

PEDS REFLECTION PROJECTS 11/1/21

Brian Chin, Katherine Rosenkrantz

Hi Brian and Kat, Kahoot is always fun, and it gets med students' competitive juices flowing (and thus keeps them focused and engaged 😊). Your choice of topic – “Pediatric Gender-Affirming Care” – was an excellent one, as this still remains an under-addressed topic in Peds. Your questions were a good balance between biomedical aspects of transition and sociostructural (pronoun preference, anti-transgender legislation). The project was a good reminder that gender identity is not simply a medical issue, but one that has large sociocultural ramifications. The more physicians can help ALL their patients feel safe and accepted for who they feel themselves to be, the more they can support and influence broader societal shifts. A creative, timely, and much-needed project. Thank you, Dr. Shapiro

Gilbert Nalula

Gilbert, this was a simple but perfect project. Everything about it worked – the visuals were very appealing, the labeling of “favorite” vs. “healthy” snacks was an engaging choice, and the color scheme was bright and cheerful. The “recipes” themselves sounded really yummy, not at all like “dutiful” snacks. Every aspect of the project managed to avoid a “deprivation” model, and presented these snacks as super-fun and delicious, something anyone would be excited to eat. I think it all started with your empathic awareness that, had you had the misfortune to have been diagnosed with type I diabetes as a child, you would have made a terrible patient! This insight helped you not simply “prescribe” or “tell” you patients what they should eat, but work hard to figure out what they could eat that would be fun and tasty. Excellent work! Dr. Shapiro

Anvesh Macherla, Ermin Dzihic

Dear Team Kapow! Thank you for sharing your wonderful experiences with these 5th graders. It's great that you are using a combination of patient education and fun athletic activities to educate kids about healthy eating and exercise. Many aspects of your project deserve comment:

- 1) **Family Orientation:** Your emphasis on family involvement is important. As you pointed out, kids don't do the household shopping (although if they yell and scream loudly enough – we want broccoli?! – they often get what they want). Also, they tend not to cook for the family (although sometimes they do, or are preparing their own food at a surprisingly young age). Finally, when one person in a group tries to change their behavior, it's very difficult. But when everyone in the family is making similar changes, it usually works better.
- 2) **Social/Structural Issues:** Anvesh, you brought out that food consumption occurs within a much larger framework of structural social and economic forces, none of which favor low-income families. It's important to acknowledge this reality, not to make parents and kids feel like victims, but to let them know that you have at least some glimmering of what they're up against in trying to provide healthy food for their families. Ermin, you mentioned school and community involvement, and these are great ways to empower and support individuals who want to provide healthy food and activities for their children but don't always have the resources to do so.

- 3) Individual physician/med student strategies: Ermin, you said something I found very touching. “These kids are smart.” Yes! When you respect what your patients (of all ages) bring to the table, the resilience, perseverance and ingenuity that has brought them this far in life, you are more likely to develop effective partnerships with them.

Ermin, you also mentioned repetition. As you know, even when you have plenty of resources at your disposal, lifestyle changes are difficult. Don’t expect them to happen overnight. Keep revisiting them and keep refreshing your message, not with exasperation but with persistent hope.

Anvesh, you noted that the more regular contact you had with the kids, the more they grew to trust you. This makes sense. As we become familiar with someone, if we like what we see, our trust in them grows. Of course, in a medical practice, you can’t see your patients every week. But, especially for Peds, we should think about innovative strategies, such as a birthday email and a practice newsletter, to let patients know they are still on your mind.

This project showed how even “simple” programs focused on nutrition and exercise touch on deeper issues of structural inequity, community and family empowerment, physician-patient partnership, trust and respect. Please keep up your good work. Best, Dr. Shapiro

Megan Donnelly, James Hu

Hi Megan and James, your video on Helmet Use and Concussion Prevention was really well done! The animations were carefully chosen and effective at drawing in the viewer. The structure was simple and clear, i.e., listing key take-aways, symptoms, and wearing a helmet properly.

I was impressed by two things in particular. One was the way Megan, you integrated your personal experience with concussions. This was a perfect example of how a physician can use self-disclosure to build trust and engage the patient’s/family’s emotions. The second thing was your choice of topic. Biking is clearly an enjoyable and healthy activity that should be encouraged in kids (and adults). This is your thesis. But there is a downside – accidents and concussions (antithesis). A compelling argument acknowledges both, then points to a synthesis/resolution (in this case, use of helmets). When patients/parents like something (an activity, a food), but they can’t figure out a way to mitigate its downside, they will simply ignore the latter. By offering a solution, you promote a fun activity in a safe way. Nicely done! Dr. Shapiro