

## **PEDS REFLECTION PROJECTS 5/17/21**

### **Sam Vesuna**

Dear Sam, for me personally, this was one of the most insightful projects presented today. It embodies all the elements of critical reflection: 1) close observation 2) moment-by-moment awareness 3) interrogation of experience 4) intention to make positive change. It is very impressive that you have identified and labeled a phenomenon that occurs with almost every medical student/patient encounter (except when the physician is too busy and the MS goes into the exam room cold, also often not the best approach). "Send-off" is a very apropos title – it reminds me of "launching" a ship, prepared in all possible ways but bound to encounter unexpected events. This is how ideally the attending's "send-off" should function: i.e., it should provide important guidance and information, while leaving plenty of space for discovery and alternative or supplemental interpretation. By contrast, too often the send-off is essentially an instruction: "This is what you should see; and this is what it means." This sort of close-ended approach, as you pointed out so perceptively, makes it hard to avoid confirmation bias, especially if you want to be evaluated as a good student. I also think you made an important observation when you noted that, under the guise of "educating" the medical student, the attending may be motivated to increase the likelihood of an efficient interview, rather than one of educational discovery.

You pose an interesting question for which I don't really have an answer – which is more prevalent, i.e., useful preparation that provides guidance without stifling student autonomy; telling the student what to see and what to do; or venting frustration under the guise of giving the student a "heads-up" about a likely difficult encounter. There is a fine line between the first and second options, and I'm not sure it is always clear-cut. Thus the two can easily bleed into each other. The third happens more often than we might think, because it can overlay (through nonverbals, tone of voice) the other forms of send-off. I do know I've seen many examples of all three!

My view is that it is possible to point out important aspects of a patient's condition or personality without constraining the student's independent assessment of the case or biasing the student against the patient. For example, as we discussed in class, the attending might say something like, "I'd like you to pay attention to x, y, and z. What I also value are your fresh eyes, so I'm especially interested in what you notice about the patient's symptoms and how you put them together;" or "To be honest, Mrs. S sometimes frustrates me because she can be very stubborn about what medication she will or won't take. If you have any ideas about how to encourage her to be more adherent, I love to hear them." These approaches treat the medical student as (in some respects) a valued colleague while providing guidance and sharing frustration.

Thank you for such a thoughtful and thought-provoking project. I really encourage you to write up these ideas, perhaps for a blog like KevinMD. I've never read anything probing this widespread practice, and I completely agree that it is deserving of more attention and analysis. As you described, it can lead to misdiagnosis for the patient and restrict the learning of the student. "Venting" send-offs are particularly contrary to professionalism because they inculcate habits of disrespect or even contempt for patients and set a poor tone generally for other team members. As you expressed it so eloquently, these send-off pitfalls both convey the message that what the attending cares about is more important than what the patient cares about. I hope you are able to explore this issue in more depth. Best, Dr. Shapiro

**MATTHEW CHAN, JANICE CHUA, ANGELA NGOC-PHAM**

Dear Matthew, Janice, and Angela, I thought your project “Now I Eat My ABCs” was excellent for many reasons. As I mentioned in class, the title is really interesting. First, it is instantly reminiscent of the children’s song, so familiar, yet also incongruous because of the substitution of “eat” for “say.” That makes the recipient of the pamphlet want to learn more – so it is the perfect “hook.” Second, as I noted, in all the many projects about how best to intervene with childhood obesity, I don’t believe we’ve ever seen a project that addressed the importance of vitamins. This was very original, and might pique the curiosity of both parents and kids.

Third, your visuals were really appealing. You actually made vegetables look delicious! Finally, you stated that your aim was to create a kid friendly format that would not overwhelm or intimidate either child or parent readers. I think you accomplished this goal admirably. You did not overload the pamphlet with too much information or details, which might discourage or confuse the reader. Instead, I saw the pamphlet as an introduction that might lead kids and parents to ask their doctor more questions at the next visit, and get them interested in healthy eating from a new perspective. Altogether a very well conceived and executed project! Best, Dr. Shapiro

**JOYCELYN ALMANZA**

Dear Jocelyn, you are prescient I believe in anticipating that COVID vaccinations are going to become a prevalent, an often contentious, topic for discussion in pediatric settings in the very near future. Everything we know about committed anti-vaxxers and vaccine hesitancy from the standard childhood immunizations is going to come into play. The difference is that, despite recent encouraging signs of progress and the relaxing of many public health guidelines, we are still very much battling a pandemic. This makes vaccination an even more urgent issue than usual.

You did a terrific job, especially over zoom, of involving your classmates in discussion. This is an issue where unfortunately no one has the magic answer, but everyone has ideas that are well worth hearing. In part you were successful because of the interesting questions you posed: Why do parents refuse? (And more controversially) Should rejection be permitted? What is the difference between refusal and delay? Why are parents more likely to refuse certain vaccines and not others? What are the physician’s duties to public health? And should a physician ever discharge an resolutely anti-vaxxer parent from their practice?

