

PEDS REFLECTION PROJECTS 10/31/16

Adam Kantor

Hi Adam, thank you for your thoughtful essay. Rightly, physicians often worry about delivering a difficult or stigmatizing diagnosis (a cancer diagnosis in the first case; a diagnosis of mental illness in the latter). But I think they can underestimate the terrible psychological cost of uncertainty, of not knowing what is wrong. The way this patient's mom responded was very instructive. I half-expected her to reject a diagnosis of conversion disorder, possibly equating it with the message "It's all in his head." Yet she was relieved, even happy to hear that experts agreed with something she herself had suspected. Until you know what is wrong, there is no way to go forward. By providing a diagnosis, you also were able to point the way to help her son, which is what she most wanted.

I also found the discussion of "framing" to be very helpful. How we say things matters. In giving a pt/parent a difficult or stigmatizing diagnosis, if this is delivered with compassion and some hope, clarity, specificity, and a plan, it is easier to accept than if it conveyed callously or in a confusing manner. Your last sentence is really significant : "...identify why each patient or loved one needs to hear from me." This is tailoring your communication to the place of readiness in pt/family. I think physicians would do a much better job of communicating if, before every interaction, they asked this simple question: "What does my patient need to hear from me?" Beautiful. Best, Dr. Shapiro

Mario Bernaba

Mario, in a few short lines, you addressed many pertinent themes as a medical student: trying to find who you are as a physician, learning as much as you can; then dealing with difficult kids (and their "ridiculously mean" parents!), while struggling to find the right words to reassure, contain, and support. Loved your conclusion that Peds is no "cakewalk" ☺ This poem captured the essence of Peds very well. It was heartening to see that, despite the many challenges, you still had fun (an essential component of the practice of medicine that you should never lose sight of!). Thanks for your many contributions to the session, Dr. Shapiro

Jose Sanchez

Hi, Jose, you crafted an informative and useful pamphlet explaining the importance of nutrition and exercise to parents. Childhood obesity is obviously a complicated problem with no easy solution; but targeting parents is an important first step. I particularly appreciated your point that parents need reassurance that they are doing a good job. Often, the physician can become judge, jury, and "executioner," making parents feel like failures. You rightly recognized that they need support and encouragement as well. Thank you for this work, Dr. Shapiro

Nicholas Salvatierra, Jamie Miller, Logan Woodhouse

Dear Nick, Jamie, and Logan, you made an interesting decision to focus not on the "main" things in the hospital, but on the "peripheral" distractions that nevertheless serve to help pediatric patients manage pain and fear, as well as add a dimension of normalcy to their lives. I really liked reminding

us of the “small things” that help kids get through their hospital stay. I particularly appreciated the stories you told – they emerged from your careful and empathic observation of the lives of these children.

Logan, noticing the “shoe ritual” of your patient gave great insight into how she managed her anxiety around doctors. This was remarkably observant on your part. Similarly, giving a kid his own stethoscope was a thoughtful and empathic way of helping reduce his fears.

Nick, your story about the little girl singing her heart out to Frozen without any oxygen support was both touching and instructive: our hearts, minds, and spirits have a profound influence on our health. The hospital birthday was also a poignant story, with this patient perhaps building himself an alternative reality out of Legos. Dr. Murata and I have already heard stories about your almost-18 Raiders fan waiting for placement. What a sad commentary when a hospital room becomes home!

Jamie, your comments about the therapy dogs (I recommend them to medical students and doctors as well!) showed an understanding of just how comforting a pet (even a temporary one) can be. The importance of favorite Disney characters in providing hope and inspiration to sick kids has actually been documented in a book by a medical anthropologist called *The Paradox of Hope*. Finally, the solace an 18 yo patient found in a simple coloring book reminded your audience that small things can make a big difference. Your appreciation of these aspects of your patients’ experiences was genuine and heartfelt.

