PEDS REFLECTION SESSION 4/3/17

Mark Ajalat, Shea Gallagher

Dear Mark and Shea, thank you for this excellent project examining what pediatricians need to give their chronically ill patients beyond biomedicine. As a listened to this 16 year old's medical history and numerous hospitalizations, I started to wonder what her life must be like. I was so glad to see you thinking along similar lines. I also loved that you engaged your classmates directly by asking them, "How would you approach this patient?" I think many of them were thinking about medical treatment, but you had something even more profound in mind – how would you approach this girl as a person? How has this disease affected her? How has it affected her family? Who is she beyond Arnold Chiara Type 2? I also appreciated the way you linked such questions to ethical principles, which should guide every physician-patient interaction.

The guidelines you offered were straightforward and fundamental. "Don't appear rushed" – because the patient will sense this. "Discuss non-medical issues…" – because the patient is more than her disease. Perhaps the most important of these was "Know your own biases" – because we all have them. In this case you explored the possible feelings of frustration and helplessness toward patients with chronic diseases who cannot be cured. You asked, is there a desire to just do the medically necessary and then move on to someone who can be "helped"? If so, this does an injustice to the overall care of the patient.

Recognizing the humanity of your patients promotes healing – in both the patient and the doctor. Your awareness of this truth bodes well for your future as physicians. Thanks for such a thoughtful and well-conceived presentation. Dr. Shapiro

Joseph Zakaria

Dear Joseph, thank you for this heartfelt poem which drives home an important point about innocent suffering, kindness toward others, and gratitude for blessings. Child abuse and neglect are tragic and complex phenomena with no simple solutions, although clearly the immediate protection of the child is paramount. Because there are no easy answers, it is tempting to turn away after discharging your medical duties. Instead, you chose to do what you could in the moment, playing Barbies and making paper airplanes with this little girl. To me, this was a touching indication of your own commitment to your patients.

There are, of course, many lessons to be learned from these heartbreaking situations. One lesson you clearly learned is that when confronted with great suffering, we can realize how trivial what we consider our problems really are. And part of that blessing is that we may sometimes find ourselves in a position to lend a helping hand to those in real need. I'm glad you reached out to this little girl, and gave her comfort at a time when she was abandoned by the ones who should have protected her and kept her safe. Best, Dr. Shapiro

Vira Fomenko, Erin Power

Dear Erin and Vira, thank you for your project, and I'm sorry if we shortchanged you a bit in terms of the discussion. Your hand-out about healthy nutrition made several good points. Thank you also for sharing about the 14 yo type 2 diabetic. It is distressing to see these kids, and we see a lot of them in Peds and Family Medicine. They are the victims, not of poor impulse control or poor parenting so much as social forces that make junk food cheap, tasty, and available, that create food deserts in too many communities, and that severely limit access to resources that promote good nutrition and healthy lifestyles. It is a lot to hope that parents alone can counteract these forces, but giving them some tools, as you so helpfully did, is a start. I particularly liked the tip about giving kids decision-making power in their own lives. Involving even young children in their own lives can be empowering and more effective that simply "power-struggling" as many parents do. Thank you for the obvious effort you put into assembling these useful strategies. Best, Dr. Shapiro

Vincent Chang, Elisa Zhang

Dear Vincent and Elisa, thank you for addressing this very difficult and painful topic. It is hard to discuss, but also essential to discuss. I don't mean learning the signs of abuse, or legal reporting procedures, although these are obviously critical to master as well, but rather talking about our feelings in regard to child abuse and neglect. Vincent, thank you so much for bringing up the issue of privilege. Although neglect and abuse occur across the socioeconomic spectrum, they are often related to personal histories of neglect and abuse and are triggered in situations of high stress and limited resources. Anyone who did not emerge out of this background is, on this dimension, "privileged," and it makes it hard to understand (different than excuse) such behavior. It is easy (and natural) to judge those who do harm to the most innocent and vulnerable among us. As you said so well, Elisa, we all feel "disgust and horror." Yet, as you both concluded, judgment explains little; and can alienate parents who may be receiving these children back home, either immediately or at some point. The role of the physician is not to judge but to protect (the victim), both in the immediate moment and hopefully down the road. This means recognizing the situation clearly; then making the best choices possible to remedy it (which may include everything from resource identification or parenting classes for minor neglect or emotional mistreatment, to filing a CPS report for documented cases of suspected abuse). The song you played reminded us that "we" are "they." We *might be* these terrible parents under different circumstances. So the responsibilities are to discern clearly the wrong that has occurred, take whatever action is legally and morally required, and render what help is possible, from a place of compassion.

Thank you both for grappling with this difficult topic so honestly and authentically. Best, Dr. Shapiro

Mack Ontiveros

Dear Mack, school nutrition is a great topic to tackle. First, you reminded us that many children in this country depend on school breakfast/lunch programs as their most reliable source of nutrition. When this food is unhealthy and unappealing, these kids' nutritional status is compromised. This is a perfect example where a physician can play a role at the community level, working with local chefs to design

tasty, inexpensive meals (yes, this is possible http://time.com/3752931/school-lunches-nutrition/) ; or lobbying at the state/federal level for better public education funding).

