

PEDS REFLECTION SESSION JUN 22, 2015

Dear -- and --, you put together a very useful pamphlet summarizing Dr. X's pearls of wisdom about how to quickly calculate general parameters of growth and development. The part of your project that I liked the best (although it was filled with fascinating factoids) was your acknowledgment of what a dedicated teacher Dr. X is. You are right that not every attending takes this time or makes this effort. I thought it was wonderful that you appreciated her efforts and took them so much to heart that you turned them into a resource for your less-fortunate classmates..

A second point, as we discussed in class, is that apparently straightforward "facts" such as height and weight can be fraught with emotional significance for both parents and even kids. Parents may want their children to be tall – but not too tall. They may be worried if they are too skinny, or too heavy. Kids themselves may feel self-conscious if they perceive that they deviate too much from whatever norm is in their minds (or the minds of their peers). Paying attention to the social context in which "measurement" of kids occur can go a long way to understanding parents' and patients' reactions to these apparently objective numbers.

Thanks for this interesting project. Dr. Shapiro

Dear -- and --, thank you for educating us a bit both about Shintoism and about medical education in Miyazaki. I hope I did not offend with my question about the Emperor, but it is always interesting to me how ancient religions evolve (or not) as times and perspectives change. It was fascinating to learn that historically, women too could become "emperors." Maybe this ancient tradition will be revived at some point!

In terms of medical education, it is always valuable to see points of overlap as well as difference. I was intrigued to see how attention to the emotional wellbeing of your little patients was achieved through artwork, clowns, and other support. As you may know, in this country we have hospital-based Child Life Programs that attempt to help kids cope with the stressors of illness and hospitalization through art, music, and play. On the other hand, it seemed as though your training was more specialty-oriented, with less focus on outpatient pediatric medicine than in this country. We can always learn from each other!

I hope you enjoy your time in the U.S. and at UCI. Best, Dr. Shapiro

Dear --, thank you for your pamphlet on bullying, as well your many empathic and insightful remarks during our session. As you know, bullying is a terrible problem with potentially dire consequences for both the targets of bullying and the bullies themselves. In your case, you did an excellent job of eliciting the mother's concern, as well as her helplessness and lack of awareness about how she could

support her child. In fact, bullying is not easily solvable. Perhaps the most important thing a physician can do is to give the kid a different way to understand bullying – to see himself as brave, and the bully as a coward; to help him see he can evolve into a protector of other targets of bullying, rather than being a “victim.” You can share your admiration that he finds the strength to go to school every day and not let bullying defeat him. If, as you mentioned in passing, you yourself experienced bullying as a child, you might consider sharing this, as it will show your patient that people survive bullying and grow up to be impressive, successful, and happy people.

Thanks very much for bringing this issue to our attention. Best, Dr. Shapiro

I really liked the way you applied modern technology to a standard patient education effort aimed at car safety. You had a couple of truly excellent insights. One was that parents waiting in the waiting area or the exam room are bored. Providing them with easy opportunities to scan information (even if they aren't particularly interested in that information) will make it more likely they'll read it. Your second insight is that people will be intrigued by and curious about a (relatively) new technology. It looks fun, almost like a game, and they will be curious to see how it works (as was Dr. X!). Again, this increases the likelihood that parents will explore this new delivery system, even if the information provided is not all that different.

The poster itself was well designed and eye-catching. The colorful chart draws attention, and the visual of car-related child deaths compared to other sources is both alarming and thought-provoking. Your project was a creative way of involving parents more fully in keeping their children safe. Nice work! Dr. Shapiro

--, your project was very engaging for the reason that all facts become meaningful – they are attached to people. You have two adorable nieces, and they provided really great examples of developmental milestones. In addition to seeing in concrete fashion how milestones are achieved, your project also reminded us that, as in the case of your oldest niece, when certain markers are not met, it can be a source of great stress and anxiety in the family. You did an excellent job of pointing out that milestones are only general parameters, and each child progresses somewhat differently. Thanks for putting a human face on developmental milestones; and showing us how distressing it can be when they are not being met. Thank you also for some funny but also insightful comments during the session. Best, Dr. Shapiro

thank you for sharing different perspectives on this patient's rare disorder that presented so many challenges for the family, his doctors (thankfully, for the moment less so for the patient himself). --, I loved the way your poem described your patient as “allergic to the world” – this was so beautiful and so awful all at once. You both highlighted the sweet, uncomprehending joy of the little patient; the

parents' frustration combined with their fierce determination; and the medical team's Herculean efforts to find a solution. --, your poem used the phrase "no stone left unturned" to refer to both the efforts of the parents and the doctors to save this child's life. I think it is one of the most difficult things in the world to see this level of innocent suffering and not be able to offer a solution. As you said, --, the parents' unswerving commitment provides a lot of motivation and inspiration for the medical team.. I pray that camel's milk will be a viable source of nutrition for this little guy! Best, Dr. Shapiro

Hi --, thank you for starting us off with such a lovely poem. You asked the unanswerable questions, yet it matters that the questions are asked. What *is* quality of life? How can we know when a life has sufficient quality to be worth living? Who decides, especially when the person herself can't tell us? Families often claim their severely disabled children experience pleasure and happiness, but are they objective observers? Does "objectivity" matter in these situations? What do we mean when we say, 'trapped in one's own body'? What does it mean to be free? No one can answer these questions fully or with assurance. Each case must be evaluated independently. Yet I am often struck that even in dire circumstances, people sometimes find meaning and hope. Life is a powerful thing. Thanks for such a thought-provoking project. Dr. Shapiro

Dear --, thank you for your beautiful performance of this well-known song. The lyrics and emotion were a perfect expression of your message that nurturance is a crucial part of healing. I especially liked your insight that healing is a reciprocal act – while doctors must nurture and heal their patients, patients may nurture and heal their doctors (if the doctors let them!).

