

## **PEDS REFLECTION SESSION 6/26/16**

### **Cecelia Canales**

Hi Cecelia, your “craft” project of making “Isolation Man” was both creative and empathic. Adopting the child’s point of view to understand a bit better what it is like to be in isolation and have all these anonymous masks/gowns/gloves hovering over you was truly sensitive. “Isolation Man” looked rather cold and mechanistic, even intimidating. Your project grasped how scary and sad it is for a kid in isolation. Your project also generated a valuable class discussion of how to counteract this unintended but very real effect. If you remember the humanity of both yourself and your patient, as you so clearly did, it is more likely you can mitigate the negative effects of much of what we do in medicine. Best, Dr. Shapiro

### **Jeff Yu**

Dear Jeff, thanks for an informative overview of autism spectrum disorders. You thoroughly covered definition, etiology, pathogenesis, as well as tackling the scientifically thoroughly debunked but still influential belief in a relationship between autism and vaccines. Your sections on screening tests and differential were quite complete. You also did an excellent job of presenting both behavioral and pharmacological treatments. As we discussed, autism is a devastating disease for parents, who need support and guidance. Luckily, as you pointed out, there are now many more resources available than previously. Also, as we discussed, while the medical community considers autism spectrum disorders to be evidence of pathology, many “neuroatypical” individuals see themselves as simply different. This perspective is worth understanding (even if it is not agreed with) because it provides an empathic insight into the world seen through eyes on the autism spectrum. Thank you for a very educational presentation, Dr. Shapiro

### **Faraz Khan**

Faraz, your drawing of the scary Dinosaur-Doctor was really inspired. As we discussed in class, sometimes a picture really is worth a thousand words. Although some may shrug off advice to avoid arrogance or be compassionate, few will want to transform into a dinosaur doctor. Its sharp teeth, savage claws, and egoically swelled head were humorous but unattractive images that your classmates would certainly want to circumvent. You effectively conveyed just how intimidating, even frightening, physicians can appear. The subsequent discussion emphasizing ways of “counteracting” such perceptions planted valuable seeds in the minds of your classmates. Thank you for this creative project. Dr. Shapiro

### **Kala Ghooray, Austin Kwong**

Kala and Austin, thank you for your informative pamphlet on asthma. It concisely consolidated a great deal of important information about this condition into one easy to read source. You did an excellent job of defining the disease, its causes, classifications, and treatments. The sections on how to use inhalers, spacers, and peak-flow meters seemed especially useful to me because of their step-by-

step breakdown. The criteria for recognizing good control were also very helpful because of their behavioral specificity. These are all things that a parent could easily determine. I agree that parents would benefit from having access to this educational material, which summarizes much of what they've heard in understandable, clear language. Having multiple methods of education are essential in helping parents and patients understand the intricacies of managing chronic conditions. Thank you, Dr. Shapiro

Steven Carter

Hi Steven, thank you for bringing your classmates' attention to the crucial issue of water safety. As you pointed out so poignantly, these are all avoidable deaths or near-deaths with often devastating sequelae. The pamphlet cover was good – the title was sobering, but the picture was cute, so I can imagine parents opening it to read more. You made many excellent observations about both ocean and pool safety. In addition, drawing on your own experiences as a life guard personalized your message. In discussing this topic with parents, by sharing the source of your passion for this topic, you will be very effective in commanding parents' attention. You were not simply "informing" us today, you were speaking from the heart as someone who has seen many close calls, and a few dire consequences. This made for a very compelling presentation. Thank you. Dr. Shapiro

Michael Niechayev

Michael, thanks for your drawing. It was an original thought to create a picture of the patient from the perspective of the medical student (you're right, a lot of art therapies have the patient making a picture of the doctor, which can also yield lots of insights). Your drawing conveyed the important message – that kids are resilient, and most importantly, that they are more than just their disease. Showing your patient freed from his hospital bed, his IVs, and his breathing machine reminded us of his humanity and his essence as "just a kid." You know, "returning" that picture to him might be very therapeutic as well, because it would communicate: "I see you – not just as a patient, but as a kid." How powerful that would be coming from his doctor! How affirming – when he himself might sometimes doubt whether he was becoming defined by his illness. An excellent project that reminded all of us that there's a lot more to patients than their disease. Best, Dr. Shapiro

Jennifer Anderson

Jennifer, you created a technically beautiful sketch of this baby's heart and its tetralogy of fallot defect. Very impressive. What I especially liked is that this heart also represented your very tender feelings for this young patient. I was touched by your gratitude for all the learning that was possible from this baby and how the baby, despite being quite sick, "made your day." I'm struck by how often when experienced physicians share stories about medicine, they draw not on their recent clinical encounters but on events that occurred in medical school and residency. These are going to be very memorable years for you, and I'm glad you chose to memorialize this little one for all she taught you about kids' resilience and cheerfulness in the face of serious medical challenges. Thank you! Dr.

