

## PEDS REFLECTION SESSION 6/29/20

### Aaron Gach-Kvenild, Vincent Mark Hussey

Dear Aaron and Vincent, thank you so much for your poem. It was very effective in conveying the tension between fulfilling the responsibilities of a medical student and being aware of and responding to the realities occurring in the larger society, such as the coronavirus pandemic and protests against structural racism. One lovely internal rhyme (“trying times, crying times”) captured this perfectly by (in my interpretation) referring first to the larger social context and then acknowledging the particular tears of a scared pediatric patient.

I also appreciated the way the poem acknowledged the demands of the profession and the sacrifices that medicine requires (“never had to get up so early so many days in a row”), while nevertheless concluding that “it is the life for me.” Finally, I was touched by the overall humanistic tone of your piece, that recognized in essence that these little patients are “more than their poop” 😊.

Overall, your writing did an excellent job of capturing the feelings of uncertainty and imposter syndrome that most students feel entering the clinical waters for the first time; yet also showed how you quickly develop confidence, competence, and skills. It’s good to hear that you’ve gotten off to such a good start! Best, Dr. Shapiro

### Mohammed Aftab, Sahar Amoozadeh, Alonso Rodriguez

Dear Mohammed, Sahar, and Alonso, this was truly a terrific project! First it was absolutely adorable: “Baby Doctors Taking Care of Baby Patients.” I’d never thought of starting off third year from this perspective, but it is absolutely such a perfect insight! I loved the way you worked within the metaphor to develop so many possible parallels – MS1 and MS2 being in the womb; “birth” into year 3; and, as your piece pointed out, Mo, these little medical student babies can initially feel somewhat “premature.” There is no way that med student babies can be completely adequately prepared for clinical medicine – but as you said so well, with proper support, they can pretty quickly find their feet, just like real babies.

Alonso, the realization that both students and babies are examined carefully to ensure that they are meeting “developmental” milestones was really perceptive. It is instructive what happens to babies who fall behind developmentally. No one gets mad at them or punishes them or accuses them of not trying hard enough. Instead, they are given love and additional ways of mastering the skills they need. Medical education could take a page!

And Sahar, your awareness that just as babies need both their own families as well as the caring attention of nursing staff, medical students need the nurturance and support of the medical team was also so well-taken. Babies need to be “spoon-fed” until they can eat on their own; the same is true for med students. And when this feeding and supporting is done with love and respect, the “babies” flourish. As I mentioned in class, extending this metaphor further might even help medical students develop empathy for stressed-out, anxious resident and attending “parents” who can sometimes become impatient or exasperated with the “offspring” they are raising, but fundamentally care deeply about their wellbeing.

Your excellent project showed how valuable a good metaphor can be in developing new insight and creating memorable images (I think I will now always think of vulnerable little preemies – as well as resilient babies - when I see students at the start of the MS3 year!). You also showed how, in so many ways, parents, patients, attendings, residents, and medical students are all in the same boat; and how having empathy for everyone’s experience can make the difficult circumstances inherent in a hospitalization a little better.

I really liked this project – so creative and original! Dr. Shapiro

Kevin Wei, Janani Prasad

Dear Kevin and Janani, thank you so much for your reflection on the journey you’ve taken in medical school. The journey metaphor is a popular one, and for good reason. Medical school is not a one-and-done, it is a process that changes you sometimes slowly sometimes quickly, that unfolds over time. I especially appreciated that you invited your classmates to participate in a similar reflective exercise, which reminded them this *thing* – medical school - is happening to all of you.

I also loved your story, Janani, of holding the baby’s hand and seeing its little fingers; and it is true I made exactly the same association to the anatomy lab and the donors’ hands. This story and our discussion evoked a very touching awareness of the circle from life to death, and was beautifully symbolic of medicine’s focus (ideally!) on meaningful life and humane death. I also thought you made a great point about just how much you’ve learned and how much you’ve grown over the past 2 years. And Kevin, you highlighted how, remarkably, over the course of a single rotation, you’ve moved from feelings of lostness to becoming trusted counselors and medical student with some real skills. Who knew, right?:-) I enjoyed this project for the insight it provided about how far you’ve come, how quickly, and how well. Keep that perspective! When you look back, it helps you in going forward.  
Best, Dr. Shapiro

Nabila Haque, Shijun Sung, Farheen Basith

Dear Nabila, Shijun, and Farheen, it was such a good idea to ask your patients to “draw something.” As we discussed, often kids (and adults!) are able to express feelings that they have but cannot articulate. In addition, as you pointed out, drawing is just fun for kids, and can make them happy, especially in the hospital environment where there is little that brings them joy. Since drawing is also a normalizing activity, it acknowledges that they are not only patients, they are kids! Thus, drawing something can be therapeutic for the patient, while providing valuable insights for the clinician.

The stories you shared about patients who behaved one way toward staff (angry, uncooperative) yet expressed very different feelings (gratitude, vulnerability) in their art were a wonderful reminder that kids, and people in general, rarely feel only one way. In difficult circumstances, most of us are a stew of often conflicting emotions. Anger is a feeling that often rises to the surface because it is experienced as self-protective, “standing up for yourself.” Yet underneath anger may be fear, helplessness; and sometimes more positive feelings such as appreciation and thankfulness, which may be obscured but nevertheless are there. The physician’s goal is to give the patient to express ALL their feelings, which provide an important understanding of how the patient is dealing with their situation and what their relationship with their physicians is like.

Finally, one aspect of your project I really liked was that, through art, you were asking your patients, “How are you doing with what you’re going through? What is this experience like for you? How am I doing in taking care of you?” Doctors don’t often ask those questions, but if they did, they would learn a lot that could help them better care for their patients.

Thanks for this very touching and insightful project. Best, Dr. Shapiro

Linsey Wilson, Megan Keys

Hi Linsey and Megan. Thank you for your project “Circle Time”, which raised interesting ethical issues about consent for adoptive parents and guardians. You utilized a really good teaching technique by encouraging active participation of your classmates and posing valuable questions for which we did not always know answers, and which caused everyone in the “room” to think. The case your presented was a useful way of illustrating the many resources available to treatment teams, such as the Ethics committee and Risk Management, which can help address complex issues that arise during the process of healthcare.

Your project was a great illustration of how the biomedical part of patient care can quickly become complicated by human factors. It is easy to become frustrated by these developments, especially as in your case there is some time urgency, but as we discussed it makes more sense to be prepared for such complexities and remember that because medicine involves human beings on both sides (☺) there will inevitably be human dimensions to care. From the right perspective, such developments can be viewed as what makes medicine a humanistic rather than a mechanical practice.

In the way you discussed your case, one aspect I particularly appreciated was the way you kept returning to the fact that the patient’s aunt “tried to do the right thing.” Despite the challenges that needed to be sorted out in these circumstances, you both remained resolutely committed to supporting the patient’s wellbeing and not punishing the woman she consistently called “mom.” To me, this meant that you preserved attitudes of compassion and patient-centeredness, core aspects of good medical practice.

Thank you for an informative presentation that illustrated how such situations can be effectively resolved by diligent on-the-spot problem-solving and creative thinking. Very nice work! Dr. Shapiro