

## PEDS REFLECTION SESSION 6/28/14

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Dear -- and --, thanks for a creative and engaging presentation on baby food (Hungry Baby was an adorable title btw). By encouraging your classmates to actually taste and compare the different brands and types of baby food, you involved them in an active and evaluative way. I'm glad we were also able to examine "larger" issues of *whose* taste decides (mom vs. baby's); and how baby food is partly about nutrition and health and partly about consumerism (the gourmet mixtures that I guarantee most babies are not going to care about!). As we discussed, while the term "baby food" evokes cute little jars, with a blender parents can prepare nutritious (and usually cheaper) nourishment for their little ones. I agree with the suggestion that the two of you should start an advice blog for bewildered moms and dads ☺ Best, Dr. Shapiro

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**Dear Team Baby, amusing role-play. You each are pretty talented performers (although maybe don't quit your day jobs ☺). You came up with a very creative way to educate about the basics of fluid intake for infants and babies. Personifying water, milk, and juice box was a clever approach. You got us all laughing, and at the same time your underlying message became interesting and memorable. A good doctor knows how to think outside the box to educate his or her patients. Sometimes a good doctor is even willing to act a little silly or be a little vulnerable if it will catch the attention of the patient. I guarantee you that this presentation would have a much bigger effect on parents than a finger-wagging lecture. Also, I want to commend you for the excellent teamwork you all demonstrated in putting together this presentation. Well done! Dr. Shapiro**

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**Nice work with the haiku, --. I must respectfully disagree that your project was boring. While it wasn't yuck-yuck funny, it showed creativity and ingenuity. I found it quite commendable that you were able to identify key lessons (of full work-up, basic vital signs, and clinical experience) at this early stage of the game. Each haiku functioned as a kind of poetic mnemonic that distilled the essence of your major points. You compressed a lot of important information into a very "little" poem. To do so successfully required careful analytical thought. You did well! Best, Dr. Shapiro**

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Superb choice of topic, -- and --. And a wonderful format as well. I loved the way you made this a brainstorming exercise in how to communicate when parents and physician disagree, rather than a didactic lecture. You were incredibly thorough in identifying all the concerns, misconceptions, and outright myths parents hold about vaccinations (and if one parent were to marshal all those arguments against immunization, I'd probably say it was not likely you could change their mind!). I also admired that you did some research on the prevalence of non-

vaccination by reading the JAMA article among others. I think what you discovered may have surprised some of your classmates, as it certainly surprised me.

The interactive discussion you facilitated was very successful in engaging your classmates. You both brought out many excellent points about the importance of listening to and understanding (not the same as agreeing with!) the parent's perspective; not judging/blaming the parent; and using different strategies (logic, metaphor, evidence, reframing) to offer parents a different way of thinking about vaccinations. In true patient education, it's definitely not one size fits all, and I was impressed by the creativity and ingenuity you showed in the varying approaches you generated in response to possible parental objections. This was an intelligent, thoughtful, and extremely valuable presentation. Dr. Shapiro

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**--, I was so impressed by your reflections on the journal articles you all devour with such voracity. Of course, these contain much intellectually interesting information – the “puzzle” aspect of medicine that makes medical students say, “Cool! Neat!” Let me stress there is nothing wrong with that reaction. If that response is absent, you probably shouldn't be in medicine. Yet, as you insightfully observed, there are real, suffering people behind each of the statistics, and it harms both physicians and patients when that is forgotten.**

**I hope the McKleroy Assessment Tool for Selecting Pediatrics will be adopted by Peds Departments around the country in interviewing prospective residents ☺. It was a hilarious spin-off of the APGAR (plus thank you for the mini-history lesson about how the APGAR came into being – and it was kind of a relief to know that it wasn't driven by narcissistic arrogance on the part of Dr. X ☺). And behind all the silliness, you showed yourself to be very perceptive about se basic dimensions of Peds – willingness to put up with messiness; ability to be a bit lighthearted; interest in the knowledge base of the specialty; admiration for pediatricians; and most importantly, enjoyment of kids!**

