapiro

Hi --, nice to see you again, and embarked on third year. Your reflection was beautiful and profound. You are a poetic and insightful writer. You found empathy for your little pediatric patients by refinding your own (partially) vanished childhood. By putting yourself back in that child's shoes, you understood much more deeply what being a kid is all about. Now, hopefully, you still have that little child somewhere within you. But you've also become the adult who has responsibility to assist and safeguard those little children. As you recognize, what underlies that responsibility is love. Thank you for an essay that itself was filled with wonder and awe. Best, Dr. Shapiro

--, I was struck right away by how many of your classmates resonated to your reflection on the sleeping (abused) baby. I think they responded to your initial excitement (eager to do the PE) as well as your subsequent terror – what if something was wrong with baby?! Best of all (with apologies to Dr. X) was the little (oh so gentle!) pinch, because it was such a very human reaction. Thanks for sharing this classic example of beginning 3rd year student panic :-). Best, Dr. Shapiro

Hi --, it was a pleasure to see you again. Glad to see you are still writing poetry :-). Your poem was so expressive – I could completely see you in the on-call room, knowing you should sleep, but with your mind still back with your little patients. The way their resilience and happiness inspired you to put forth your own best attitude was a great demonstration of perspective-taking. Of course medical students have to endure a lot – lack of sleep, long hours, bad food, stress, strain, pressures from attendings and residents – but it's important to remember that the patients are suffering even more. When we focus only on ourselves, it's easy to feel sorry for ourselves. When we put our own misery in context, we are often able to rouse a smile (as you did) and go forward to do some good. This is a critically important insight I hope all of your classmates will long remember. Best, Dr. Shapiro

Hi --, great to see you again! Your poem made the excellent point that you and your little patient had very different agendas – yours, the challenge of a beginning 3rd year to complete a neuro exam on a 4 yo; hers to play with the nice man in the short white coat. The skill you will acquire, surprisingly rapidly. What's important is your recognition that differing agendas exist (ironically, this is almost always the case for doctors and patients) and that compromise is necessary. No matter your level of experience, this is a truth that must be embraced. Sadly, as you observe, illness brings seriousness into the lives of kids who shouldn't be separated from the “playfulness of innocence.” The doctor's skill lies in helping them maintain as much of that connection as possible. Thanks for sharing such perceptive thoughts. Dr. Shapiro

Great title for this essay, --. The essay itself was a wonderful portrayal of a great physician role model. How clever, endearing, and interpersonally skilled he seemed. What a reassuring demeanor! And, as we discussed in class, his strengths are ones that generalize to all patient care situations – humor (not at the expense of the patient); empathy; partnering with the patient; and humility. These attributes build rapport and earn trust with 3 year olds, 30 year olds, and 90 year olds. Thanks for highlighting this outstanding physician, and for having the perspicacity to recognize his talents. Best, Dr. Shapiro

Hi --, and thanks for sending along your poem. Night shift left you just *a bit* discombobulated?! :-). In any case, I appreciate it. The story you recount is just heartbreaking. We can never know what lies beneath people's exteriors. We are often surprised, sometimes happily and sometimes shockingly. As we discussed in class, I love the way you used the multiple meanings of crack (in bones, in stories, in hearts) to emphasize the brokenness that results from child abuse on so many levels. Very insightful and very moving! Best, Dr. Shapiro

Hi --, nice to see you again. I remember you from the anatomy elective, when you made so many good comments. Your point of view essay capturing this patient's perspective was very perceptive. I especially appreciated your motivation for writing the essay, i.e., physicians often order tests for which, while they know what the results mean, they have limited understanding of what the procedure actually *feels* like. Your step-by-step explanation in age-appropriate language actually parallels quite well sites designed to enlighten parents and kids about VCUG (I googled it, since I had never heard of this procedure prior to your talk :-)). Your essay showed true empathy for this little girl, reflecting her fear and confusion. The touch about how, at every step, she turned to the person she trusted most (her mom) was an excellent reminder of why allowing parents to be present for procedures (up to a point) both makes a lot of sense and enhances clinical care. Thanks for this excellent work. Dr. Shapiro