The story you told about the 12 year old girl who avoided school lunches and didn't want to burden her parents because "money was tight" was a moving reminder of the human cost resulting from this problem. As you said eloquently, "access to food is a right not a privilege." Your project highlighted that every pediatrician can help his or her patients simply by asking about what they are eating (or not eating). Nicely done. Dr. Shapiro

Matt Gunther, Rakel Salamander

Dear Matt and Gunther, thank you for addressing the important topic of adolescent depression. As you pointed out, depression in adolescents often goes undiagnosed, and this is in part because of the enduring stigma that accompanies this diagnosis. Your pamphlet did an excellent job of "demystifying" depression, distinguishing it from "normal sadness" while not making it scary or overwhelming. You accomplished this by using colloquial, nonmedical language that both teens and their parents might relate to. I particularly liked the way you explained the role of a "therapist." Many families hearing this word are ready to bolt. Again, you made the work of this individual sound comforting and helpful. Similarly, the way you integrated "medicine" (vs. the more formal "medication") into a list that included hanging out with family and friends and exercising normalized this option and made it sound less intimidating. The resources listed were also excellent.

The whole focus of your pamphlet was to say, this happens, it's serious, but there is help available. I think this caring and commonsensical approach would encourage teens and their parents to seek help when needed.

Matt, I also appreciated your story of the adolescent who came in for another complaint but, after some sensitive questioning on your part, disclosed a longstanding habit of self-cutting. As we discussed, except in acute situations, most adolescent depression is identified in primary care settings. This is rarely because the teen comes in saying I'm depressed; but rather because the physician has done a thorough HEADSS exam, used a depression screening tool, or at times has trusted her or his instinct, and asked the right questions in a way that allows the patient to disclose their concerns. Unfortunately, up to 80% of adolescent depression remains undiagnosed.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4074649/

This was a very thoughtfully done, well-researched project. Dr. Shapiro

Ebaa Al-Obeidi

Dear Ebaa, thank you for contributing a project on your experience with nutrition classes at FHC-SA. I loved that you shared the contrast between your idealistic optimism as a third year medical student and the attending's more jaded view of the efficacy of such an intervention. As we discussed in class, and of course as you well know, changing people's eating and lifestyle practices is HARD. Some of this is psychological (changing bad habits into good habits is hard for most of us) and some of it is

social and cultural. There are, of course, many structural factors that inhibit the development of healthy eating from food deserts to the cheapness and availability (and deliciousness) of junk foods (often engineered to be "addictive"). Also most cultures have some food traditions that are not exactly healthy, but foregoing them can isolate the patient from family and friends.

So a class on healthy nutrition that includes family orientation, role-playing different scenarios, preparing healthy, tasty dishes, and exercise routines sounds fantastic. AND we should see it as a first step, a drop in a bucket; both so necessary and valuable, but just a beginning. As I mentioned in class, classes that can build networks among families (and with schools) in the same community can also lead to more support and therefore more beneficial outcomes. It's an uphill battle – which doesn't mean it shouldn't be fought, only that it should be fought with patience and ingenuity and respect for the hardships faced daily in that community that mitigate against success.

Ebaa, despite the overall lack of perceived efficacy of the class, you derived many good lessons from the class you intended in terms of what to emphasize with future patients – i.e., focus on diet, a family-focused rather than individual-focused approach, and exercise adapted to the realities of the patient's living situation. These are all proven ideas that can be embraced by motivated patients and can make a really good beginning. Best, Dr. Shapiro

Jemma Alarcon, Eric Zuniga

Eric and Jemma, this was a great project! Talk about making Pediatrics topics up close and personal! First, I need to say that Julian is adorable and you are obviously a proud and loving papa. I admired very much that, even as a medical student, you took time off to help care for your infant son (it's the thought that counts ☺). Seriously, this is an important bonding time; and even more importantly, it lays down a track that you will need to choose again and again – i.e., protecting some time for your family. One thing I found particularly interesting was that Eric, you let your wife lead during well child checks and medical encounters (although you did give her a couple of tips straight from CF such as "make a list," "set priorities"). This showed your sensitivity to not having your "medical student" hat dominate the interaction. I also heard the extra empathy you've developed for "waiting parents," having experienced firsthand just how hard this can be; and how you now try to be even more meticulous in keeping them up-to-date.

I appreciated your sharing how hard it was to see sick babies in the hospital – of course, these little ones are never abstractions, but until you have one of your own at home, you can't fully understand how scary it is when they are ill. In this regard, you had important lessons to teach us about how when kids are sick, their parents are always a little crazy, and keeping this in mind again cultivates empathy rather than judgment and negative labeling.

Jemma, the questions you asked were very thoughtful, and helped us understand in detail some of the issues that can arise for a med student/parent. It is one thing to have a general sense of "wow, it must be hard to have a kid in medical school!" and another thing to begin to tease out the nuances and specifics of why this is so. You did an excellent job of "interviewing" Eric, demonstrating an

effective mix of interest/curiosity and fellow feeling. I extrapolate that you are also a skillful patient interviewer, able to express genuine concern for your patients as people, not just diseases.

This project highlighted the tricky nature of work/life balance in very human terms. Very creative and illuminating! Best, Dr. Shapiro