PEDS REFLECTION PROJECTS 2/22/21

DearStudents, what an absolutely terrific project. Your collage of pediatric patients alone in the hospital, without parents or family support, was heartbreaking. Of course, all patients are feeling this loss, but for children it seems particularly unfair. The images you chose were haunting. John, I believe you described encountering these kids as "a shocking experience," and that is a good word for it. Kasra, you made the excellent point that the pandemic seems to have intensified existing challenges in pediatric care, such as complicated family dynamics and lack of trust of institutional policies. I agree with this.

In the face of kids' loneliness and isolation, and parents' stress and frustration and fear for their children, the question becomes, what can we do? I thought the answers you offered were outstanding. In such circumstances, everyone feels helpless – parents, child, medical students (and physicians and nurses too). Circumstances are terrible yet can't be changed. There can be a tendency to withdraw emotionally as a self-protective act; to move on to a room where you can "do something." Yet such actions leave patient and family feeling emotionally abandoned.

Instead your ideas resonated. First, simply acknowledging patient's and family's suffering is a way of "seeing" them. Even if you can't change policy, when people feel seen and heard, they feel better. Second, by listening to their misery and anger and fear, you convey that you understand and accept it. John, you spoke about "comforting" and reassuring parents that they weren't bad people for leaving their child to get some rest or care for another sibling. Third, even small gestures, such as returning to a patient's room when you have down time or charging a patient's cell-phone, can mean a great deal.

There is a lot of grief circulating these days. As future physicians your job is to recognize it is there, in others and in yourself, not to be afraid of it, but share it and help to hold it. Your project showed that you both were doing exactly this. Thank you! Dr, Shapiro

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This was such a creative project! Bravo. I liked the ways you adopted the roles of artist and art critic – well-played. As I noted in class, the issue of hospital art is an interesting one; and one aspect is whether we should hang valuable paintings by well-known artists or community art reflecting the priorities and interests of patients, family members, doctors, nurses and staff. Arguments can be made on both sides, but there is something to be said for a "people's hospital." I for one vote for kids' art on the walls of institutions intended to be devoted to kids.

This point led to a discussion of what characterizes child's art… you described it as messy, and Alex you noted the "chaos" it often reflects. Interestingly, these are qualities at variance with much of medicine, which strives to be orderly, tidy, structured, predictable, and ordered. Medicine is all about taking the messiness and chaos of disease and forcing it into order. Yet as you've no doubt discovered, there is a lot that is unavoidably messy and chaotic in clinical practice. So we might say that "drawing like a child" both liberates you from the guard rails of medicine; and prepares you when those guard rails come down within the practice of medicine, as they inevitably do. Learning to be centered and grounded in the midst of chaos (which children are – the messiness and chaos of their art doesn't bother them in the least, just sometimes the adults who view it!) is an important clinical skill. Tammy, you mentioned the "innocence and purity" of little kids. Finding ways to preserve

something of these qualities into adulthood helps us remain hopeful and altruistic, even when we know more about the challenges life brings.

I loved the artwork – bright, free, full of "mistakes" that just added to its charm – and I loved the commentary, which showed an excellent observational and analytic eye. Wonderful work! Dr. Shapiro

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DearS tudents, you challenged the class with a really intriguing ethical dilemma. The specific complications of this little kid's circumstances raised real dilemmas that merited some wrestling. In this case, matters were not clear-cut but shades of grey, and these are the kinds of situations that keep folks up at night. What impressed me was the substantial efforts the team made to come to a fair conclusion. Many specialists were involved, and each brought a perspective that was listened to and considered. Bringing in social work allowed an in-depth dissection of the parents' motives and situation. The ethics committee was able to weigh important principles against the details of this particular case. And CPS could provide assessment from the point of view of people trained to recognize abuse and neglect.

The ethical principles involved in terms of patient's best interest, least harm, and the ethical spectrum offered an extremely helpful context. The ethical continuum you described from obligatory to impermissable was especially illuminating in terms of the ultimate team decision-making. Also important was the CPS assessment that these were dedicated and cooperative parents. In the end, your presentation made it clear that the judgment to keep the child at home so long as the parents followed guidelines (other than the encapsulated bacteria vaccinations) to preserve their child's health made the most overall sense. I really appreciated the way you highlighted the value of being able to step back and consider the big picture of a patient's circumstances.

