PEDS REFLECTION SESSION 4/6/20

Ralph Albert, Tiffany Lei

Dear Ralph and Tiffany, thank you for organizing your project around a poem that spoke directly to the irrational fears children often have about being responsible for problems in the home, especially when the result is removal of the child because of abuse or neglect. The poem was reassuring and comforting, making the point that the child was not "too much" for the parents to handle, but rather that the parents did not have "enough" to give that child. The other part of your presentation I particularly appreciated was the nonjudgmental attitude of inquiry you brought to your encounters with the two mothers of children who had been removed. As you pointed out, one mother was really a child herself. The circumstances of the parent do not, of course, ever excuse abusive behavior, but they do help us understand and have empathy for generational cycles of violence and negligence. This project provoked thoughtful discussion and made us realize the extent to which legal responses, while obviously necessary, are a blunt instrument. How much better if we could anticipate and head-off at-risk situations! Best, Dr. Shapiro

Amanda Anderson, Jessica Colin-Escobar, Joe Choy, Sagar (Arnie) Shah

Dear Amanda, Jessica, Joe, and Arnie, thank you for the interesting ethical dilemma you presented. In considering a child with a laceration accident whose mother rejects both antibiotics and a tetanus shot, you raised important questions about the limits of parental authority and the obligation of the physician to ensure the well-being of the minor patient. The format you chose of posing specific questions to your classmates encouraged independent thinking and proactive engagement with the session. The project led to a valuable discussion about the importance of parent education to help mom understand what's at stake, dialogue rather than confrontation, and the value of understanding parental perspective. You also helped us sort through the criteria your classmates would use in making a decision to call Child Protective Services or obtain a court order that focused on severity, emergent status, past history, and motive (inadequate effort to care for child vs. active, intentional abuse). Finally, noting the bright line of not permitting harm to a child regardless of parental religious and cultural beliefs was an important reminder that, within a context of cultural sensitivity, the physician's first duty is to her patient. This was a well-researched, well-organized project that stimulated discussion and encouraged all of us to grapple with the tension between parental rights and protection of vulnerable children. Dr. Shapiro

Emma Cooper

Emma, this was an extremely thoughtful and insightful project. You tackled the complex questions of how best to enter a child's world, especially under conditions of fear and confusion that illness and a hospital setting provoke. To win their trust, to be able to adequately explain what is happening, you have to understand how they understand their own body and their own experience. As you wisely phrased it, you must start where the child is. I really liked the way your clinical encounters with kids were based on establishing interaction and connection through a series of questions, thus making the encounter a shared experience between two sentient beings (I-Thou), rather than an I-It transaction, in which the child is turned into the object of the physician's examination.

The single line drawing was a really creative way to express some of these issues visually. By using one line to draw complex organs such as heart, brain, and lungs, you demonstrated that it is possible to represent complicated procedures, diagnoses, treatment plans etc. with simplicity and clarity. Thus your artwork became an illuminating metaphor for a way of being with pediatric patients that emphasized presence and focus.

I have great admiration for your desire to engage your patients and bring them in to the encounter. As you discovered, if you are attuned to the child, the child will often tell you how to connect with them. All we need to do is listen. Best, Dr. Shapiro

<u>Kevin Berra, Sophia Raefsky, Alex Wang</u>

Dear Alex, Kevin, and Sophia, your project emerged from an incontrovertible premise: kids don't like to be hospitalized; and when they are, they often bet depressed and angry. Then you set yourself a more difficult task - cheer up those sad, distressed children!

Fortunately, you chose the perfect vehicle: magic! Alex, your impressive card trick, as someone pointed out, had the serendipitous effect of not only demonstrating the skill of the magician, but also making the participants in the magic feel awesome about themselves.

As we discussed in class, there are interesting parallels between the magic found in a card trick and the "magic" of medicine (let's be honest, for most of us laypeople what you all do is pretty akin to magic!). What your simple trick effected is exactly what you want to happen between doctors and patients: you want what the doctor does to convey competence, skill, expertise, and (let's face it) a bit of magic; and you want the patient to end up actively engaged in what's going on; and feeling good about themselves and the role they played.

