

PEDIATRICS REFLECTION SESSION 10/29/18

MICHAEL FRIEDMAN, ERICA PARKER, AUSTIN GARDNER

Dear Michael, Erica, and Austin, I really enjoyed your creative and original project. The image of the scales holding pill bottles on one side and playful crayons on the other powerfully conveyed the difference between pediatric and adult medicine. The scales also conveyed the sense of keeping things of balance; and perhaps even of justice, in the sense of getting us to question what patients – all patients – deserve from their healthcare.

The distinctions you highlighted overall are accurate generalizations – Peds *does* tend to be more nurturing, use positive rather than negative reinforcement, go above and beyond to earn trust, involve the family in meaningful ways, and think creatively about their patients. What I found particularly valuable is the way the discussion examined possible explanations for *why* these differences exist. Kids are innocent, kids are pure – and adults often are not. Kids are blameless for their diseases, but sometimes we hold adult patients responsible for their health problems. We are kinder to kids because they seem so vulnerable, and adults seem stronger. Without conflating children and adults, I very much concur with your provocative assertion that adult medicine could learn a lot from Peds in terms of how to create healing environments, how to be truly inclusive of families, and how hard to try to connect with patients.

This was a thought-provoking and evocative project. Thank you all so much! Dr. Shapiro

Justin Chan, Joseph Chen, Ajay Sharma

Nice work, haiku writers! Most people don't realize writing a good haiku isn't easy. You all did a great job 😊 I especially liked the funny videos and the accompanying thought questions. This was a very effective way of involving your classmates, who responded enthusiastically.

Joseph, I thought your haiku about remaining calm amidst the chaos of a large family with parents hurling questions at you and other children running wild raised intriguing questions about the role of the physician vis-à-vis the role of parents. Setting limits can be difficult, and it is easy to come on too strong too soon. As we discussed, if done well, parents can welcome someone exerting control over chaos, but this approach should be handled in ways that avoid shaming the parents for losing control of the situation and punishing kids.

Ajay, the sensitivity around vaccines/flu shots makes this an important topic to discuss. I thought some interesting ideas emerged, running the gamut from understanding the parents' objection (which might be amenable to more accurate information) to making the assumption of compliance, then seeing if parents protest. Your query stimulated a very interesting discussion on the difference between persuasion and coercion, and how the physician's framing of the issue can influence patient/family response. As with so much in medicine, you have a better chance of making morally sound choices if you are aware of your desires to influence parents in one direction, parents' desires to safeguard their children, and the wellbeing of the child in the middle.

Justin, Peds and reassurance go together like mac and cheese ☺ What was especially creative about your haiku and accompanying question was nuancing the whole concept of reassurance. Reassurance that is too superficial or dismissive insults the parents, even though it might bring them some relief. When parents feel they asked a stupid question, they are reluctant to ask more, and the relationship with the physician has been harmed, even if reassurance has occurred. Normalizing concerns, supporting their desire to be good parents are ways of providing comfort and assurance while not inadvertently undercutting the parental role.

I really enjoyed this project, it was a wonderful way to reflect on some of the classic conundrums that arise in Pediatrics. Thank you! Dr. Shapiro

Manmeet Sehdev, Tim Vu, Carina Mireles

I loved your drawing – it was a real Rorschach, for each of you, and I suspect for your classmates as well. Manmeet, you found in it all that is so scary to kids (and adults too!) in medicine – invasive procedures, unfamiliar medical instruments, pain, lots and lots of uncertainty. I was enchanted by the concept of a “bravery mask.” This might not work for anyone over 7, but metaphorically there are times when we could all use something like this. I wish physicians in adult medicine could think this creatively about how to help their patients find the courage to address their health problems. Thank you also for sharing your story about missing “crackles” because the mom’s discomfort with you (med student? Male med student? Something other?) made you uncomfortable. Awareness is key – recognizing the “subtext” of the encounter can help you decide how best to manage your own feelings so they do not compromise optimal care of your patient. Everyone in medicine has a story like that, but not everyone is brave enough to share it. Maybe you were wearing your bravery mask ☺

