

## **PEDS REFLECTION PROJECTS 8/10/20**

### **Vignesh Ramchandran, Shannon Fan, Cecelia Nguyen, Dai Nguyen**

**Dear Team Sonnet**, thank you so much for your courage in tackling the sonnet form to express some of fears, anxieties, and hopelessness adolescent patients may sometimes feel. Vignesh, I appreciated your knowledgeable leadership, and your concise yet comprehensive explanation of the technical requirements in crafting a sonnet. I too learned something in your explanation of the volta, or turn that occurs in the concluding couplet. What I particularly appreciated is that you used this not simply as a demonstration of craft, but to represent the “turn” that we hope occurs in clinical medicine from despair and alienation to hope and resolution.

“Turning” from the structure of the sonnet to the project itself, you all did an excellent job of capturing the emotions that often arise in adolescents. Words like darkness, weeping, and hopeless were powerful and, as you pointed out, conveyed the intensity of adolescent experiences much more effectively and intensely than does a chart note. Your focus on the parental arguments, personal isolation and cyber-bullying that are rapidly increasing during the pandemic was particularly relevant.

Cecelia, you made the point that the final couplet contained what should be the goal of everyone in the health professions: “to catch the ones that fall.” This was a beautifully written line that should move and inspire anyone who reads it.

Thanks for an original, creative, and very meaningful project. Its form was a striking reminder of the real distress that can emerge during a routine HEADSS exam; and how it is the responsibility of the physician to try to heal this suffering. Dr. Shapiro

### **Jason Xu, Jerusalem Tilahun, Sean Melucci**

Dear Jason, Jerusalem, and Sean, I commend you for choosing a topic – infant head size – that is often the source of worry and mistaken assumptions for parents and extended family members. Your goal was a compassionate and humane one – i.e., to ease parental anxiety about their infant’s head shape, as well as to educate them about when a physician should be consulted. Jerusalem, you made an excellent point that parents have no frame of reference for evaluating what’s normal or abnormal; and any slight variation can send shock waves through their minds.

I especially liked the question and answer format you chose for the brochure (what’s normal? How does the skull get its shape? Why are sutures important? What can go wrong? When to discuss with your doctor?) because these anticipated common questions parents often have and were followed by clear, informative, and easy-to-understand answers. At the same time, the way you incorporated medical terms (craniosynostoses) into the brochure showed respect for parents’ intelligence, while simultaneously providing lay translations (e.g., hull-shaped) that could inject these terms with meaning. Particularly valuable were the visual representations, which provided useful anchors to deepen parents’ understanding.

All in all, this project demonstrated for parents’ anxieties and provided a well-organized source of reassuring information that would help make parents informed partners in their child’s healthcare. Excellent work, thank you! Dr. Shapiro

### **Shahin Palabod, Brian Kazempoor**

Dear Peter and Brian, thank you for this “active reflection.” What a great term! I believe that active reflection is an important component of clinical medicine, and it is wonderful to see that you already have an awareness of this skill. Too often we act reflexively, automatically, when we should take just a moment to pause and consider if our “gut response” is always the right response. I also appreciated the interactive model you identified in which parent and child health and wellbeing are interactive and reciprocal. This is why, in Pediatrics, both child and parents are often identified as the “patient” because it is impossible to treat one without taking into consideration the other.

The ethical dilemma you posed was a really thought-provoking one. A seemingly semi-conscious single mother of two young children in clinic for well child checks who exclaims she doesn’t want her children and can’t care for them; then a few moments later says she’s fine, it was a momentary outburst, and to please just complete the exam so she can leave. As we discussed, your first responsibility is to the welfare of the children, because in that instance you are their primary advocate. You want to assess to the extent possible the severity and chronicity of the mom’s condition. Was this a cry for help? A warning that she might be considering abandoning or even harming her children? A momentary lapse in a stressed but overall coping mom? Getting answers to those questions, and involving a social worker, behavioral health specialist, and/or psychiatrist to help you evaluate both the mom and the overall situation, will be key to determining next steps. As we discussed, involving CPS is often a way of getting additional answers, and as such it should be regarded as a resource rather than as a threat to the family.

The way you guided the discussion was thoughtful and sensitive to the goals you identified of protecting the children while trying to preserve the family as much as possible. In the end, as you helped your classmates discover, the contextual ethical issue is how to do least harm and provide most benefit to children and mom. As we saw, there is often not one obvious, right answer in these situations. However, by engaging in active reflection, soliciting multiple opinions from experts representing different perspectives, it is more likely that you will be able to arrive at a good answer. Thank you for causing us all to think. Best, Dr. Shapiro

**Zachary Harris, Gina Hana**

Hi Zachary and Gina, excellent work on your nutrition poster. As you noted, it is indeed discouraging to see how even young children have already developed unhealthy non-nutritious eating habits. It is also true that parents sometimes do not know what healthy eating consists of, although I’ve noticed that sometimes parents will say they didn’t know when I suspect that they did know but didn’t want to be considered “bad parents” because they didn’t have the time or resources to provide more healthy meals for their kids.

Your diet do’s and don’ts were spot-on reminders, particularly your awareness that healthy eating must be a family affair. Cooking together as a family and eating together as a family is a much more effective way to improve dietary practices than targeting the individual child. Also, the point you made about getting everyone in the family on the same page in terms of the type of food consumed is really essential. If one child is supposed to be avoiding empty sugars and carbs while their older sib is munching away on cookies and chips, the project is doomed.

I wasn’t sure I made my point clearly enough regarding race and class differences in obesity rates. This is certainly evidence of the structural racism and classism of our society, where nutritious food is expensive and not easily available; and even when it can be obtained parents who are working two or

three jobs to pay rent and put food on the table often don't have the luxury to be sitting at that table when the meals are eaten. It is hard to remember the systemic context during an encounter with a child and their mom or dad, but one thing I've noticed is that parents often feel blamed for their children's weight issues. It can set a much better tone by directly acknowledging that this is a much bigger problem than one individual, and that you understand the challenges they face and respect their efforts to overcome them. This helps ensure you and kid and parent are all on the same team.

Thank you for a well conceptualized and executed project. The way you incorporated art made it visually pleasing and likely to attract the eyes of both kids and their parents. Best, Dr. Shapiro

**Brent Etiz, Gabby Brody**

Thank you both for tackling an issue of growing concern for the health of young people. I was frankly astonished by the statistics you presented on the increase in vaping over a year period. You created an informative and readable brochure that contained a lot of useful information (I learned quite a bit about vaping from your presentation!). There are a lot of adolescents and parents who are unaware of EVALI and other serious risks of vaping. Your pamphlet was nonjudgmental while also challenging misinformation and myths about the practice. It would make a valuable addition to any pediatric exam room! Best, Dr. Shapiro