

## **PEDS REFLECTION SESSION 9/21/20**

**Hi Group 1, thank you for such an in-depth project. The collage would have been enough, but I realized it was only the hors d'oeuvres (sorry I stepped on your presentation – apparently twice!).**

**The collage provided a great overview of the Peds clerkship, and reflected very well the diversity of patients and experiences that are involved.**

**Student 1, the art from the African museum was really thought-provoking. I appreciated the point you made about our fluid, ever-evolving identities (Pleased to Meet You), which applies both to adolescents searching for their sexual identities and medical students sorting out their professional identities. I also thought the blurry photograph represented well the helplessness that physicians feel when they cannot do anything directly to help the patient (although in the case of the patient you described, a psych referral to address the traumatic history of bullying might indeed prove to be very helpful indeed).**

**The patient you described (seizures secondary to Xanax withdrawal) was a great demonstration of how skillful interviewing and a strong doctor-patient relationship can lead to a happy outcome. In this case, your team was able to persuade the patient to disclose her history of drug use to her mom. I was also impressed by your awareness of how the resident “protected” the patient through what was charted. The language used about patients becomes part of their permanent medical record, and will follow them for decades. Taking care about documentation is an important lesson.**

**Student 2, there has been much criticism of telemedicine, so I valued your positive reframe that video visits could provide a window into the patient’s homelife and lifestyle.**

**Your insight that your 17 yo with a rare heart defect willingly became your teacher was very sensitive, and I was moved by the gratitude you showed to her. Of course, the old truism that patients are the best teachers is a truism because it’s, well... true 😊. Unfortunately, students and experienced clinicians do not always take advantage of these lessons, so it was wonderful to see your eagerness to absorb all she had to teach.**

**Student 3, I agree that stickers seem to be the life-blood of Pediatrics. Without them, the specialty would surely wither. They are a good reminder that very small things can make patients (of all sizes) happy. In addition, your observations about trust reducing patient fear, and physicians sometimes providing stability and security for their pediatric patients were very well-taken.**

**Student 4, you tackled one of the most difficult topics in Pediatrics: delivering a devastating diagnosis. You and the team seemed to handle this painful task with both grit and grace. You recognized the importance of providing patient and family space to process the information they’d just received; as well as the importance of providing them with both informational and emotional support. I was especially impressed that you perceived the emotional impact of the diagnosis not only on patient and family, but on the medical team. When you shared that “it was crushing for all of us, and there was not a dry eye,” I was very moved. Here were doctors (and future doctors) who allowed themselves to care, to carry just a little piece of the grief this patient and her mom could not avoid. It is exactly how you should have been feeling in that moment; and it is out of this empathic connection that outstanding care for patients emerges.**

Finally, even though we didn't get a chance to discuss your final slides (again, apologies!), your word collage embodies all the core elements of Pediatrics – advocacy, education, compassion, empathy, the anti-racism trio of diversity, equity, and inclusion; and above all, teamwork! Very insightful.

Thank you all for truly excellent work. Dr. Shapiro

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Dear Team Riddle, this was a fantastic project! So creative, so clever, and really fun! Writing (very poetic) riddles as a diagnostic game was an inspired approach. I appreciated the rhyme schemes, and also the insight that riddles are a rather “childish” game often found in fairy tales and fantasy, making them particularly well-suited to a Pediatrics project. The riddles engaged your classmates, and from the chat comments it was evident how much they enjoyed it and found this confirmation of their knowledge very satisfying. The clues you gave were so well crafted that your fellow students had little trouble identifying the various diseases and syndromes. Finally, I found it quite interesting that, in “translating” these diseases into literary riddles, you solidified your understanding and also developed new ways of thinking about them. I only wish you'd been able to offer “One Ring to rule them all” as a grand prize! Thanks so much for such an ingenious response to this assignment! Dr. Shapiro

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Dear Students, what a creative project! You made an astute observation that asking adolescents about sexual activities and knowledge of contraception can be awkward and unproductive. Your idea to develop a gender neutral game was inspired! Your demonstration showed how the game could both assess current knowledge and educate reluctant adolescent patients. Solid understanding of the topics you addressed – what are different birth control methods, how well do different birth control methods work, and who should use each method of control – is an essential building block to responsible and informed sexual activity.

I could imagine teens engaging much more easily in “playing” this game than in talking about these subjects, while at the same time the game could serve as an icebreaker to more in-depth conversation. The interactive, visual nature of the project I found appealing and engaging. I also like the way participating in the game had the potential to “flatten” the doctor-patient power dynamics just a little; as well as empower the patient toward more independent decision-making. Very well-conceptualized and executed. Thank you! Dr. Shapiro

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Thank you so much for the courage and generosity you showed in sharing with the class your own experiences as a young adult with serious illness. Having talked with many physicians (and not a few medical students!) about how their personal illnesses, disabilities and medical conditions have influenced their understanding of their patients' experience of illness, I'm convinced that such experiences, terrible as they can be, can provide invaluable insight into “seeing through the patient's eyes” (I say “can” because not all doctors grow emotionally and spiritually as a result of this kind of suffering). I am very sorry that you had to endure this experience, but I can see it has already deepened your empathy and compassion for patients' suffering.