Carina, I was fascinated by your zeroing in on the “two faces” of Spidey – the dark and the light. Your observations were insightful – we each of us has our higher self and our more problematic self, doctors and patients and family members alike. Most of us are not all one way or the other, and these different aspects of self tend to emerge when we are happy, hopeful, committed or conversely stressed, exhausted, hungry, scared, angry. In my view, it is always a good idea to make space for “the higher angels of our natures” to appear. Given a little patience, empathy, and caring, they often do, as your story of the angry young adult who became happy back at CHOC well illustrated.

Tim, your interpretation made the excellent point that one of the best ways of connecting with others, including kids, is by being willing to enter their worlds. This doesn’t necessarily mean inhabiting their worlds (the difference between between having heard of Fortnite and actually playing Fortnite ☺), but it is a way of expressing interest and valuing what they care about. Reaching out to establish common ground is a great way of enlisting kids – and adults – in their own healthcare.

Your terrific drawing stimulated a lot of response and a lot of thought. Really great work! Dr. Shapiro

Jamie Temko, Logan Hubbard

This was a wonderful, insightful presentation about how complex family dynamics (especially on Peds, but really throughout healthcare) can reverberate in the care of patients. I was admiring and impressed that you both chose to share something of your own family backgrounds. This was such an important message for your classmates. There is no impermeable barrier between the person of the physician and her/his professional role, and usually this is more of a good thing than not. Your experiences, families, culture are what inform your humanity, and this surely belongs in the doctor-patient relationship. What's important is self-awareness – to understand something of how your family of origin has affected you, and to realize that your experiences may influence how you interpret others' families. Coming from a complicated family oneself may make us more sympathetic and less judgmental toward other families' complexities. On the other hand, complexity in the family dynamics of a patient may trigger unresolved feelings about our own families. Just "know yourself" so you can ensure that your own background works in favor of your patients.

Logan, I also wanted to comment that your drawings were amazing, absolutely beautiful. Somehow seeing those sketches made me very aware of your love for (and perhaps patience with?) a family that has its own complexities. And Jamie, this comment in no way minimizes the care with which you chose family photos that revealed both affection and poignancy. Again, it was a great gift to all of us to take the risk of being transparent.

You also both did an excellent job in choosing cases that illustrated your points about the importance of understanding family. Logan, your tale of the kid on the spectrum with grandparent-caretakers who were overwhelmed and perhaps ashamed was vivid and touching. Your efforts to support and encourage this family in navigating a difficult road conveyed a much-needed message of hope. Jamie, you similarly avoided parental blame (repeated RAD admissions due to dad's/grandparents' "incompetence") and recognized instead their good intentions and desire to do right by their son/grandson.

Recognizing complexity can be challenging because it eliminates simplistic (and ineffective) prescriptive solutions for change. Nevertheless, such recognition is the essential first step in crafting treatment plans and interventions that will actually benefit your patient. Your project was an outstanding example of this truth. Best, Dr. Shapiro

Melinda Schneider, Lan Bui, Rame Bashir

"Money Does Not Grow on Trees" was a clever and informative way of urging your classmates to vote! Your poster was really well-executed, eye-catching and engaging. Your presentation of Prop 4 was balanced (which I'm sure was not easy) and respectful of different points of view. You articulated clearly the essential arguments pro and con, and I especially loved that you did so in part through haiku!

Beyond the specific proposition, your project did a wonderful job of reminding all of us that medicine is not disconnected from social issues and policy choices. The nature of medicine in the future will be

influenced by the decisions we make today. The “medical education bubble” that your classmate identified makes it easy to become self-absorbed and separate. Yet as you demonstrated, patients and doctors, everyone is in this together. Great work, enjoyable and educational both. Dr. Shapiro