

## **PEDIATRICS REFLECTION PROJECTS 12/13/21**

### **Kenneth Robertson-Brown**

**Kenneth, thank you for your reflection on the prevalence of ACEs in our society. They are an indictment of the shortcomings of a society that, while it wrings its hands, seems unwilling to invest the expertise and resources to address abuse, neglect, dysfunction. The approach you brought to this Opto Outreach program reflects best practices for building rapport and gaining trust. As well, I appreciate your awareness that you can't think about solutions for these kids in isolation. As you recognize, they are parts of families and communities that also need to be constructively engaged. Finally, your concluding remark really resonated. It *does* take a little more time at the front end to make a connection with patients, but you reap rewards as the interview continues and down the road by having a relationship of trust and collaboration. Thank you, Dr. Shapiro**

### **Evelyn Hoover, Brian Hanst, Crystal Eshraghi, Jessica Sea**

**Dear Team ACEs, what an outstanding project. Jessica, your poignant drawing perfectly framed the discussion and reminded us that children who suffer a number of adverse experiences are not "scores" but little human beings who need care and protection. Brian, your segment of the presentation emphasized this point really well by observing that it is not only asking the questions but yow these often very sensitive questions are asked. Evelyn, I so appreciated your sensitivity in recognizing that the "prevalence" of ACEs means that likely there are medical students as well as patients who could score high on this assessment tool. As we discussed, having this self-knowledge is important because it can help you calibrate your response to patients to avoid triggering, or secondary trauma or over-identification; and can help build genuine empathy and trust with patients who often feel no one cares. The emphasis on coordinating multispecialty team care, implementing trauma-informed care, and identifying resources was outstanding. In addition, I think simply by acknowledging that the kinds of behaviors and circumstances assessed through the ACEs inventory are not okay, they are not how kids should be treated, and that they are not the kids' fault helps give them a healthier framework for thinking about their lives.**

**Altogether, you did a terrific job – thoughtful, thorough, and compassionate. Well done! Dr. Shapiro**

### **Irene Masini, William Jones**

**Dear Irene and William, thank you for focusing on a crucial topic, pediatric mental health. As you pointed out, the Surgeon General in a recent speech has also called attention to this problem. Kahoot is fun and familiar to medical students, so this was a nonthreatening way to engage your classmates while highlighting some very troubling statistics (1 in 5 teens suffer from a diagnosable mental illness!).**

**The wholly inadequate insurance coverage for mental health care, the shortage of child psychologists and psychiatrists, and the ongoing stigma associated with psychological issues calls for innovative stop gap measures to address the avalanche of need, as well as better funding (and more efforts to recruit trainees to child psychiatry!). As we discussed, lack of supportive services is particularly dire in communities of color. Until we are better able to address this issue as a society, as you concluded, primary care physicians will have an added responsibility to be especially alert to signs of**

psychological distress, as well as prepared to take preliminary steps to diagnose and provide early intervention. This was an important and valuable presentation. Best, Dr. Shapiro

Omar Morales-Haro, Caroline Nore, Otilio Castillo

Dear Team Ethics, I enjoyed your ethics dilemma. The dilemma itself was interesting; and its implications for when and how to break confidentiality with pediatric patients. You did an excellent job of considering various eating disorder diagnoses, and I agree that the patient may have met ARFID criteria – or maybe not quite (in any case, this was an excellent catch on your part). This ambiguity being the case, you were indeed faced with an ethical dilemma, and one that you approached with thoughtfulness, sensitivity and care. Your respect for the confidentiality of the patient was a driver in your interaction; yet you also acknowledged that this confidentiality had limits if the patient's behavior rose to the level of self-harm.

The negotiation in which you engaged with this 13 year old girl was respectful and kind. You honored her request not to focus directly on her eating issues, but obtained her agreement to tell the mom that she could benefit from mental health counseling (and my understanding is that ARFID is associated with higher incidence of anxiety). By building trust with your patient, while enabling some communication the mom, I think you've started this patient on a healthier road.

Your key learning points of establishing rapport and building trust; not telling patients what to do rather listening to what they are able to do; demonstrating respect for your patient while continuously attentive to her wellbeing, and encouraging communication within the family were much in evidence in the way you handled this situation. Thank you for such an interesting learning case. Dr. Shapiro

Robin Jin

Dear Robin, thank you for raising the concern of cultural sensitivity in healthcare. You are absolutely right, far too many families and whole communities have been judged, and sometimes punished, simply for engaging in traditional healing practices with which the dominant medical system is unfamiliar. Fortunately, as we discussed in class, we have made strides in recognizing benign practices such as coining and cupping not as instances of child abuse but as complementary methods of treatment that, much like Western medicine, sometimes have benefit and sometimes do not (although their methods of validation, centuries of successful use vs. double blind studies).

You also correctly pointed out that not all CAM practices are without risk, and some can cause actual harm (this is also true of Western medicines, btw). As your presentation suggested, while we may have overcome certain prejudicial assumptions, we must always approach health practices from other cultures with respect and a desire for understanding. This does not mean blanket endorsement or even acceptance; but it does mean recognizing that everyone is most comfortable with the treatments endorsed by their families and communities; and if we hope to persuade patients to consider other remedies as well, we must proceed humbly and with sensitivity.