The answers you offered were similarly thoughtful. I particularly appreciated your reminder that even parents who hold very different beliefs than your own believe they are acting in the best interests of their child. You also made the excellent point that the wellbeing of the child can be common ground for physician and parent which can strengthen the physician-parent bond, even though this might initially look very different for each party. Further you recognized that physicians have an obligation not only to individual patients but also to the health of the community. Finally, I found your discussion of patient discharge to be nuanced and well-reasoned. As you observed, sometimes discharge is necessary but it should be a last resort and patients should also be offered alternatives to take over their care. It is always important to try to sort out whether discharge is for the benefit or the punishment of the patient.

This was an outstanding project, Jocelyn, that caused your classmates – and me! – to wrestle with an ethical dilemma that arises on a daily basis. We didn’t find any simple answers, but we did generate many useful ideas. Thank you! Dr. Shapiro

**KRYSTAL DEL CASTILLO, SAVANNAH TAN, ARASH ABIRI**

Hi Krystal, Savannah, and Arash, you chose an interesting topic, “Picky Eaters,” that can drive parents crazy and sometimes lead to more serious eating disorders. Your suggestions for dealing with these fraught situations and generally lowering the temperature were excellent. For example, you noted how giving the child some measure of control over their eating (e.g., taking them shopping and having them pick out the fruits and vegetables) which addressed the feelings of loss of control many of these kids feel in their lives. You mentioned involving kids in meal preparation, thus bringing parents and child together, rather than positioning them on opposite sides of a conflict. You also had some valuable ideas of how to introduce new foods (small portions, one food at a time).

I particularly appreciated the points you made about role modeling and fun eating. When parents model eating a variety of foods children will often become curious and follow their lead. Further, when selecting, preparing, and consuming food becomes fun rather than a battleground, kids may be enticed into healthier patterns of eating.

I really respected your overall approach to managing this problem, especially your awareness of how important it is not to “take sides” either against the parent or the child. The physician’s role is one that appreciates the difficulties of both patient and parents, avoids judgment, and instead looks for solutions in active partnership with BOTH. Parents will be more likely to benefit from this kind of gentle, supportive, and hopeful guidance and their kids will have a better chance of feeling validated while improving their eating habits. Best, Dr. Shapiro

**CHRISTINA CANTWELL**

Dear Christina, thank you for sharing your project on firearms safety. This is obviously a critical topic given the level of gun violence in this country. As I mentioned in class, it is so important to help people see this as a public (and private) health issue, rather than a political. Having conversations about gun safety with a trusted physician is a very good step in this direction (now we just need government funding for research on this topic!). Your presentation made many excellent points about the relative prevalence of suicide, homicide, and mass killings by guns, and the comparison with other countries was striking. Your 5 L’s (loaded, locked, little children, depressed mood, and gun safety education) were memorable and accessible takeaways.

I also liked your reflections on why it’s difficult to engage HS students around this topic, because of its sensitivity and anxiety-arousing nature. Nevertheless, it’s important to keep searching out creative ways for engaging everyone in a national conversation about how we can create a safer, common-sense regulation of firearms. Best, Dr. Shapiro

**KATHRYN ROSENBAUM, MEGAN VAN LEGTEN**

Dear Kathryn and Megan, I was impressed with your concept of “camouflaging” important sexual health information by “hiding” it in an informational pamphlet about HPV vaccines. This approach suggests that sexual health is just as significant and just as normal a topic as vaccinations, so it normalizes the whole discussion. The whole insert was informative and accessible. I especially liked the section How do I tell my parents?/Do I need to tell my parents? Negotiating these questions is a bewildering challenge for many teens. Letting teens know that they do not need parental consent for birth control or treatment of STIs; point out the risks of disclosure from third party insurance; and

noting Planned Parenthood as a resource for more specific guidance all provide valuable information that many teens may not be aware of. Thank you for this ingenious and creative method of providing much-needed education about sexual health! Dr. Shapiro

**KARTHIK PRASAD, CHARLENE YUAN**

Dear Karthik and Charlene, I appreciated your innovative approach to tackling the ongoing problem of childhood obesity. I agree that there is too much emphasis on calories (really, how many pre-teens, teens, or their parents are going to count calories) and too much vague counsel to “eat more fruits and vegetables and less junk food.” This counseling is either too complicated or too general. Portion size, the idea of “my healthy plate,” is much easier to grasp and to follow, because everyone has a plate when they eat (although it is true that fast food and snacks have by and large eliminated the need for plates!). Everyone is used to seeing a plate to eat from, and therefore it’s easy to visualize and adapt to the guidelines you provide. Further, this is a very effective way of demonstrating that, although parents may think their kids are eating “healthily,” when they see that dinner plate in their mind, they realize they need to make adjustments.

Also, it was great that you composed a Spanish-language version, showing your sensitivity to the needs of our community. In that regard, I was struck by your insight that many families do not equally share a common language, with parents for example perhaps more comfortable with Spanish, while their children are not fluent Spanish speakers and more at home in English. Thus a dual-language brochure helps ensure equal access to information for everyone and promotes dialogue between parents and kids.

Finally, it is commendable that you took a family-centered approach to this issue. There is plenty of evidence that family-centered approaches are more successful when making lifestyle modifications. And, as you pointed out, this approach has the added benefit of promoting family time (sadly, many families rarely eat together). And in a further refinement, you went to great lengths to provide both kid and parent with the same nutritional information, making changes in eating habits a truly family-oriented endeavor.

All in all, this was a well thought-through and executed project, with lots of good insights into families and behavioral change. Best, Dr. Shapiro