

PEDS REFLECTION AND ADVOCACY SESSION 8/9/21

Shelby Kunz

Hi Shelby, thank you for your project on school nutrition services. You did an amazing job of delving into this issue, “peering behind the curtain” to try to understand how things really are. There is what people say, and then there is what people do. It was brilliant to think of looking beyond the mission statement of the school to its actual menu. As we discussed in class, it is even important to look past the menu to which foods are actually being consumed and which are being routinely thrown away. I also appreciated that, rather than simply condemning the school as hypocritical, you recognized the free services that they do identify in an effort to link families to much-needed resources.

I think one of the lessons here is that we must hold institutions accountable for their actions (or lack of actions) as well as their words. At the same time, it is important to have the skills to know how to work together with community institutions and leaders for the good of all. Public resources for those most in need are often in short supply, and ultimately a valuable role for a primary care physician is to help develop creative ways of improving population health.

Best, Dr. Shapiro

Mitchell O’Leary, Bryan Sargent, Colin Kincaid

Dear Team Jeopardy, thanks for choosing this important topic to focus on. As you outlined, infants’ feeding and growth is one of the primary ways to assess development; and it is one of the most frequent areas for parental concern and self-doubt. Your Jeopardy game was a clever way of involving your classmates and testing their knowledge in a low-key, friendly format.

The discussion your project generated was also very valuable. Learning how to talk to parents supportively and reassuringly is a skill like any other, and can be developed with practice. Many parents are afraid of being judged by their doctors, and hope for their approval. They are looking for validation, reassurance and support. When you can acknowledge that they are trying to be good parents at the same time that you can provide education or pointers to help them grow as parents; when you can find common ground despite differences, you can offer important guidance in a trusting, mutually respectful context.

Best, Dr. Shapiro

Jesus Zaragoza, Sungmee Park

Hi Jesus and Sungmee. Sungmee, I really appreciated your sketch of the tiny house and the big hands. And thank you for explicating the double meaning – hands (and people) working together is important in effecting positive health outcomes in a family; and in an crowded home, those efforts can degenerate into chaos. Very insightful!

I also very much appreciated both of you *drawing* attention to this issue, as it is easy to not really think about what it means that 8 family members live in two small rooms; or that barely related or unrelated people including children are crowded into a small space. Jesus, thank you for sharing your personal experiences growing up – it is always powerful to hear someone’s story. As you pointed out, overcrowding can lead to lack of room to exercise, lack of personal space, difficulties in studying,

increased risk of transmitting communicable diseases (try isolating in a room with 6 other people!) and at the worst, physical and/or sexual abuse. Mental and physical health can be affected.

As I mentioned in class, it is easy for kids to feel they are being judged, especially by someone who apparently has led a very different life. Therefore, I still recommend proceeding cautiously, using open-ended questions to probe not how you feel about these living conditions but how the kid themselves feels about them. Once the child begins to disclose trouble concentrating on schoolwork or worse, the physician or medical student can follow their lead and problem-solve appropriate actions. I also appreciated your point not to too quickly start making recommendations about others' lives. Your example of telling a kid to do their homework at a library may be well-intentioned but may have the effect of reinforcing your patient's conviction that you can't possibly understand them; and may make them feel so unsafe and ashamed that they will shut down.

This was a really important project that was crystallized through Sungmee, your poignant sketch; and Jesus, your equally poignant story. Thank you both for putting a human face on this issue and reminding us all it is not about counting bodies. Best, Dr. Shapiro

Christine Grabar, Amanda Leung, Brian Shughai, Andrew Keown, Meg LaRocca

Dear Art Team, thank you all for transforming your reflections on Pediatrics into an art form. I hope the experience of doing so helped you to see Peds in a different way, perhaps crystallizing the essence of what you will take away from this rotation.

Christine, I loved your hugging arms that formed a heart, out of which flowers spring. This beautiful piece indeed captures the care and compassion for patients that characterizes pediatricians as well as their hope that their efforts will contribute to their patients' growth and "flowering." Meg, you also chose a flower theme, an open hand holding/releasing a flower. As we saw with Sungmee's sketch of the house and hands (and as you probably remember from your anatomy course), hands are very evocative. They suggest both instrumental and caring acts – doing and soothing – which also embody the pediatrician's simultaneous tasks. I also liked the way the hand both holds and lets the flower float freely, suggesting that pediatricians can guide and help but ultimately must allow their patients to become (we hope) adults healthy in mind and body.

Amanda, your sketch of the otoscope was so perceptive. As you insightfully pointed out, the otoscope can assess some aspects of the ear, but cannot reveal the full picture of the patient's hearing. Similarly, you made the point that teens often do not feel heard, especially during the pandemic. The ear is a wonderful metaphor for always attempting to engage in "deep listening," (not simply waiting till the patient takes a breath so you can hold forth), and as we discussed in the rich class conversation that ensued, engaging in practices of paraphrasing and presence to communicate that you have truly heard them.

Brian and Andrew, thank you for focusing on the importance of sports of all varieties, and both team and individual, in helping kids develop a healthy lifestyle, learn discipline, responsibility and teamwork, and just have fun! Your point that sports opportunities have become very limited for kids since the pandemic is very true; and I think it will take years for us to assess the mental health fallout of this deprivation. Your collages were great, they clearly showed how much you relished your various athletic activities. I hope the memories of the joy and satisfaction you experienced from your

involvement with sports as kids will always make you advocates for kids who don't easily have those same opportunities.

Rachel Elsanadi, Nitish Nag

Dear Team Balance, again, my apologies for a glitchy internet that made me miss part of your presentation. For this reason, I'm especially grateful you emailed it to me, because the idea it presents of balance is so important at every phase of life. Please forgive me if I've misconstrued some of the points you shared.

From what I heard, Rachel, I gathered you were saying that sometimes in their effort to improve the lives of their patients, physicians pressure them in ways that result in even more stress and anxiety. In my experience, this can certainly be true. The pressure may be unintentional, but it is there, and has to do with the fact that, for the physician, health is their number one priority, whereas for the patient, food insecurity, fear of eviction, parents losing employment etc. may be predominant in their mind. As you observed, it can be especially true for vulnerable patients and patients suffering from a potentially stigmatizing problem such as mental illness, substance use, STIs, or even obesity. You made an excellent observation that your first objective is to win sufficient trust from the patient that they feel safe enough to share their story; and your second objective is to not overwhelm the patient (and family) with the enormity of change required. Baby steps, manageable goals are the way to go.

Nitin, you had an outstanding insight that managing emotions is difficult for everyone – teens are especially vulnerable to feeling overwhelmed by their feelings, but everyone, including doctors and medical students (!) struggles at times with managing their emotions constructively and learning from them. The more this process can be normalized and respected (the way you did with your patient who'd overdosed with suicidal intent, yet had developed great insight into how to balance their own emotional state – how much we can learn from patients, right?!), the safer patients will feel to explore it honestly and openly with their healthcare provider.