Pediatricians Can Learn to Play Well With Others

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WHEN AMAL AND I were expecting our second child, we considered the stress it would create for Maya, our first. Maya had spent the first 2 years of her life in a home where she was wanted, where her parents were healthy and educated and safe, and where we had enough money for all of her food, diapers, clothing, and great child care.

Maya had it good.

As recently trained pediatricians, both Amal and I knew that the stress in Maya’s life was minimal. It was similar to the stress that every baby has. For Maya, it included finishing her bottle but still feeling hungry, playing with Amal and then watching him get up and walk away, or not being able to reach a toy she wanted—normal, small stuff, stuff that may have even propelled her into trying to talk to us or roll over, stuff that we could handle.

Maya said her first word in the PICU—not as she was getting extubated after some devastating illness but in the lunch room, in the back, where she and I were meeting Amal in the middle of one of his Saturday shifts. She said “apple” fewer than 100 feet from children who might never speak.

So when Amal and I were expecting our second child and worried about the stress a new baby might cause Maya, we knew we were worrying about normal, small stress.

Still, we called our parents and neighbors and made plans for them to help us when Elina was born. Catharine from down the street would stay with Maya when I went into labor. My mother would come to Chapel Hill for two days. Then Amal’s parents. Then mine again. Indeed, when Elina was born, now brought twice as much. Someone did the laundry. Someone bought milk and diapers. Someone tried to figure out Amal’s filing system. I remember sitting on the couch, surrounded by my girlfriends, opening baby presents. Many of them had bought a small gift for Elina.
when she was born but had not sent it; they had thrown it in a suitcase when packing for the funeral. Like many baby showers, this one included my sister handing me food and telling me I needed to eat for the sake of the baby. And like many baby showers, this one included discussions of future visits and meals. It was decided that once my parents and in-laws left, someone would fly in from out of town every weekend and stay with the girls and me. Someone local would pick up the visitor at the airport. There would be three groups of people who would organize among themselves to bring food over every other night—my work friends, Amal’s work friends, and neighbors. Spreadsheets were created.

The day after the funeral, a childhood friend came with me to take Maya back to the Chapel Hill Co-operative Preschool and Child Care Center. A month later, Elina started in their infant room. When we had found the co-op, Amal and I knew it was right for us—the director was committed to her staff’s growth, the food stretched our toddler’s palate in just the right way, the other families could not say enough good things, and Amal and the director did the same happy dance. After Amal died, a part of me wanted to keep the girls next to me at all times. But I knew, and was reminded by my pediatrician, that they needed to see far more than my tears, my anger, and my inability to get off the couch. They needed to sing and play. Every day I dropped Maya and Elina off, I left knowing they were being nurtured and inspired. Every day I came to pick them up—even before I checked in and found them happy—the teachers smiled and hugged me.

The death of a parent for a child is, in the language of today, an adverse childhood event. Not surprisingly, research has long shown that adverse childhood events are associated with poor adult health. What is new in this research is learning how repetitive or prolonged adverse childhood events can impair brain growth. This excessive or toxic stress can also increase the production of stress hormones and make one more reactive to later stressful events. Fortunately, the new research also describes how consistent, loving, nurturing relationships and as much certainty as possible can reduce the likelihood of toxic stress and its effects.1

Amal and I had understood we were dealing with normal, small stress with Maya’s impending sibling, but even then, we worked to minimize it.

With Amal’s death, while I was trying to remember how to breathe, there were concentric circles of people—family, friends, and professionals—helping me figure out how to envelop my girls in love and certainty. Ten years later, I still need those concentric circles, and they are still there.

When I try to describe the lessons I have learned—and lived—about a stressful event to the pediatric residents I teach, I sound trite. It feels like asking someone to understand the simultaneous pain and joy of childbirth before they have experienced it themselves. Or it sounds worse than trite. Telling the residents I was so lucky to have hard-working friends who felt empowered to talk to professionals on my behalf doesn’t sound like anything generalizable when taking care of an underserved primary care patient.

I usually make the mistake of sliding into lecturing about toxic stress and the importance of teamwork to alleviate it. I describe what the pediatrician’s role can be in reducing toxic stress for the children we care for who have witnessed violence or who have experienced child abuse, hunger, or the sudden absence of a parent. I explain that the first step is to identify who will play the role of the consistent, supportive caregiver for the child—usually a parent. I explain that the second step is identifying the biopsychosocial needs of the whole family and facilitating referrals, appointments, and—the really hard part—communicating and collaborating with all those in the child’s concentric circles, be they medical, educational, social, or personal.

It is at this point that many residents’ eyes start to glaze over. They have been part of the medical system long enough to realize that physicians do not frequently collaborate outside their own circle. Yes, general pediatricians, hospital social workers, and subspecialists often work together. But most physicians do not routinely talk with after-school providers, gym teachers, school nurses, and others who are potential team members.

It is when I remember the power of stories that I think I am most effective in communicating about toxic stress and teamwork.

I tell the residents about a family child care provider I interviewed for a research project about child care providers acting as lay health advisors.2 I interviewed the child care providers during the day, while they were working, and tried to schedule the interviews during nap time.

