

Dear --, --, and --, thank you for such a thoughtful project about your Peds experience. --, your reflection summarized very well the whiplash of emotions that can occur in Peds, and how important it is for each emotion to be honored. Your insights were perceptive and honest. The images you conjured were compelling – a kid fighting for life, while another kid giggled happily. There is great joy in Peds, and the resilience and recovery of kids deserves full-hearted celebration. Yet there is also heartbreak, because nothing is more difficult than witnessing the suffering and/or death of a child. It is really both/and. As the Buddhists say, ten thousand joys, ten thousand sorrows. Thankfully, on Peds the joys usually outweigh the sorrows, but the sorrows are there. Learning a kind of emotional openness and flexibility can help us to be available for whatever the situation requires.

-- and --, beautiful pairing of artwork and haiku. --, your pictures captured the brightness and hope that Peds seeks to encourage. The candycane IV pole and the elf-like little patient said it all - no one wants to be here, but let's make it as fun as possible. And sometimes, amazingly, it is. The haiku were really evocative and for me conveyed the powerful desire to help and support these often very sick kids and keep them safe as much as possible. This part of the project did a wonderful job of portraying how much commitment and caring exists in physicians (and medical students!) toward these vulnerable charges.

Thank you, Dr. Shapiro

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Dear Medical Student Chefs, what a great project you came up with! And yummy, either in actuality (thanks -- for the muffins) or in imagination. There were so many excellent aspects of your recipes – “sneaking in” healthful elements; making the recipes simple enough that busy parents and small kids could actually create them; choosing ingredients that would not be impossible for families to find and purchase. I especially liked the personal touch, i.e., that these were your “favorite” recipes. As we discussed in class, this was a wonderful way to connect with patients, to show your human side. I also think that sharing your own preferences might create added interest in parents and kids (wow, I wonder what kind of food my doc likes. Maybe I'll make this and see if it's any good☺).

Your project also led to a wonderful discussion about the underlying causes of food insecurity, food deserts, and the complex forces that act on families in ways that push them toward cheap, accessible, easy to eat foods and food-adjacent products. Since the physician-patient encounter is a dyad or triad, it is easy to lose sight of the larger context and focus attention on the individual parent and child. While this is not misplaced (and I am often impressed by the heroic efforts of parents to do the right thing by their kids, despite many societal obstacles), the more physicians can align with patients and families by acknowledging the vast challenges that confront them, the more likely it is that

parents will end up feeling proud rather than blamed, and motivated to do what they can to tackle food-related issues in their family and their community.

It was also interesting that many of your classmates saw cooking as a way to balance out the stresses of constant studying and clinical care. This is so true, and an insight that might help kids and families shift their attitude toward meal preparation. Again, returning to the personal, even though the content of your lives might be very different, by disclosing to kids and families that you too struggle with finding time to cook, but that it can actually be a fun and relaxing activity (especially if shared), you may create a bond as well as motivate a revisiting of food preparation.

Altogether, a valuable and creative project! Thank you, Dr. Shapiro p.s. And --, oatmeal is definitely underrated and very comforting 😊

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Dear Team Influenza Vaccine, I hope you didn't take it amiss that I poked a little fun at the size of your group 😊. You all did a great job, were very participatory (not only in presenting your project, but in the other discussions), and chose a topic that is of both individual and societal importance.

Your education sheets about common myths and benefits were excellent, and I could actually see them being used by pediatricians and family docs. Every one of the myths I have heard from anxious parents. Similarly, the benefits were clearly presented in easy to understand language and made a strong case for why kids should be vaccinated. Education is clearly part of the process, and helping parents separate fact from fiction is an important part of the physician's role.

As we discussed in class, trust underlies effective education, especially in this post-fact world. As several of you pointed out, the best way to build trust is not to demean parents' views, but rather to listen with respect and curiosity to their concerns, so you can best figure out how to address them. One of you (--?) made the point that you need to look for common ground, which also builds trust. When the parents believe that you actually share their commitment to ensuring the wellbeing of their precious child, they are more likely to consider your arguments.

-- (I think), you spearheaded a really interesting and useful discussion of effective persuasive strategies. I liked your emphasis on passion because this is evidence of caring. Another presenter pointed out that, while almost everyone on Peds likes the kids (most of the time!), parents can be a different story. The danger of passion is that, in advocating for the kid, the doctor can become the "enemy" of the parent, and define that parent as the "obstacle" toward the kid getting optimal care. While this might be true, of course this is not how the parent sees it. So passion is best channeled toward finding common goals and implementing them. Other excellent ideas that emerged were persistence, avoiding condescension, and changing the name of the flu shot (!).

Your project generated a lot of thoughtful dialogue and sharing of experience. It was very successful in probing the reasons why parents do not vaccinate and how caring pediatricians and medical students might successfully get them to reconsider.

**Excellent work all around! Dr. Shapiro**