An insightful and creative project, full of empathy. Thank you, Dr. Shapiro

Liva Klingen, Thea Holte

Dear Liva and Thea, thank you for your very creative contribution to the Peds Reflection session. The quiz about ethical issues in Norwegian healthcare was very informative (definitely exposed some of our assumptions and biases) and certainly engaged your classmates. Issues such as abortion, withdrawal of futile treatment, age of consent, circumcision, and young living donors are controversial in any society, and it was quite interesting to see how another country has answered them. Thank you also for your in-class comments, they were thoughtful and insightful. Enjoy your time in the US! Best, Dr. Shapiro

Monica Federoff, Clelia Clark

Dear Monica and Clelia, thanks for such a thought-provoking role-play. The issue of adolescent depression is a critical one, as rates of both depression and anxiety are increasing in this population. As your role-play illustrated, often the discovery of passive or active suicidal ideation, cutting behaviors, or other symptoms of depression are “accidental” discoveries, emerging only through screening tools or a sensitive HEADSS exam. Clelia, you were a convincing patient, and demonstrated that you understand very well how depression presents in teens. Monica, you skillfully got mom to leave the room, alertly picked up on your patient’s cues, and developed a treatment plan that would reduce her isolation and connect her to a counselor. As we discussed in class, mapping out follow-

Through is key. Involving parents can be a crucial step, if they are able to provide support. Helping your patient break down “getting help” into concrete steps can also be useful. All in all, it was a useful and illuminating exercise to see this delicate scenario actually play out. Best, Dr. Shapiro

Roxanne Talamayan-Pascua

Roxanne, I loved your “Zen tangles.” Taking a page from the currently popular adult coloring books designed to reduce stress was a good idea. You challenged yourself to take this one step further by actually making the intricate design on a blank piece of paper. It was a clever twist to divide the project in “mother” and “father,” and illustrate some of the differences you saw in how male and female parents approach a child’s illness. It was perceptive that each tangle was different from the other, but both were complicated – this seems true to life. Thank you for such a creative and visually lovely project. Dr. Shapiro

Kyle Barbour, Miriam McQuade

Dear Kyle and Miriam, I think your mighty crossword puzzle was the stand-out of the session. You read your audience perfectly: you knew they could not resist the challenge of the 36 down by 37 across puzzle consisting of difficult pediatric conditions, drugs, and diagnoses. This exercise in active learning was a huge success. It was not competitive in the sense of no winners or losers, but your classmates jumped into it with gusto and indeed could barely be pried away to continue the session ☺. I think this was because it was challenging, yet fun, and relevant. Very well conceived.

I also was intrigued by the parent/patient CF version. Your idea that this would similarly be an enjoyable, interesting way both for parents/patients to confirm their knowledge; and for the physician to determine their knowledge level as well as any gaps.

It was obvious how much effort you put into this project. It was impressively conceptualized and executed. And it was a great learning experience. Thanks for contributing something so fun and useful at the same time! Best, Dr. Shapiro

Taylor Davis

Taylor, you described a distressing ethical dilemma in your Peds reflection project. A 4 year old child whose pain (and perhaps further deterioration) could be relieved through surgery was accompanied by adults who did not have legal custody of her. The biological mother, who had essentially given her over to a friend and had a history of rejecting medical treatment for her daughter, was driving in and would not arrive till morning. Even if she could be reached, the unofficial guardians (friend and grandmother) did not want her involved, fearing she would make decisions not in the best interest of the child. Of course the sympathies, as they should be, are with the child, and her obviously concerned caretakers. The child is suffering and needs help. Her unofficial guardians want to follow medical recommendations. The fly in the ointment is this apparently irresponsible and neglectful mother, who is nevertheless by law the custodian of her daughter. It did give me pause that the narrative about this mom did not come from direct observation of the mother, but was based on

potentially biased reporting by other individuals. As you pointed out, in an emergent situation, the medical team would be on solid ground. Here, it is somewhat more ambiguous, and the child's best interest may be opposed to the mother's legal rights. The case provoked an engaged and thoughtful discussion, and I appreciated your bringing it to our attention. You helped us see that such decisions are often hard to untangle. Personally, I hope this little girl got the care she needed without too many legal hoops. Best, Dr. Shapiro

Charles Lin, Marie-Claire Matsuo

Dear Charles and Marie-Claire, your comic strip-style narrative of this little kid was both touching and instructive. He looked happy playing Pokemon, so hearing his devastating social history was especially painful. Abandoned by his mother at a grocery store?! The cloud raining on this little guy was a heartbreaking illustration of what he'd endured. It is hard in the face of such abuse and deprivation to know how to respond. Every gesture seems (and in a way is) inadequate. Nevertheless, I very much respected that you did what you could to "be his family" during his hospital stay. His own pictures show that you earned his trust – you were his panda and his kuala. You did not turn away from his suffering, but instead befriended him and offered him safety and affection. I especially liked that the story of this encounter unfolded through an artistic parallel process – both of you and the patient representing aspects of your shared experience. This was more powerful than mere words. A heartbreaking situation, but through your behavior (and this project) you were witnesses to a piece of this kid's life, and I think that meant something to him. Best, Dr. Shapiro