

PEDS REFLECTION SESSION 3/2/18

Nick Kahl, Esther Kim

Dear Nick, your reflection addressed a truly important topic on the critical role residents – and especially medical students – can play in establishing rapport and winning trust, with all patients but especially in Peds. You are absolutely right that often you are more relatable than a busy, distant attending. Importantly, as you observe, you are NOT the authority figure. As your excellent presentation pointed out, this is often more than a matter of merely putting the patient at ease, it can mean the difference between obtaining critical information (in this case, an adolescent's swallowing 15 Norco) – and not. You and your classmates identified the simple yet essential behaviors that engender this rapport and trust – taking time, showing nonjudgmental curiosity, being patient until the true story emerges. Patients – pediatric and adult – are complicated, but you can't practice medicine without their help 😊

Esther, you made two really interesting points in your presentation. First you complicated our understanding of physician "transparency." The principle still stands with pediatric patients, but it's not straightforward. As you noted, some peds patients are way too young to communicate with directly; and then it becomes a question of how to communicate sometimes frightening, even devastating news to their parents. When kids are old enough, in my view truth-telling is essential, but how that truth is conveyed, and what it means to a child can be really hard to sort out. This is a really valuable topic to consider. A related issue you raised was the difficulty of inflicting pain on children, even for their benefit. This is also an issue which in my opinion does not receive enough attention. Once again, honesty is important – kids are especially unforgiving when they conclude they've been lied to. But how to be honest without frightening kids excessively is a fine art. Thank you for getting us to think about these important topics. Dr. Shapiro

Aline Silva, Soe Thein

Dear Soe and Aline,

Soe, your moving photographs beautifully evoked the preciousness of the mother-child bond. I really liked your detailed analysis of the nature of the hand-holding – both protecting and guiding. What an insightful observation that this is very different from how two lovers hold hands. Your larger point, I think, was that pediatricians almost always love their little patients, but sometimes exhibit frustration, even resentment toward parents who are perceived as demanding, controlling, uncooperative etc. Your project was a plea to remember that most parents, even those who do not behave in optimal ways, love their children, and want the best for them. We should all be less quick to judge and more eager to understand.

Aline, I was fascinated by the research you presented about the relationship between maternal child interaction and overutilization of emergency room services and concomitant underutilization of preventive healthcare. As in so many health-related issues, we discover the importance of psychosocial factors such as interaction. It makes sense that mothers and kids who are less

responsive to each other may have difficulty recognizing/conveying early symptoms of illness, resulting in more ED visits. Yet, as we discussed in class, it is important to look beyond the phenomenon (lower responsiveness) to contributing factors. Otherwise, such findings could be used to support clumsy social engineering interventions that do not consider the multifactorial causes (which you enumerated so well – other children, multiple jobs, single parenting, lack of social support etc.) for such differences.

Soe and Aline, I really liked how your projects fit together, connected through the tricky issue of judgment. It is all too easy to pass judgments on parents because they do not conform to our expectations of “good” parents. Of course, the first priority of any pediatrician is the wellbeing of their child patient. But it is also important to try to understand the perspective of the parents of those children. Thank you for a really thought-provoking essay. Dr. Shapiro

Brianna Williams, Tara Zand

Dear Tara and Brianna, thank you for grappling with two difficult issues in Peds – non-accidental trauma and autism. Tara, I admit that when I first saw your picture, I immediately assumed it portrayed a basically happy, cute baby who had suffered some sort of accident but was rebounding with resiliency. And I was half-right. Your portrayal was truly thought-provoking, because it contained in one image the joyful life force present in children with the horrifying reality that the damage to this child had been intentionally inflicted. That was powerful and devastating. I also appreciated your sharing the attending’s disclosure: “I’m really pissed.” And who wouldn’t be? But as we discussed, these are the sorts of situations which, from a learning perspective (and I would stress, for *all* concerned, not just the students), cry out for a debriefing. As we discussed in class, child abuse is a complex phenomenon, and recognizing all the forces that impinge on individuals who commit this act acknowledges this complexity. I stress that understanding does not equate with excuse. There is no justification for harming a child. But especially pediatricians and ED docs who are on the front lines of this terrible problem need to play a role in seeking solutions that are nuanced and informed by evidence. Righteous anger is a good place to start, but not to end. Your project generated a thoughtful discussion from which everyone benefited.

Brianna, I was so touched by the image of you coloring the Beauty and the Beast (in green yet!) with your little patient. I also appreciated your openness about acknowledging some of your own assumptions and stereotypes about kids/people with autism. Despite more positive portrayals in the media (did you know there is a tv show about a resident physician with autism?!), there remains a lot of misconceptions about this condition even within medicine itself. It was clear from the discussion that ensued that one point you made with particular clarity was the importance of early intervention. Of course, kids on the spectrum vary greatly, but progress is possible for all. Further, advocacy groups for spectrum disorders are challenging the medical model’s way of thinking about neuro-atypical ways of thinking and being in the world. I hope the medical community as a whole can mirror the humbleness and receptivity you showed toward your 3 year old patient by acknowledging that treatment approaches to autism should not consist merely of trying to “fix” children to make them

conform to certain expectations of normalcy but also to better understand and appreciate their differences. Thank you for helping us think in a more nuanced way about this issue. Best, Dr. Shapiro

Nathan Jasperse, Tuan Ngo, Jonathan Lee

Dear Nathan, Tuan, and Jonathan, thank you for a timely and well-researched presentation on pool safety. You highlighted important issues of structural and activity safety. Anyone who has ever seen the sequelae of a near-drowning or drowning incident can never forget it. These incidents are particularly devastating, as you pointed out well, both because they are preventable and because they involve an activity that is supposed to be fun and pleasurable. As we discussed in class, even families without pools need to be alert to pool safety – perhaps even more so, because they may not be as conscious of the risk as parents who have assumed the responsibility of a pool. Thank you also for your excellent thoughts about *how* to initiate such a conversation. As I noted, in my experience, it is easy for parents to hear an implied criticism any time you venture into parenting practices. Your comments about normalizing this issue, about sharing your own learning, and about emphasizing your awareness of the parents' existing devotion to their children were all exactly the right ways of minimizing defensiveness and engaging parents as partners for the protection of their children. Thanks for this valuable project, Dr. Shapiro

Jessica Lin

Dear Jessica, thank you for this well-written, well-observed, and very cleverly (and perceptively) titled poem. To me, the "Howl" referred not only to the diagnosis of Wolff-Parkinson syndrome, but also potentially to the howl of fear that might have emerged from the parents at learning their child had this condition. I think it is always a creative tension – as you said, being in peds cardio clinic gave you the opportunity to see rare genetic conditions that previously you had only read about. Diagnostic procedures and careful construction of family trees led to "aha!" moments when confusion and uncertainty resolved and answers found. Sometimes (often, I hope) those answers would lead to treatment. Nevertheless, it is true that for each answer, there is a heart breaking somewhere as the parent learns that their precious child has a condition that is serious, requires intervention, and may have been inherited. Each of these realities causes suffering. So the joy of discovery is balanced by its heartbreak. There is satisfaction in finding answers, especially ones that will help the patient, and at the same time we always need to remember that those answers provide not only relief but sorrow and sometimes guilt. It's what makes medicine so complicated! Thank you again for tackling a poem, probably the first poem ever written about Wolff-Parkinson ☺ Best, Dr. Shapiro