

## **PEDS REFLECTION SESSION SEPTEMBER 2013**

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**First, this was a hilarious video project! Some of the stand-outs for me were the clothing transformation into “doctor role” behind the screen; baby emerging (and ending up on the floor); debriefing viewpoints (including the “not-a-nurse” who just happened to be passing by). The exam was also very funny, which was interesting because it was conducted properly, except it was on a fully grown adult. Context is everything. You all showed a lot of creativity and also captured a slice of life on Peds. Best, Dr. Shapiro**

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**Great skit! You all did a superb job of presenting a engaging skit that involved your audience, then “teaching” your peers through a Socratic method of questioning about normal child development that encouraged them to actively participate. I thought the skit had many implications for more creative ways doctors can approach patient and parent education. I especially appreciated the little human touches you incorporated, such as toddler trying to remove the doctor’s stethoscope from her pocket. It was a subtle reminder that, in the midst of explaining the value of vaccines to the parent, it is also important to acknowledge the child (which doctor did very well!). The way you incorporated both content and reflection was outstanding, and very effective. You raised important issues such as negotiating with skeptical parents about immunizations and how to interpret developmental milestones. You also generated a valuable discussion about different approaches for dealing with hypervigilant and disconnected parents. Finally, it was a very nice touch to prepare an informational hand-out that might help everyone with the SHELF exam! Well done all around. Dr. Shapiro**

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**--, your kids are the absolutely cutest imaginable. And, although this was not the point of your video, you demonstrated that you are a loving, gentle, and patient parent. Yet perhaps this is not entirely irrelevant, because I think that some of what makes you such a good dad translates into how you likely are with pediatric patients. What I noticed is your skill at engaging your son through questions, rather than telling. “What is this [stethoscope] for?” “What are you listening for?” “What else do doctors do?” You highlighted his knowledge and competence with each instrument you demonstrated. As you know doubt know, skillful pediatricians often allow their little patients to “play” with the tools of the trade. As we discussed, this gives the child a feeling of control and mastery, and makes familiar that which otherwise is frightening and alien. Finally, the project was a lovely window into how a little kid thinks of doctoring. Altogether, a creative and touching approach to this assignment. You have precious kids – and a very good-natured wife ☺ Best, Dr. Shapiro**

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Dear --, what a pleasure to see you yesterday. I'm so glad to hear you are thriving on the wards. I imagine it must be quite a change of pace after the lab, but thankfully a good one. Your proposed work with imaging and depression sounds very intriguing, there is so much yet to learn about mental illness.

As always, you are engaged in such interesting projects. Thanks for sharing the dance video. As we discussed in class, dance is a particularly good medium for promoting physical activity in an enjoyable way, encouraging self-expression, enhancing self-esteem, and building community. I also imagine that the lyric writing would be a wonderful way for adolescents to find their unique voices. And of course tackling bullying through music is both ingenious and much needed.

I really liked that you provided a context for all this work by talking a bit about the importance of "thinking about the patient." Of course, you can't linger on every patient, but when you are particularly challenged or puzzled, it is surprising what a little contemplation outside of the busyness of the wards or clinic can yield. This is when the creative mind kicks in, and says, instead of telling overweight kids one more time to eat less and exercise more, *get them dancing!* Although I understood that the "happy molecule" referred to serotonin, I had the delightful image of your projected dancers bouncing around a room like a wonderful group of joyful molecules 😊

Another important insight is that change doesn't happen easily. Not for patients, not for any of us. It takes persistence, creativity, and a sense of humor doesn't hurt either!

Finally, it was very thoughtful of you to provide some information that might show up on the SHELF exam.

As always, I wish you all success in your work. Best, Dr. Shapiro

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--, you shared a heartbreaking story, but one well worth thinking about. I was especially impressed by the way in which you understood its larger meaning – how can we safeguard patients who are "voiceless," because of developmental disability, stroke, dementia, mental illness etc.? How can we understand their wishes, values, and priorities? Of course these are questions that physicians and ethics committees wrestle with on a regular basis, and no easy answers are forthcoming. But I respected very much that you would ask the questions as well as honestly admit that in this case, despite everyone's good intentions, harm was done to this patient. I agree with Dr. X that the team was to be commended for their search to comprehend what had transformed this patient from calm and cooperative to agitated and out of control. It is always valuable to ask *why*. In this case, discovering the history of sexual abuse from the chart provided the illumination needed, although unfortunately too late to avoid psychic trauma to the patient. Nevertheless, you derived an invaluable lesson, which is the importance of knowing your patients as thoroughly as is

possible, even when they cannot always explain themselves. Thank you for such a thought-provoking narrative. Dr. Shapiro

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--, this was a terrific presentation, both in terms of content and process. How is a third year medical student supposed to handle the tough questions this 16 yo patient posed: “What is oncology?” “Do I have cancer?” “Am I going to die?” As third years, you and your classmates are not yet expected to know how to respond; but this is the time to begin thinking about how you will respond as you move through your training, because you will be on the receiving end of these and similar questions time and time again. You did an excellent job of outlining the parameters of this dilemma – the young age of the patient, the lack of family members present, the need to deliver this information before the oncology team arrived, the lack of preparation of a third year to talk about death and dying. And by listening carefully to the question beneath the question, you were able to give something meaningful to the patient: You could not reassure her that she did not have cancer, you could not promise her that she would not die, but you could guarantee that she would not be abandoned by the health care team, and that her doctors would do everything possible to help her. I don’t think this answer could have been improved upon. Best, Dr. Shapiro

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Dear --, thank you for your active and insightful participation in the Peds reflection session. You demonstrated a lot of knowledge about pediatrics, as well as a lot of empathy for kids and their parents. I respected that you weighed conflicting priorities between what might help your clerkship evaluation and your patient’s need for someone to hear her story – and chose the latter. Your monologue in the voice of this teen was well-imagined and compelling. Of course, when we try to put ourselves into another’s shoes, we are just speculating and we need to do so with humility, always giving the patient the final word about what is true for their lives. Nevertheless, it is an extremely useful way of “drawing nearer” to the patient, especially patients we feel we don’t understand or don’t particularly like. You did a marvelous job of capturing your patient’s helplessness, hopelessness, and frustration: “This life chose me, I didn’t choose it.” It is hard to accept chronic disease at any age. It is especially difficult during adolescence, when kids are struggling to find their own identity. Other common feelings you identified with impressive accuracy were resentment of a healthy sib, resistance to being “told what to do,” and desire to be a “normal teenager,” not distinguished from her peer group by dietary restrictions and insulin shots. Finally, you recognized an important source of support for this lonely girl – her grandmother. And, in listening nonjudgmentally and caringly to her tribulations, you offered her another possible ally – her doctor. Great job! Dr. Shapiro