I also really appreciated your sharing the anecdote of your attending who knew to answer the questions that sometimes parents don't dare ask: 1) Was this my fault? 2) Could I have done something to have prevented it? 3) Will this have long-term consequences for my child? Part of the art of medicine is knowing when the patient or family needs help in expressing what lies most heavily on their hearts. You completed a very emotionally sensitive project with a powerful message of making the effort to be present for all one's patients. Thank you, Dr. Shapiro

--, I wish we had a prize for most technologically innovative project, you would have won hands down! The N.I.R.D, "Neonatal Infant Retrieval Device" has a bright future ☺ It certainly generated great enthusiasm among your classmates. Not being able to grasp the engineering possibilities, I can only comment that what impressed me most was your refusal to simply accept "the way things are" when that way involves potential risk of injury to tiny patients. That creative, solution-seeking mind is a really important part of medicine which has led to so many amazing scientific breakthroughs throughout history. What we sometimes forget is that all those quests were motivated originally by

the compelling desire to relieve suffering and reduce human misery. Glad to see that impulse is still alive and well! Dr. Shapiro

Dear --, thank you for focusing our attention on the very difficult issue of child abuse. This particular case reminded us that, while often the situation is fairly clear-cut, that is not always true; and sometimes even experts are unsure how to proceed. Your presentation and the subsequent discussion elucidated that once suspicions have been raised, there are rarely ideal ways of proceeding. Reporting can wreak havoc in a family. Removing a child from their home can have longlasting psychological effects. Still, the priority, legally and ethically, must be the physical safety of the child. In an uncertain situation, but with supporting physical evidence, the law mandates us to report; and this is because given the alternatives, this is the best approach we've been able to devise to date. It is not perfect by any means, but it is designed to safeguard vulnerable children and often it does just that.

I also appreciated how you prepared yourself for encountering these fraught situations on Peds. It is almost impossible to look at what adults – often parents no less – can inflict on vulnerable children without a visceral reaction of disgust and judgment. Yet while never excusing or condoning once we learn more about abusers, we discover their own traumatic histories, their own deprived lives, and we see just how tragic are these cycles of violence. In order to face them with clarity and strength, as you discovered, it is important to find some way of processing your feelings. I agree with you that writing can be a useful and therapeutic outlet. It is a way of processing (rather than perseverating on) difficult events so that we can continue to show up and be present. Thanks for such an excellent project. Best, Dr. Shapiro

Great project, --! First, you did a terrific job of defining an unusual but very pertinent ethical dilemma, i.e., what are the physician's obligations in the face of a potentially unsafe environment, not so much for the patient, as for other family members? Second, the interactive engaged approach you adopted (having your classmates conduct a HEADSS exam with you – very convincingly – roleplaying the sarcastic, recalcitrant adolescent) was wonderfully effective in involving the class not only in roleplaying but in grappling proactively with the various issues that emerged. It was obvious students were paying close attention to figure out what were the key aspects of the situation and how to formulate questions that would help us resolve the dilemma.. At the same time, although you treated the case with the seriousness it deserved, your classmates were clearly enjoying themselves while learning a lot. Very impressive work. Thank you, Dr. Shapiro

Hi --, thank you for sharing your journal entry. It was an authentic and vulnerable thing to do, and I admired that you took this risk. You represented very well the transition from textbook description to person with an illness – as you said eloquently, “textbooks coming to life.” You also captured the

excitement of discovering in real life things you'd only read about, while not diminishing the devastating impact that such diagnoses can have on real human beings. Through your encounters with patients, you saw the resilience and hope that undergird suffering, the devotion to sick little kids by some family members and their literal abandonment by others, kids who despite challenging illnesses are so happy yet face uncertain futures, parents who seem to lack basic resources to care for their kids. Welcome to clinical medicine. It is a brave act to recognize all these nuances and uncertainties. Even when you cannot change them, I see witnessing their reality, as you did, to be a way of honoring those who must live within these lives.

Perhaps hardest of all was your acknowledgment that in order to cure or help, physicians must often inflict pain and suffering on their patients. With adult patients, there is a clearer contract, because at least theoretically the patient consents to painful procedures in the hopes that they will vanquish disease. In an infant or child, the parents must stand in, but nothing ever completely consoles for that (hopefully momentary) look of betrayal in that kid's eyes.

Medicine, as you stated so well, is rife with imperfect solutions; and sometimes it has no real solutions to offer at all. For doctors who like to "fix things" this can be very hard to accept. But once you figure out a way to integrate this aspect of medicine into being a doctor, you will be more honest and yes more compassionate with your patients and be better able to help them accept that the assistance you offer them is fragile. I was very moved by what you wrote, --. I hope you will always retain this capacity to look with such honesty at your profession. Best, Dr. Shapiro