Sophia, your research into what magic programs are available in hospitals was very interesting, and was something I'd never considered and knew nothing about. The clown study was quite interesting in terms of the positive results simple exposure to clown medical students (are there any other kind?!:-) could produce such as decreased pain, improved behavior, and better communication. As we discussed, certain art forms such as painting or drawing might be better for expressing emotions; while something like learning magic could enhance a child's sense of self-efficacy and be empowering, as well as diffusing anxiety by showing that all "magic" (including the magic of medicine) can be dissected and understood.

Kevin, I loved your sharing about how much you enjoyed Alex's magic, and how you've observed firsthand how much kids on the wards respond to seeing magic. Your account was very affirming of the value of this indirect but effective way of calming an anxious child and earning trust. The origins of the Magic Foundation were interesting to learn, and a good reminder, as above, that we all need a little magic in our lives, especially when we are feeling sick and vulnerable.

All in all, this was an absolutely delightful project that was simultaneously thought-provoking and raised fascinating questions about when simply talking and interacting one human being to another can actually produce better outcomes than our medical algorithms.

<u>Andres Ruiz, Nicole Meyers</u>

Dear Andres and Nicole, thank you for sharing about Dr. Hidalgo's diabetes education class. It's a great example of thinking outside the box – using a group/family approach to educate about diabetes, promote fun exercise, and introduce healthy cooking and eating. Your description of the class led to an interesting discussion of why such an approach might beneficially supplement the more traditional one-on-one doctor-patient encounter. As we discussed, when education becomes "horizontal" (family to family) rather than vertical (top-down from physician), people feel less defensive and more empowered, both attitudes associated with successful behavior change. There's also more opportunity for brainstorming, so that patients and parents can tailor suggestions to fit their particular needs.

The "sugar chart" hand-out was an excellent example of how innovative approaches to patient education can be effective. How much more compelling to see all those teaspoons of sugar heaped up next to the soft drink vs. reading 10 grams of sugar!

I especially liked that your project focused heavily on do's as well as don'ts. Giving kids and their families healthy alternatives makes lifestyle change a lot more palatable.

Childhood Type 2 diabetes remains a growing problem in our communities. The approach you outlined in your project illustrates fruitful ways that doctors can intervene. Thank you for sharing this knowledge with your classmates. Dr. Shapiro

<u>Alex Marlowe</u>

Thank you so much, Alex, for creating such a timely project. COVID-19 is weighing on everyone's minds and hearts now, and you found a creative, amusing, and poignant way both for giving voice to our fears and expressing our hope. Your choice of a surgical mask as "canvas" was perfect, as the mask has become a symbol of the disease, of the frontline professionals trying to stop it, and increasingly of average citizens trying to live life in the age of coronavirus.

Your decision to put affirming statements on the front of your mask speaks to the need of health professionals to present a face of calm, encouragement, connection, and hope to an outside world desperately in need of these qualities. But as the chaos and concern grew, you added more alarming words on the inside of the mask. These are the fears and doubts that no one, not even seasoned doctors and scientists, can escape. I do think that by naming our negative emotions, we deplete them of some of their power – in a sense we put them outside of ourselves, onto the mask. Regardless, they are part of our reality and need to be acknowledged (although not fed.

Perhaps my favorite line in your project was that "PPE doesn't protect emotions." Such a beautiful phrase, and so true. We are all feeling vulnerable and unsafe right now, and must find new safe havens, new forms of protection. The mask is an excellent reminder that healthcare providers have to think about themselves as well as others.

One other point you made that I thought was really insightful is that by decorating the mask with colorful messages you changed the meaning of the mask itself. Traditionally of course the mask is a barrier between the wearer and the person being cared for. Your efforts transformed the mask into a method of connection and solidarity. Great work! Dr. Shapiro