For me, the proof of how well the team handled a really difficult situation was that the parents remain engaged. They continued to bring their child for check-ups, they faithfully monitored fever precautions and other measures, and they managed to maintain connection with their physicians, despite rejecting their recommendations to vaccinate. Similarly, despite disagreement, the physicians remained engaged with the family, rendering care as best they could and keeping eyes on the child. This outcome, imperfect but working, is often what medicine is about.

Thank you for such a thought-provoking and nuanced presentation and discussion. Dr. Shapiro

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This was a fascinating presentation of two cases involving identical initial clinical findings but with very different contextual social circumstances. Your overall point about implicit bias was extremely important. We like to think that medicine "treats everyone the same" and often in the broad strokes this is accurate; but when you start to drill down, you see differences in assumptions and attitudes (as you pointed out, differences in how the team talks about the patient) that in turn lead to differential interactions that can result in different outcomes (patient leaving AMA, patient non-adherence, CPS more likely to be contacted in gray area, etc.). Thank you for challenging the concept of purely objective medicine. It is not easy to eliminate our own biases, but as your project showed, an important first step is self-awareness. This makes us ask the question, how might my prejudices be

affecting my perceptions and decision-making? By being a little self-skeptical, we are less likely to reflexively act in certain ways.

You also provided your classmates with useful information about guidelines for what factors need to be considered under such circumstances, including awareness of cultural and racial dimensions that might trigger bias; the necessity to be family-centered, rather than focusing only on the mom; and the importance of identifying proper resources as well as proper training. Your point about more research to explore post-birth drug exposures was particularly well-taken.

In the end, the skill of the team was evident in the fact that, despite CPS becoming involved in both cases, there was no pushback from either parent, but rather cooperation. This indicates that, done with care and nonjudgmentalness, even a delicate topic such as child neglect can be navigated so that the best interests of the child remain paramount. As you emphasized, most parents care about their child's wellbeing, and this is where physician and family can find common ground.

This project made us think about questions we would sometimes rather avoid. I think we all learned valuable lessons from it. Thank you, Dr. Shapiro

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So anyone who can craft a Shakespearean sonnet has my unfettered admiration! Overall, you're rocking the iambic pentameter, the rhyme scheme is solid, you nail the concluding couplet, and in the defiant line "this will not be the day my baby dies," there is a kind of volta. Awesome.

More important than the form for me is the content. Thank you for tackling this difficult subject of the perspective of the parent of a sick child, especially one about whom no definitive diagnosis is reached. Your title astutely captures the confusion and misery in these families. Parents come to doctors seeking answers, and doctors see their job as providing those answers. When this is not possible, it is easy for both parents and physicians to end up feeling helpless and frustrated. Parents can end up blaming doctors and doctors, the parents; when in reality everyone shares in the suffering.

One of the beauties of poetry is that its ambiguity leads to multiple rich interpretations. The final couplet to me suggested a dismissive attitude on the part of the physicians. Dr. Murata heard it as an honest admission of not-knowing while at the same time being able to offer the reassurance that negative findings can bring. I thought our different perspectives embodied the many different aspects of what can happen between parents and doctors when there are no definitive answers.

The poem led to an insightful discussion of how best to handle such difficult situations: acknowledging parents' emotions, listening to their concerns, and reassuring them about what the child does *not* have were all constructive recommendations that emerged. To these I would add awareness of one's own feelings as the physician with no (or insufficient) answers. Recognizing frustration and helplessness makes it more likely that you can continue to treat the family with compassion and respect. Best, Dr. Shapiro

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Dear Rapping Docs, what a fantastic project – a rap for kids on coronavirus safety! It was both creative and effective. I can easily imagine this attracting the attention of kids 5 or 6 on up. I particularly enjoyed the lighthearted tone. The project did not minimize the seriousness of the pandemic, or all the steps we need to take to keep ourselves and others safe, but it conveyed a vibe of

"we've got this." Your point that patient education is often dry, overly technical, and boring is one of the reasons it is so easy to tune it out (for adults as well as kids). Here, through colorful visuals and pretty good (although I'm no expert) rapping, you're saying in effect, let's take a really big challenge and try to do something about it and enjoy ourselves in the process. Too often patient education can overwhelm the patient and lead to hopelessness – this is just too hard, I'm going to forget it. By contrast, your rap made it seem like we could all do our part, it really wasn't all that onerous – and it could be done to a beat 😊

Your project covered all the bases – distancing, masking, hand-washing, quarantining if needed. I especially liked the message "avoid kissing and hugging *if you care*." This was an excellent reminder that Covid guidelines are not simply about following a bunch of stupid rules, but trying to save lives.

This impressive project showed you know how to reach kids where they are. Well done! Best, Dr. Shapiro