

**PEDS REFLECTION SESSION 11/30/15**

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Hi --, great poem! The craft is impressive (rhyme and meter). It is reminiscent of Dr. Seuss' famous book, *The Places You'll Go* (which actually acknowledges the bumps and lumps, the loneliness, the fear along the way; and also speaks to children's fortitude and courage in the face of setbacks – "On you'll go!"). As I noted in class, I particularly liked the contrast between the lighthearted tone and the serious diseases and medical conditions attached to these doctor names. To me, this spoke to the resilience with which so many kids are able to face their illnesses. The poem was clever and entertaining, yet also conveyed the different perspectives of the medical student who works so hard to memorize all these names, and the patient/family whose only wish is that they would never hear these very same names. Both are valid – the student's necessity for knowledge and the suffering that these names will bring to the children to whom they are attached. Thanks for such a creative and thought-provoking work. Dr. Shapiro

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Dear --, thank you for this beautiful and poignant poem. We've all seen these babies – the ones no one visits, the ones who never cry, the ones with "too old eyes." You included so many well-observed and heartbreaking details that made it impossible for your listeners to turn away from this baby. I particularly liked the juxtaposition of the lines "He was failing/Or had it been someone else who had failed him?" which also played nicely with FTT syndrome, moving from the medical diagnosis to all the contributory social factors.

Further, you did a wonderful job of not focusing exclusively on the baby's medical/nutritional needs, but also reflecting on his life before and his likely life after. In doing so, you faced – and made us face - the reality that the medical system is limited in terms of what it can do for a kid in this situation.

At the same time, despite the bleak outlook, you also highlighted that for this moment in time, the hospital became the baby's home, the nurses (and perhaps a medical student here and there?:-)) became the surrogate parents. It can be hard to care when you know this care will not transform the other's life. But, at least in my view, it is the right thing to do; and gives both the child and the caregivers the experience of joy.

Finally, as one of your classmates remarked, I appreciate your nonjudgmentalness toward the mom when you recognized that you did not know her story, you did not know the reasons that kept her from her son. In these situations, there are rarely easy villains, but rather people overwhelmed in life and struggling not to sink. This does not justify the neglect, but it softens our harsh and simplistic thinking.

This was a truly lovely poem that made us all think about the sad plight of these kids, and how we can meet their needs even in limited ways. Best, Dr. Shapiro

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Dear --, your educational project on the epidemic in children of Type II diabetes was timely and informative. You made an excellent point that current pharmacologic interventions were developed for adults, not children, and at least 50% of the time are not effective. While, as you suggest, one solution is better pharmacotherapy, this is a lifestyle problem for which lifestyle solutions exist. Yet these are by no means simple, embedded as they are in sociocultural and socioeconomic realities. We needed to address childhood obesity on multiple levels, medical, educational, familial, and societal. I appreciate your highlighting this important issue and stimulating the thinking of your classmates.  
Best, Dr. Shapiro

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Dear --, thanks for launching our reflection discussion today in exactly the right direction. If the work that you do as medical students and doctors does not occasionally impel you toward the “bigger questions,” I think you may be missing an important dimension of what it is that you do. The unexpectedness, randomness, unfairness of suffering is frightening to contemplate, and yet it seems important to recognize this aspect of medicine. This recognize can be paralyzing, but as you discovered, it can paradoxically lead to gratitude and appreciation for the preciousness of life. Hold your little one close and cherish him; and do your best work on behalf of all those who need you. In my view, this is the best response we have. Best, Dr. Shapiro

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Dear --, I liked your poem about patient X and his picc-line. You captured very well the rather narrow view – as well as the inevitable differences in perspective – between the different specialties. Yet the most important perspective – that of the patient - only you thought to find and put into the mix. Of course, patients cannot determine their treatment (that’s why you guys go to school for so long ☺). But understanding what the picc line means to this kid should be an essential part of the conversation. Thanks so much for recognizing this.

I also liked your comment that the parents could not always adequately advocate for their child because they were guided so strongly by the authority and expertise of the physicians. Of course, this is why parents seek out medical advice. Yet it is often the creative tension between doctors/parents/patients that ensures truly patient-centered outcomes. When these parents felt compelled to step back, I’m glad you were able to step up. Best, Dr. Shapiro

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Dear --, thank you for your excellent comment in class interpreting another classmate’s project; as well as your own nuanced reflection about a struggling preemie whose mother was a meth user. I really appreciated the way you told one story that enlisted our emotions against this mom as neglectful and abusive; then added “another side” to the story that showed us her own struggles and difficulty coping with life. Not everyone is equally innocent – and adults, whatever their limitations, are supposed to protect children, especially their own. Nevertheless, most people try their best, but

some lack the internal and external resources to make good decisions. This does not let them off the ethical hook, but hopefully it softens our simplistic judgment and assumptions.

I also appreciated your sharing how a sensitive and skillful attending approached this young, overwhelmed mom – not with blame about the past, but with an attempt to form an alliance that would support the mom going forward with her baby. Under the circumstances, this is the best course of action available. Here's hoping that this mom will be able to follow a better course, for her baby and herself with the help of a supportive physician and others. Best, Dr. Shapiro

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Dear --, you presented on an interesting and under-examined topic – the relationship between anorexia and artistic inclination. The point you made was a complicated one: initially, patients with anorexia may resist art therapy because of their perfection; if they can overcome this barrier, artistic expression becomes a valuable outlet that can substitute for their interpersonal wariness. I was impressed that you observed your one patient so carefully that you discovered her fascination with the tigers on her hospital gown. Drawing a couple of tigers of your own was an act of solidarity with your patient – entering into to her world. I particularly liked the tiger holding a heart – this seemed so full of symbolism. For example, that a ferocious beast (i.e., anorexia), could be tamed by love 😊; that a seemingly intimidating animal (i.e., a doctor/med student) could be filled with kindness and fun. I only wish you'd been able to share these sketches with your patient because they might have produced an emotional opening or at least a connection. Very creative and insightful work! Dr. Shapiro

