

PEDS REFLECTION SESSION 2/2012

Dear students, your skit teaching developmental milestones was incredibly creative and engaging. The way you involved your peers in active learning was a model for how to successfully teach concepts and convey information. I hope everyone remembers some of the principles you incorporated next time they approach a “patient education” situation! The fact that it was humorous added to the enjoyment – and the learning. The “knife” incident, while perhaps unscripted, also provided a wonderful learning opportunity of how not to be so focused on one’s own agenda as to miss important spontaneous developments in the clinical interaction. The experience also effectively communicated both parents’ concerns about “normalcy” and the chaos of trying to parent 3 young children. All around an excellent project! Dr. Shapiro

First, --, kudos to you for being open to and liking “problem” adolescents. This population often elicits annoyance and dislike in healthcare providers, so it is wonderful to find a future physician who is interested in and can relate to these young people, who obviously need healthcare and sympathetic understanding. Your story role-modeled how a skillful (student)-physician can let go of authority and answer (appropriately) personal questions in the interest of establishing trust and developing a relationship. Your nonjudgmental, reassuring stance was obviously effective in getting the patient to accept the necessary physical exam. You also made an excellent point that the value of continuity of care is that it can build on such a promising beginning and forge a truly therapeutic connection with the patient. I’m glad you’re out there, nose ring and all. Best, Dr. Shapiro

--, thank you for this empathetic meditation on all the overwhelming challenges patients face, *in addition to being sick!* The issues of authorizations, finances, loss and disability that you highlighted add immeasurable stress to patients and their families in addition to the purely medical aspects of their diseases. Such suffering, as your poem points out, really puts into perspective the (also real) misery of medical students. It is hard to know what is the “right” response, but I agree with you that acknowledging the suffering of others should trigger gratitude for all that we have in life that others have been deprived of. From this place of gratitude, I believe many good things flow, including a desire to try to make others’ lives a bit better. This was a heartfelt, moving piece of writing that placed your own life within the context of the suffering you see around you. It’s not easy to do that, and I very much commend you for taking the risk to look beyond the purely medical aspects of patient care. Best, Dr. Shapiro

--, great choice of topic (anorexia nervosa) and patient focus (male). Our culture still tends to think of this as an exclusively female disorder, but as you reminded us, this is not the case (I've read estimates of 5-10% of individuals with AN are male, but it is a condition that is even more underreported by males than by females). One of the tragedies of this problem, as you noted, was how quickly and well patients respond to nutrition (if intervention occurs in time). As we discussed, AN is not a problem in eating, but rather a problem in control. Although it affects only a small segment of the population (between .5 and 4%), it is a devastating and complex problem. Thanks for bringing it to our attention. Best, Dr. Shapiro

Terrific project, --! This is exactly the kind of issue that divides physicians and parents. From the physician's point of view, the patient needs surgery and the mother is being obstructive. But as your project so well captured, from the *mom's* perspective, facing the reality of her child's condition is almost unbearable. She just wants things fixed so she can have that beautiful picture portraying what are so sadly unrealistic expectations. I valued your sensitivity to the incredible stress and sadness that comprise the reality of so many parents of children with severe developmental delay. That does not mean that these families don't have fulfilling lives with their children, but simply that they have to contend with a lot of difficulties and problems that no parents are prepared for. Thank you for being able to view this mom as more than simply an obstacle to her child's medical care. All best, Dr. Shapiro

--, I liked your poem a lot. The manner in which you wrote it really captured that "checklist" feeling that can be so damaging to the patient-doctor relationship ("sweeps in," connoting hurry; "quote unquote teen questions"; "to fill, to check, to file;" "just checkmarks to the doctor"). You do an excellent job of showing how great the gulf between the doctor's routine checklist and the patient's perception of life and death. Your presentation also made some wonderful points about the burden of a label, especially to a sensitive adolescent who just wants to be exactly like everyone else. As you realize, while the physician has her own agenda (and forms to complete), she must be sensitive to the patient's reality. You were able to portray this with great empathy and insight in your writing. Thank you! Dr. Shapiro

This was a fantastic project, creative, amusing, engaging. The rap lyrics were pretty good, and managed to squeeze in a lot of information about eating habits, movement etc. Most importantly, the contemporary nature of the music, its up tempo might actually get your audience of diabetic kids dancing :-)) and give them hope that, indeed "there's so much more [they] could do." Your project is a perfect example of how patient education should be approached – in a way that catches your audience's attention, incorporates some aspect of the change recommended (we were all moving in our seats!), is enjoyable,

interesting, and funny. Such a presentation makes it seem dealing with one's diabetes could be, dare I say it, fun. Of course, that's not the whole picture by a long shot, but by setting up positive expectations, you create a mindset much more compatible to implementing successful behavior change than a mere pamphlet could ever do. Great work! Dr. Shapiro

--, you chose a really important topic (vaccinations) to address. The anecdote you shared illustrated very well exactly why some parents can be so intransigent on this point. If you are telling yourself, "Vaccinations will hurt my child. I'd be a terrible parent to allow my child to be vaccinated," then no amount of physician "preaching" will be persuasive. As Dr. X pointed out, sometimes it is a hopeless cause. Some of the anti-vaccination parents are part of large and active social networks that support their position and deluge them with information that reinforces this point of view. However, it is the responsibility of the doctor to initiate a dialogue that avoids judgment but still attempts to present an alternative perspective, alternative information, and most importantly somehow shift the parent's story. There are large numbers of parents who are not rabid anti-"vaccinationistas", but rather confused and fearful. Discussion in these cases can often result in a happy outcome or at least positive compromise. Thanks again for highlighting this crucial issue. Dr. Shapiro

Thanks for sharing this funny poem, --, which to me expressed the absurdist side of medical care. Medicine is a serious business, but viewed from a certain perspective there is often plenty to laugh about, including treatments that may cure the problem, but leave you sore :-). I appreciated your taking us out on a light note :-). Best, Dr. Shapiro

Dear --, this is one of the best reflection projects I've seen in 10 years. I was extremely impressed by your meticulous preparation – an outline for the students, to focus discussion and stimulate reflection; a "teacher's" guide for yourself which indicated the thoughtfulness with which you considered each question; and an academic article for those who wished to examine further the questions you raised. I had never heard of perinatal hospice until a student did a project on a related topic last year, but it's a concept that is both troubling and much-needed. We usually think of end of life issues in relation to the other end of the developmental continuum, but tragically infants die too, and *how* they die deserves much thought and care. The questions you raised were insightful, profound, and complex, and merited much more thoughtful discussion than we were able to give them, for which I apologize. What I particularly valued was your realization that physicians' own emotions and biases can enter into conversations about how best to take care of chronically ill, disabled, and dying children, yet these influences are often not recognized. Your point about how parents who are grieving and frustrated themselves become "difficult" parents was also quite perceptive. You also helped us

reframe conventional wisdom about carrying a fetus with lethal anomalies to term with great skill and awareness. This was an extremely high-level presentation beyond what I would expect of a third year student. Thank you for your diligent and sophisticated effort on such an important topic. Dr. Shapiro