Arman Walia

Dear Arman, I think your classmates would agree you hit that poem out of the park ☺. It really was good, with structure (the repetition of the “just a medical student” refrain), clever phrases (“the remainder rather than the quotient”), and a delightfully self-deprecating humor. You conveyed admirably the lostness of the student who must ask “dumb questions,” survive pimping, and tolerate chronic bewilderment. Yet you also showed how this student starts to evolve and find a role. He or she starts to become a student-physician. You did an outstanding job of capturing the range of emotions from confusion, humility, and desperation to pride and growing confidence that most third year students feel. I could see from the response of your classmates that they resonated to this work. You spoke for them all, and in doing so, you helped them to feel less alone and more hopeful. Excellent work! Dr. Shapiro

#### Miseker Abate

Hi Miseker, what a creative project you came up with! I really liked the way you highlighted those judgmental, punitive phrases that are batted around about parents without a second thought: “draining resources,” “demanding,” “not listening,” “unrealistic,” “talkative,” “overprotective.” Such language, often used by otherwise excellent physicians as a means of venting their frustration, do a disservice to parents, and creates a “we/they” divide that may have negative ramifications for patient care. It was brilliant the way you “reframed” these negatives as positives: “knowledgeable,” “strong,” “dedicated.” Language is very powerful, and it shapes the way we think about others. “Demanding” evokes one set of emotions, “dedicated” quite another. I was impressed by the fact that you were the only one who seemed to be willing to listen to the mother and respect (which is not always the same as agree with) her ideas. It is especially sweet that, in this case, due the mom’s persistence, a more accurate explanation for her child’s seizures (with significant treatment implications) was discovered. But even if mom had been wrong, feeling seen and heard is the best way to calm anxiety and build trust. You were able to give her this gift. Best, Dr. Shapiro

#### Brittany Mitchell

Dear Brittany, thank you so much for highlighting the unconscious assumptions and biases that operate reflexively in medicine. This FTT case might have been approached quite differently had the mother been older, married, well-educated, and from a high socioeconomic background. In particular, the tone the attending took I am sure would not have been so punitive and aggressive.

Thank you for sharing something of your background with your classmates and with us. Your personal experiences gave added credence to the concerns you raised about CPS and foster care. It is easy to think of these decisions in an algorithmic way, discounting the human element. Of course, as we discussed in class, physicians are mandated reporters, so in many situations there is no discretion. Nevertheless, the law should not shelter us from the recognition that, while removal from a home may be necessary to protect the life of a child, it is often not an ideal solution. In gray areas, sometimes great harm is done by accusations that are never substantiated.

The main point you forced us to confront is that, one mom with one set of social circumstances might be much more likely to be reported to CPS than another mom, based not on evidence but on our own

prejudices. This is an invaluable realization, and hopefully will encourage all of us to be a little skeptical of our reflexive decision-making. Best, Dr. Shapiro

Jenny Seong, Nare Torosyan

Dear Jenny and Nare, you put together an unusually insightful project. Its central theme is borne out by research showing that patients who are appreciative, cooperative, and uncomplaining are better liked by physicians. Of course, likes and dislikes are normal human responses, but it is important not to allow such reactions to interfere with optimal patient care. As you asserted, “patient temperament affects medical care.”

In the case you described, potential substance abuse and hoarding opioids is indeed a problem. You noted that the patient was “counseled,” and became so angry that he punched the wall and broke his hand. It occurs to me that perhaps the nature of the “counseling” contributed to the patient’s labile response. Perhaps a more charming patient would have been counseled in a less punitive manner, with a more positive outcome. Perhaps a gentler, inquiry-based approach, such as suggested by the BATHE model you presented, would have had better results.

Your observation that there is no place in the EMR for patient temperament points to a significant shortcoming. Much of the social knowledge we glean about patients is absent, yet it plays a crucial role in patient adherence and overall success of the treatment plan. Rita Charon, a professor of Internal Medicine at Columbia, has proposed the use of a “parallel chart” to keep track of more subjective observations regarding both the patient and the physician that might be useful in guiding patient care decisions. Your suggestion of a Happiness Scale (delightful and clever) would be another valuable addition to the EMR, and I for one would like to see it filled out by doctors as well as their patients!:-) I suspect melancholy doctors on the whole render less efficacious care to their patients.

This excellent project presented important didactic information (the BATHE model), creative suggestions (the Happiness Scale), and original insight into how non-biomedical factors can exert a profound influence on the clinical encounter Exceptionally well done. Best, Dr. Shapiro

Ryan Gibney

Ryan, you wrote an exceptionally moving and perceptive essay. It clearly resonated with your classmates. You captured beautifully the anxieties and uncertainties of 3<sup>rd</sup> year – the pressures, the pimping, the responsibility of interacting with patients and families. You are quite correct that books, SPs, and lectures don’t really prepare you for what third year is like. All you can do is plunge in. Your attitude is ideal – embracing what you don’t know and making each moment an opportunity for learning. I think you got to the essence of what makes for a successful and meaningful third year when you noted that you are no longer learning for the test, but for the patient. Real lives are at stake. I think this is when medical students start becoming doctors.

Your essay was exemplary for its self-reflective, authentic tone. The questions you raised have no sure answers; but in the very act of asking them you become a better doctor. Outstanding work. Dr. Shapiro

Graciela Maldonado

Dear Graciela, what an important project you contributed to our discussion. You are so right that far too often there is a complete disconnect between doctors and the patients they are trying to serve. Unless you have shared something of their background, it takes work and commitment to appreciate the circumstances of their lives. As you pointed out, it makes no sense for many patients to tell them to change their diet if they live in a food desert; to tell them to exercise if it is dangerous to venture outside, to tell them to follow a complex medical regimen when their priority is paying the rent. In fact, as you helped us see so insightfully, “telling” is pretty much the wrong strategy entirely. Rather, you showed us that patients themselves will generally have much better ideas about how to implement the physician’s plan than will the physician herself. So the key, again following your lead, is to partner with the patient and be guided by their insights to construct creative alternatives to the rote instructions so often handed out.

Thank you also for sharing something of your personal story. You spoke with conviction and credibility that made your message all the more powerful. I suspect your words will resonate with your classmates for a long time. The influence of factors such as race and socioeconomic status on health are too often overlooked. You forced all of us to confront the painful reality that despite the ACA, we are a long way from equality in this country; and it is the obligation of every physician to continue to work for social justice. I hope you continue to raise your voice. It is much needed. Best, Dr. Shapiro