**A clever and thought-provoking presentation. Thank you! Dr. Shapiro**

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**Wow, thank you so much for the beautiful violin recital! You are both accomplished musicians, and it was wonderful that you chose to share this aspect of yourselves both with your classmates and with Dr. X and me. I especially appreciated your explanations of the links you perceived between the music and Peds. --, you connected the idea of a musical medley with the multi-faceted nature of the specialty; and the music's balance of adventure and seriousness with the excitement and solemnity of your pediatric experiences. --, you talked insightfully about how music sets a mood, just as a physician can set a mood from the moment he/she walks into the exam or hospital room. Such a great observation! I was also reminded that often music can express feelings that are hard to put into words; and how healing it can be, for both patients AND physicians, to find release in either listening to or playing music. What a gift you gave us. Thank you! Dr. Shapiro**

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Hello --, and thank you for your point of view monologue from the perspective of “Vomiting Baby.” It requires imagination to step into the shoes of an infant, however imperfectly. It takes *moral* imagination to remember that, although from the physician perspective, the vomiting is likely not serious or reason for alarm, for the patient and family it is horrible and distressing.

The farther we are from someone, the more different they are from us, the harder it is to apprehend something of their experience. Yet it is precisely in these situations that we should make a special effort to understand their perspective. This was an empathic and perceptive exercise (with flashes of clever humor – “flashing the social smile” ☺). Your project was well-conceptualized and well-executed; and I hope the valuable lesson it conveyed will linger for a long time with your classmates. All best, Dr. Shapiro

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Hi --, a great project on how to broach the sensitive topic of obesity and nutrition with patients and families. You are so right that this is a hard subject to bring up, and given all the other demands on the pediatrician’s time, it is easy to avoid or treat cursorily. But as you well know, it is probably one of the most important matters to address in terms of the child’s longterm health and wellbeing. Your project consisted of two main parts, both excellent: 1) Clever visual equivalents of calories and sugar for parents (and older kids) 2) Exercise and food intake chart for kids. I absolutely agree with this two-step approach: first, parents and kids need to understand the problem; then, they need to engage proactively in the solution. You are also definitely correct that reinforcing positive behaviors is more likely to be effective than blaming negative behaviors. Changing people’s lifestyle is a very challenging issue, and involves multiple factors of motivation, engagement, resources, and support. Your project would certainly help parents and kids start down the right path. Best, Dr. Shapiro

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Dear --, I agree, it was wonderful to see you after all this time. Huge congratulations on your soon-to-be baby! What a wonderful development in your life. I wish you and your wife much joy (and not too many sleepless nights ☺).

Thank you so much for bringing up the complex issue of developmental delays and disabilities. You are quite right to realize that parents have a range of reactions to a dd diagnosis, running the gamut from guilt and embarrassment to appreciation and delight. It broke my heart to hear of the family-imposed isolation of your cousin. Yet feelings of shame and guilt about developmental disabilities, sadly, are still too common. Parental reactions to a child with dd are a complex mixture of cultural, and societal factors; and they often evolve over time. As well, slowly society is becoming more enlightened and more inclusive, thanks in large part to the disabilities rights movement. That does not mean that folks with developmental disabilities have an easy time integrating into the larger society, especially depending on the extent and severity of their disabilities. But I do believe there

**is greater opportunity for people with dd – and their families – to more fully and freely participate n life than in prior decades.**

**As we discussed in class, a caring and sensitive pediatrician, at the right moment, can certainly intervene to promote acceptance, offer realistic hope, and diminish shame and blame. You yourself had a wonderful role model in this regard. As you know, parents are always very attentive to how the pediatrician or family doc interacts with their precious child; and this is equally true (if not more so) when the child has delays and disabilities. A respectful, kind pediatrician who shows sincere enjoyment and appreciation of the kid's strengths and capacities can set the tone for parents to embrace this unique person.**

**Thanks again -- for helping us turn our attention to this aspect of pediatrics. You grasped perfectly the take-home message. In pediatrics, as in all of medicine, nothing is simple, everything carries connotation. What is a checklist, a routine to the physician is always filled with meaning for the patient. Physicians forget that at their peril because it is then that they can inadvertently cause unnecessary suffering to patients and families through thoughtful words or reactions.**

**Please let me know when Baby X arrives. All best, Dr. Shapiro**