

PEDS REFLECTION PROJECTS 11/2/20

Jeff Kim, Jaron Nazaroff, Anna Diep

Dear Board Game Aficionados, there is so much to like about your project! First, Jeff, I commend you for the honesty and self-awareness with which you recognized “I made a mistake.” This is a “mistake” that many residents and sometimes attendings make, and it is rarely acknowledged. Of course, you actually conducted an excellent, perhaps flawless interview from a biomedical perspective but, as you realized retrospectively, you inadvertently omitted the human element. It is the sign of a great doctor who can recognize and learn from experience how to improve.

Then, all of you are to be commended for the creative “board game” you designed (I assume that the more humanistic you are, the faster you “win”!:-)). The six steps you identified comprise the essential blocks for building trust and establishing a connection with a patient whether in Peds or in adult medicine. You analyzed these steps clearly and precisely, then presented them to your classmates in an enjoyable yet and memorable format. The guide you all developed demonstrates beautifully that interpersonal skills can be incorporated into a patient encounter to complement history taking and patient education. They are the essential element to getting patient buy-in and establishing relationship.

Very well done. This was an important and effective project. Best, Dr. Shapiro

Aashna Patel, Maryhan Attiah, Sophia Shirzai, Sarah Oyadomari

Hi, Team Resilience. I appreciated the way you tied your various projects together by your patient-centered approach. Aashna, your free write about child abuse was both moving and insightful. You first identified and then navigated a difficult path between empathy for an obviously distressed mother and the awareness that she might also be the perpetrator of the nonaccidental injuries her child suffered. Like you, I was really struck by the mom’s statement “There is no way she loves me enough to take the breast anymore.” It points to a troubled relationship with an insecure and troubled mother. It is true that you can feel compassion for a parent who maltreats a child, while at the same time being a steadfast advocate for that child (even if it means that she will be removed from her home). As Dr. Murata pointed out, physicians (thankfully) are neither judge nor jury. They rarely know all the circumstances of a given case. Their role is not to overlook wrongdoing, and to always be a champion for their little patients. You also asked the right questions about the longterm impacts of a CPS report on the child and family. It is good to acknowledge the complexity of these situations; ultimately however, you have to take the step that best protects the child in the moment that your lives intersect. By thinking calmly and compassionately, you have the best chance of making the best decision.

The three sketches were all lovely and each in its own way, illustrated the child’s resilience. Marihan, it is difficult to even imagine a young child having made *eight* suicide attempts. The whole idea of “covering over” is very intriguing and insightful. Covering over her wounds could be a way of pretending that they don’t exist. But the tender care with which the arms of the medical student placed those “happy” band-aids to me signified not ignoring but healing. The little girl’s small smile hinted at resilience and the hope of better times to come.

Sophia, you also focused on the resilience of very ill children. In particular, you acknowledged their desire for normalcy in their lives. This was such an important insight. Children (and people in general) do not want to be seen only as patients. Rather, they want to live life as fully as possible. The beautiful flowers and tendrils that emerged from your patient's diseased brain conveyed this perfectly. It was a very moving image that captured the balance between life and death, suffering and healing.

Sarah, your sketch also highlighted patient resilience. Even after a horrific accident and multiple surgeries, your patient was smiling. The patchwork dress was a brilliant metaphor. Just like the dress, your patient's body was a patchwork of repair. But like the dress it was a thing of beauty, and the entire picture conveyed this joyfulness and optimism.

I loved that all of you literally centered your patients in your projects. Each one was a reminder to respect the courage and strength of patients and the value of being the "hands" that reach in to help and to heal. Best, Dr. Shapiro

Spencer Kozik, Malcolm Crawford

Spencer, your poem really resonated with your classmates – and with me. You tackled a difficult topic in medicine – uncertainty. Patients go to doctors for answers, and doctors like to provide answers. Often you do, but when you can't, it is easy for the doctor-patient relationship to go off the rails. Patients become doubting and skeptical, doctors become helpless and frustrated. Each party tends to blame the other. Instead, you appealed directly to your little patient: "Dear child, what makes you cry?" You shared your longing to find the answers that would lead to your patient being discharged. And you knew that, in the end, what is most needed are a mother's hugs. The honesty and humility of this poem in the face of medical uncertainty was really striking.

Malcolm, you explored a simpler problem in a way that revealed it's complexity. Immunizations, shots, and needle sticks – kids are scared, sure, but no big deal. I admired the way you identified "objective empathy," empathy that is really not empathy at all because it is dismissive, unwilling to hear the reality of the child's fear. This is yes, but empathy, which seems to acknowledge but really discounts another's feelings. By contrast, you recalled your own very real terror at needles, and as a result were able to find the kind of empathy that allowed you to take the patient's anxieties seriously. I really liked your conclusion that "labs are not free of anguish," and that the "data glutton" aspect of medicine needs to be balanced by a consideration of the suffering caused by medical procedures. Of course, this does not mean procedures should not be performed because they cause discomfort or pain, but simply that this aspect of medicine should be acknowledged honestly – to oneself and to one's patients.

Tyler Irani, Jamie Atienza, Sophia Angelides, Celine Phuong

Dear Team Drama, I really liked your skits, a clever and involving way of presenting two versions of an ethical dilemma. As you demonstrated so well, there are many reasons that a parent may not be adherent to the medical regimen prescribed for her child. The easy, but simplistic solution is to blame the parent, as was demonstrated in the accusatory, threatening discourse in the first skit. . The better approach is to not jump to conclusions, but be curious. Where does the problem lie? Does the mom mistrust the medications? Does she think they are too strong? Is she having trouble paying for them?

Does she worry they are making her child worse? As was the case in your scenario, is the child resistant to taking the medicine? Getting to the “why” of human behavior can take a little more time, but is the only way to understand a situation sufficiently to know how to take meaningful action that will move in a truly therapeutic direction. Your takeaways were balanced and perceptive.

In terms of reporting vs. not reporting to CPS, as you realized, that is a sensitive question that must be addressed situation by situation. As you realized, a referral to Child Protective Services can have many ramifications for both child and parents. It is a rather blunt instrument. But in the final analysis, your duty is to protect the child and when you’ve concluded the parent cannot do that, reporting is the best option available. By following the guidelines you outline (ie., asking nonjudgmental questions, not jumping to conclusions, assessing the situation carefully), you have the best chance of making the best decision under the circumstances.