Thanks for your excellent reflection on a difficult adolescent (are there any other kind?) patient with ulcerative colitis and history of depression. Your essay showed awareness of your strengths (very important to know!) as well as awareness of when they didn't seem to be working. What I particularly admired was your persistence with this patient, even when you had trouble connecting. I also admired your capacity to question whether the team was missing the boat in terms of really helping this kid, even though they were supremely conscientious about his medical care. Finally, I appreciated that this story didn't have a "happy outcome." You didn't become X's best friend, X didn't get cured

and his mood didn't elevate. Unfortunately, sometimes medicine is not perfect. But your questions about the meaning of his visiting gun sites were the right ones to ask. Your sensitivity to the whole person of your patient was the right posture to assume. And your commitment to addressing X's real needs is what lies at the heart of good doctoring.

Best, Dr. Shapiro

--, your incident was painful to hear about, but it was a really valuable one to discuss, so thank you for bringing it to our attention. As you and everyone in the room sensed, this is not normally the way to break bad, indeed devastating, news to vulnerable parents. We don't know all the circumstances here, and sometimes patients dealing with chronic problems have already heard so much that they're willing to discuss these things by phone, but from the parents' reaction, I doubt this was the case here.

The neurosurgeon's phone call was not only shocking for the parents, it also put you, as the medical student, and the intern in an awful position. I liked some of the language the intern used, "We will work through this together," because how alone and terrified must those parents have felt when the surgeon hung up. However, as we discussed, the intern him/herself was obviously not prepared for this situation either, and also used language to contain and minimize the situation ("there is no reason to get so worried") which was probably not helpful and was likely said to calm down the screaming mom, who at that moment had every reason to scream.

I'm so sorry you had to go through such a traumatic experience on your own and cry in the bathroom. Your emotions were not out of place – rather, it was the lack of emotion, the lack of empathy in the surgeon and the rounding team that was inappropriate. Only a physician who was thinking about his/her busy schedule, other time commitments, and what would be most efficient and thinking not at all about the effect of his/her words on the family could have made that phone call.

Finally, you expressed concern for emotionally "moving on." I hear your concern that you too may become hardened and indifferent, and that is a real risk in medicine. However, all of us in some ways, at some points turn away from the suffering of others. This is because we are imperfect human beings who have many responsibilities and obligations not only to others but to ourselves and our families. Learning how to "move on" without closing your heart is one of the most important lessons for physicians. I think it takes time, awareness, practice (and self-forgiveness) to get this right (and there are a LOT of ways of getting it right, not just one model). As you progress through your training, keep your eyes opened for those counter-examples to this neurosurgeon, because they are out there, and will help guide you to be a caring, sensitive, kind, but not emotionally overwhelmed doctor.

Best of luck this year, Dr. Shapiro

--, thanks for exploring so carefully your own reactions to the likely consequences of baby X not having been vaccinated. It is indeed such a tragic situation, and any physician would share your initial anger and outrage. As you learned from your team, these emotions, however justified, will not help you take the best care of your patient nor work with the mom who is the main caregiver. Emotions per se are not wrong or bad – you would have to be a machine not to have many emotions in medicine, on a daily basis! But in the professional setting, your primary priority is to ask yourself, what is going to best advance my care of this patient? It is also true that it is sometimes hard to know what lies in people's hearts. Perhaps this mother felt very guilty, but could not admit it (certainly not to the medical team that supported vaccination) and possibly not even to herself. Perhaps she truly believed she had made the right call, despite the consequences. At this point, as you learned from the team, what was most important was to bring mom on board so that she would be able to care for her daughter as best as possible from this point forward. Your “evolution” from the start of your story to its conclusion is impressive, and indicates the makings of a wise and skillful future physician. Thanks again, Dr. Shapiro