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Hi --, thanks for your overview “Birth to Adulthood” poem. It captured very well the developmental path from infancy to adult. As you read it, I was struck by how well you captured an essential – and sweet - image of each time period. Of course, as you well know as a medical student, not every aspect of childhood is problem-free. Yet by emphasizing the simple joys of growing up, you reminded us of kids’ resilience and sometimes amazing capacity to enjoy life even when it is filled with challenges. Another effect of your poem was the reminder of how quickly children grow up, and how each stage of development should be cherished. This was a wonderful way of encapsulating all of pediatric care into a few well-chosen stanzas. Best, Dr. Shapiro

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A cockroach in the ear! Perhaps not the strangest thing a physician has found in a body orifice, but it comes close. It was both grossly funny and – especially when we considered it was in the ear of a child (and not the first time either!) – and appalling. Your sketch and haiku showed the problem and the solution, but your project raised larger questions which led to an intriguing class discussion. Who is at fault? Are the parents negligent? Is the family forced by circumstance to live in substandard housing? Are they victims of an unscrupulous landlord? What is the psychological impact on the child of having a cockroach nest in her ear, and knowing it might happen again? Your project showed that

even a relatively straightforward (albeit bizarre) problem has many social and emotional implications.  
Best, Dr. Shapiro

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Dear --, I can see that you will be an effective physician team leader one day since you already know how to delegate 😊 (Please tell your sister she is a good artist, and has pretty much mastered anatomy 😊). It was a very interesting idea to share the perspective of an adolescent about the physician encounter with your classmates. I think the fact that this was your sister, and not some random teen, made them pay closer attention. Your observation that she wanted a physician who would talk to her, and who took her seriously enough to teach her about medical issues served as a counterbalance to stereotypes of teens as uncommunicative, uncooperative, and uninterested in their health. When I looked at the picture closely, I wondered if she'd patterned the interested, attentive doctor on her big sister! 😊 Best, Dr. Shapiro

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Dear --, I *really* enjoyed your project. First, I appreciated that you acknowledged your initial fear of Pediatrics. Believe me, you are not alone. Infants and kids can seem awfully vulnerable and fragile. It is a big responsibility to care for them, and one which you've stepped into beautifully. I'm glad that you were able to listen and learn from your attendings and residents. Your "Peds 101" project showed that you were open to receiving many valuable lessons which have reduced your "peds anxiety." The words of wisdom you've absorbed – it's always viral; babies are not so fragile; kids know a lot; irritable/fussy means more than you think; kids show rather than tell; kids are just "better" than adults; and they have short histories (!) among other things – were both adorable and a testament to how much pediatricians love Peds. Your openness to what they had to teach – not only about the medicine, but about their subjective experience of Peds – shows a lot of empathy and good humor on your part! I hope the rest of your Peds clerkship treats you well. Best, Dr. Shapiro

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--, you wrote a touching poem about the helplessness and fear a child experiences growing up in a smoking household. That this was your helpless and your fear made the message even more powerful. Thank you also for helping us to see that "smokers" are also beloved grandmas, who care about their families but sometimes cannot overcome their addiction. Your project reminded me – and your classmates I'm sure – that addiction traps not only the smoker but many others as well, especially vulnerable children.

You also raised a very interesting point by observing that parents so quickly deny smoking, even when there is abundant evidence to the contrary. Your interpretation of their wanting to avoid the physician's censure I think is a correct one. Parents do not want to be judged or blamed, or even to admit to themselves they are doing something harmful to their child. Your project generated a valuable discussion about how to use techniques such as motivational interviewing to pursue this important topic without alienating the parents. Best, Dr. Shapiro

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Dear --, what a poignant, lovely poem. It showed such empathy and compassion for your anorexic patient. I very much liked that you addressed her directly – it made her a very present part of your reflections. The poem also expresses what you may not have been able to communicate to her overtly– how much you cared, how much you wanted to help “set her free” from her disease, and how helpless you felt. I was touched by the last stanza in particular – the hope you had for her, perhaps even when she had no hope herself. The last two lines encourage her that life is rich and full and she just needs to “keep walking along.” This was a wonderful phrase – it captures the resilience and strength that patients need to endure and hopefully overcome their illnesses. My hope is that, somehow, through your expressions of concern for this young girl, you were able to convey this message. It is one well worth hearing. Best, Dr. Shapiro

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Dear --, your reflection captured an intriguing truth about medicine – the pathology is fascinating, exciting, even alluring; the patients with the pathologies are suffering and in distress. The title you chose expressed this contrast perfectly – understanding the pathology is obviously central to the practice of medicine, but it is equally essential not to forget about “the faces behind the pathology.”

Your project showed the critical thinking skills that underlie differential diagnosis and enable the physician to arrive at an accurate analysis of the problem. It went on to show the human cost. Your metaphor of the characters of a book coming to life was a rich one – not only do the diseases “come to life” in 3D reality, but so do the patients *with* the diseases. Your empathy and compassion for the patients came through strongly.

In your final paragraph, you articulated empathy for the parents as well by seeing them not as demanding, annoying intrusions but as frightened, loving people who want desperately to do everything they can for their sick child. I think you’ve extracted exactly the right lessons from these encounters. Learn the diseases so that you can help the children who have them and the parents who are doing their best to care for them. Thank you for this thoughtful and humane writing. Dr. Shapiro