Your lovely poem is evidence of this sensitivity. You are quite right that we can never completely understand another's experience, but I believe it is worthwhile to try. An exercise, such as you wrote,

in which you imaginatively enter the patient's world, can reveal new insights and awareness. I especially liked the way the poem shows how easily one's expectations for a joyful, fun, and innocent childhood can be upended with the grim realities of a painful disease refractory to treatment. The poem captures the emotions of many children struggling with chronic illness. I was especially moved by the line, "worry is my only friend," which reflects the loneliness, alienation, and anxiety that these kids often face. Really poignant work. Thank you again, Dr. Shapiro

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Dear Student, it was so good to see you yesterday. And what a fantastic project – at once so knowledgeable and so compassionate. I loved the way you balanced the diagnostic, technical aspects of diagnoses with the personal little idiosyncracies of patients, such as the little patient who only wanted to be known as Princess Sophia or the patient to whom you disclosed your own weight to make a point or cuddling babies with no parents 😊.

I'm glad you enjoyed the Taco Truck at FHC-SA. I've had many enjoyable bites there as well. And by the way, there is an official term for those orange digits, and it's Cheeto or Cheetie fingers. 😊 Never say you never learned anything from medical humanities 😊

I'm so glad you shared the website you're building to improve medical Spanish use for medical students, residents, and physicians. It's such an impressive accomplishment and will go a long way toward reducing the miscommunications and misunderstandings that presently occur, despite our iPhone interpreters.

Finally, your advocacy project on near drowning was one of the deepest dives I've seen into this topic. It was impressively thorough and detailed, presenting lots of important information that I hadn't seen highlighted before. You do an especially good job in discussing the two different types of drowning and the classification of drowning grades. I particularly liked your imparting information about non-pool, household drownings in very young children. This source of risk is often overlooked by both parents and physicians. Finally, you have a terrific idea to add another "S" to the HEADSSS exam. Near-drowning and drowning deaths are an avoidable tragedy and lead to such devastating pain and suffering that the medical community should do everything in its power to prevent them.

Great work, Violeta, and it makes me so happy every time I encounter you on a rotation 😊 Best, Dr. Shapiro

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Thank you for your poem, it was really moving. It expressed so touchingly the plight of the child, as well as your role of solidarity and advocacy. The lines "We ask all the questions/we want to know why/But nothing about what happened/would make any of this right" sums up starkly the tragedy of child abuse.

The dual nature of this presentation, examining this case from both a literary and a scientific perspective, was very effective in showing us both the human plight and the definitions and statistics of child abuse. You did a wonderful job of breaking our hearts with your poem, while reviewing important information such as red flags, risk factors, and intervention protocols.

I especially valued your highlighting that 3 different doctors had previously laid eyes on this patient (whose mother had an abuse/neglect history with another child), and no one thought to investigate abuse. This was such an important reminder that, especially now when fewer people have contact

with kids, the alertness of physicians is critical. You did an outstanding job of highlighting the usefulness of paying attention to discrepancies in signs, symptoms, and history, and to both the child's and the parent's affect. I was impressed with how observant you were, and how the inconsistencies you noted led you to probe deeper.

Thank you for addressing one of the most distressing aspects of Pediatrics through this truly compassionate and knowledgeable project. Dr. Shapiro

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You wrote a really fine poem. It was a beautifully artistic way to present a teen hiding depression yet wanting to be seen. "I'm fine/ I'm not." References to feeling alone, wearing a mask, and needing to escape were all effective images for portraying this young person's isolation, alienation, and despair.

Your clinical account showed the importance of the HEADSSS exam, which can often reveal underlying problems that could easily be missed in "routine follow-up for broken arm." What you discovered during your interview is how the stigma of mental illness can contaminate the patient encounter and make it difficult to elicit an accurate history.

As your poem evocatively expressed, people experiencing depression often wear a mask of cheerfulness, and this can be especially true for adolescents who do not want others to see them as different or vulnerable. I was so impressed with your ability to "draw out" this young man and help him confide in you. His disclosures that he felt guilty about feeling sad when other people had so many worse problems; and conflicted that sadness should not be part of his masculine ethos were remarkable for their honesty. To me, they indicated the extent to which you were able to build rapport with this patient and create a safe space for him. And you were absolutely right when you noted that, sometimes, the pediatrician is the only one with whom a child or teen feels they can express their concerns and fears.

Tina, you demonstrated great skill and empathy both in interviewing this patient and subsequently reflecting on the nature of his subjective experience. These are the qualities that make for an outstanding physician. Best, Dr. Shapiro