

PEDS REFLECTION SESSION 9/20/21

Katelyn Wittel – Dear Katelyn, thank you for researching the CDC app in support of your Peds Advocacy project, “Help Your Child Grow and Thrive.” I agree that milestones are very meaningful to pediatricians and family physicians – and appropriately so! – but often parents have a limited understanding of their significance and implications. I appreciated the way you identified a problem, discovered a gap in available resources, and used your project to address this. The app appears to be an excellent tool to help physicians partner with parents around the whole milestone concept. Using the app, especially the practice template you demonstrated, will help clarify the importance of milestones for parents and enable them to engage more actively in their child’s development. Thanks for this valuable and useful contribution. Dr. Shapiro

Hinakar Najam- Thank you for a truly important project “SDOH and HEADSS.” It’s an excellent insight that the HEADSS exam is theoretically where physicians have an opportunity to assess SDOH, but often this happens in a cursory manner, due to time constraints and, as you insightfully observed, the entrenchment of a reductive biomedical model that prioritizes individual signs and symptoms over larger systemic and structural issues, despite the fact that the latter may be more significant in determining the overall health of the patient. You are completely correct that, in the current healthcare system, it demands a great deal of ingenuity, extra effort, and confrontation with existing systemic parameters to tackle issues such as intergenerational trauma. Your example of an apparently simple presentation of a kid who eats too much junk food illustrated beautifully how, if we bother to unpack such behaviors, we discover they are embedded in complex social and structural contexts that need to be altered and, since that is often beyond what an individual physician can accomplish, at least acknowledged and validated.

Above all, I valued your acknowledgment that “the system is broken.” Too often, the priorities and rewards of the current healthcare system make it extremely difficult for individual physicians to provide the kind of equitable and high quality care they expected when they chose to become doctors. Until we acknowledge this very evident fact, we cannot begin to take reparative steps. Medical education is an excellent starting point, as the animated discussion you provoked suggests. Many changes, including the introduction of more curriculum oriented toward SDOH and systemic racism, are necessary. Thinking more broadly, it is important to challenge the healthcare system itself; otherwise, although medical educators will present one approach to healthcare, actual practice will continue to be characterized by inequities and injustices, leading to disillusionment and cynicism in practitioners.