The day I drove to Amanda’s house was gray and overcast. I parked in front of the brick home, opened the gate on the chain link fence, and walked up the two concrete stairs to a door with peeling brown paint. The third floor doorbell had a small handwritten sign announcing her family child care center. After she buzzed me in, I walked up three flights of dark, narrow stairs, noting the hand rails and linoleum lining the stairs but also the holes in the drywall. At the top of the stairs, Amanda stood alone in a room painted with shining suns and rainbows, full of books and toys neatly stacked. Four children were on their cots; one seemed to be sleeping, and the others were in various states of wiggledom. As we started the interview, one toddler ambled over and climbed into Amanda’s lap. Amanda told me how she kept her charges healthy. They washed their hands, they ate fruit, and they jumped up and down inside when it was too cold for a walk. Amanda told me that once, with a child’s mother and pediatrician, they had together diagnosed Kawasaki disease.

What makes this story important, I tell the residents, is not whether or not Amanda—without any medical training—helped make the diagnosis. What makes this story important is that every physician I tell it to is incredulous. They do not believe that a child care provider could have helped diagnose a child with Kawasaki disease—a difficult diagnosis even for experienced health care providers. Almost universally, both pediatric attendings and
residents believe that without all the medical training they have had, a child care provider—even one with a big heart and a curious mind, one spending more than 35 hours a week with the child—could not have been much help in making the diagnosis.

Amanda, on the other hand, considered herself a part of the health care team diagnosing the child and supporting the family.

Why, I ask the residents, couldn’t she have been the person to notice the rash, the swollen glands, the fever, the pink eyes? And what if Amanda, with the mother’s permission, had discussed the child’s status with the pediatrician? Couldn’t they all agree that she would watch for certain symptoms? What would it take to build that level of trust, communication, and collaboration, regardless of expertise?

I worry that our residents are learning that not only will they lead the team that diagnoses and cares for children—they are the team. I want the residents to acknowledge that we as health care providers have a valuable role on the team, but that the team is incomplete without the skills and knowledge and time spent with our patients that come from other disciplines.

I remind myself that, fortunately, there are forces working to improve multidisciplinary teamwork. Reimbursement may be changing so that physicians can be paid for coordinating care, for talking to a depressed mom about her own health, or for calling a teacher to see how a child is doing after a particularly difficult family crisis. The Association of American Medical Colleges is paying more attention to multidisciplinary and interprofessional training. Models like the Harlem Children’s zone and a true medical home meet both the mental and physical health needs of children and show us that parents can serve as their child’s best buffer. These examples are working to change the culture of pediatrics to one in which we genuinely value and draw on the expertise and contributions of others.

With the residents, too, there is a bright side. Today’s pediatric residents are poised for teamwork as they increasingly share decision-making duties with the most important team member: the child’s parent. We already have training programs that focus on the skills necessary for partnering with parents. Working with the rest of the team will take work, but I think we are ready to try.

Chapel Hill is a small town. When Amal died, most of my neighbors, our pediatrician, and the director of the child care center all knew each other. They all trusted that the others had our best interests at heart and were working to help me buffer the stress for my daughters. When I spoke to one of them about the ideas of another, I felt the respect and humility of each for the other. I don’t know how each of them might have responded had I added people they didn’t know to the mix. What I do know is that when we needed to move from that small town a few years later—move to a new home and child care center and job and try to make new friends—and again added the kind of stress to the girls’ lives that was real but normal and small, many in my concentric circles had differing ideas on how to help. Although I didn’t understand it then, their modeling respect and collaboration allowed me to integrate the best of their ideas into my parenting so that my daughters continued to experience only normal, small stress and find a space in which to thrive.

REFERENCES
You can access the best online pediatricians from your home, often as quickly as you request an appointment. These services typically work by creating an online or app-based account, sharing relevant health data, and participating in a phone or video chat. While choosing a pediatrician is a personal choice, we chose Amwell for Pediatrics as our best overall because of their multitude of services, low visit cost, and the ability to accept insurance. Compare Providers. Best Online Pediatricians. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy. Science Direct. Use of Commercial Direct-to-Consumer Telemedicine by Children. What does a Pediatrician do? Providing physical, mental and emotional care for their patients, pediatricians are concerned with the health of infants, children and teenagers. They perform diagnostic tests to obtain information of the patient's medical condition and administer treatments, therapies, medications and vaccinations to treat illness, disorders or injuries. Pediatric Allergist/Immunologist Children can often suffer from allergies or other health issues associated with their immune system. If a child has allergies, it means that their immune system is incorrectly reacting to things that are usually harmless (such as dust, pollen, pet dander, food, insect bites, and mold spores). Find out how children learn through play and learn how to create meaningful play experiences. Our goal at Whitby is to help students learn to ask questions, express themselves, collaborate with others, and take creative risks. We also want them to retain their natural curiosity and to never lose the excitement of learning something new. All those things are achieved by making learning fun for children. Find a Pediatrician. Guides. Toddler Milestones. Set time to play with other kids -- let them work out conflicts on their own, but step in when needed. Suggest activities like drawing and making art with paper, scissors, and glue. Talk to your child -- patiently answer questions and help them express their feelings. Always wear helmets on bikes, tricycles, and other riding toys. Check the height and weight limits of your child’s car seat -- when your child outgrows it, use a booster seat. Don’t keep guns in your home. Pediatricians are considered experts in children's health and treat everything kid-related, from minor problems to serious diseases. Adolescents face tremendous social and academic pressures, as well as potentially life-threatening illnesses, habits, and behaviors. Adolescent health specialists are trained to help teens and young adults between the ages of 11 and 21 with their complex physical, behavioral, and emotional health care needs from physical exams and immunizations to reproductive and mental health care. Pediatric Cardiology. If your child has problems with growth, puberty, diabetes, or other disorders related to the hormones and the glands that produce them, he or she may be referred to a pediatric endocrinologist. Pediatric Gastroenterology.