

Taking a second: reflection on social pediatrics

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AS MEDICAL STUDENTS, WE CAN SOMETIMES BE REGARDED AS NAIVE OR INEXPERIENCED BY OUR MENTORS. MEDICINE IS NEW TO US, AND WE WANT TO DO EVERYTHING WE CAN TO HELP PATIENTS AND THEIR FAMILIES.

In our senior years, we complete our core clinical rotations, and take on additional electives in whatever field might interest us. I had heard about the social pediatrics elective at the Hospital for Sick Children (SickKids) from a resident, and it intrigued me. I was cautioned, however, that some cases would be eye-opening, perhaps even a reality check, that sometimes we cannot find and fix everything. Having grown up in downtown Toronto, and moreover with clinical experience in both rural Kenya and urban Ecuador under my belt, I decided I could handle it.

On my first day, I saw children who at one point had been struggling with their nutrition. This failure to thrive during a crucial window can be suboptimal for brain development. As my elective continued, I gained a greater appreciation for what social pediatrics encompasses. I learned that there are communities specifically for children of LGBTQ parents, including an organization called Queer-spawn, that are available in Toronto and Ottawa. I learned that there are multidisciplinary teams at SickKids, as well as in the Jane-Finch area of Toronto (coming soon), for young families, who will bend over backwards to make even the smallest positive change for high-risk mothers and their young children. I also spent a lot of time with the Children's Aid Society (CAS), and gained insight into their role in a child's health and well-being. I learned about intake, assessment, and placement (various types of foster care, group homes, kinship, home finders), and the ongoing role of social workers, resource workers, nurses, pediatricians, psychologists, and many more.



Through CAS, I met children who were exposed to things you or I might have only otherwise seen on television: gangs, shootings, murders, domestic violence, physical/sexual/psychological abuse, drugs, neglect... unfortunately, the list goes on. I have seen these cases in the community and at the hospital. In fact, for some I even measured and documented their bruises. What is important to note is that I have also seen some of these parents preparing for their children's return, and have even seen children at home under their parents' care. While I understand that CAS involvement is seldom welcome by any family, the ultimate goal is to have kids safely cared for and supported by their own families.

Needless to say, I have learned a lot from this elective. With respect to the big picture, I have learned the importance of taking a second for yourself. For anyone new to this field, this is a good remind-

er, especially in thinking about what you have experienced. Take a second to debrief with others, if that is what helps. And importantly, take a second to say thank you to the people around you — to the public servants who work to keep you safe, and to those closest to you who have kept you safe. One foster mom I met said it best: "No child should feel unsafe at night." Surely, the children under her roof, albeit temporarily, were comfortable. Additionally, if I were to pass along just two bits of knowledge to my medical student peers, they would be: take a second to ask patients, "Have you eaten today?" and "How did you sleep last night?" As simple as they may seem, these are two crucial screening questions for mental health. They can provide a preview into a patient's situation at home, and can help you to see patients from another perspective. While I acknowledge that we might not be able to help everyone as much as we would like to, or sometimes at all, we can at the very least try.

For instance, by asking these screening questions, we might be able to recognize kids who are in need, and connect them to resources that might help get them through the day. It could mean that a parent may learn to provide their child with the nutrition and nurturing necessary during that crucial time of brain development. It could mean eating at least breakfast on a daily basis rather than having no meals at all. Or, it could mean that a teen has someone to talk to about a parent who is dying of cancer. As green as I might be, I think this is important because it shows that someone cares. ■