A Month of Anger: My Road to Advocacy

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With my new MD degree in hand and my car packed with every item from my tiny apartment, I set out on the 12-hour drive to my new home in Albuquerque, New Mexico. My new title, Pediatric Intern, had no real significance yet, and I happily drove through the deserts of California to the mountains of New Mexico. On arrival in New Mexico, mail awaited me from my program with my intern schedule included. I opened the envelope excitedly and as I read the page inside, a pit began to form in my stomach. "PICU" ... "PICU" ... my very first month as an intern, I would be starting in PICU.

I knew my 2-week elective as a fourth-year medical student would not even begin to prepare me for the month that awaited me. I began my first day as an intern in the Pediatric Intensive Care Unit, which felt like a foreign land where I did not speak the language. The buzz of the alarms, the calm yet tense atmosphere, and the patients ... my list of patients read like the headlines of the evening news: unrestrained 11-year-old ejected in a high-speed rollover crash; 15-year-old with no helmet in ATV mishap; 18-month-old with full thickness burns to 40% total body surface area from fall into pot of soup sitting on the kitchen floor; 8-month-old accidental immersion in bathtub; 12-year-old with unintentional pellet gun shot into the eye; and the list went on. As the month passed and I began to learn the skills to manage the care of these critically injured patients, I became angry. I found myself angry because

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Dr. LeBlond has disclosed no relevant financial relationships.

the majority of my critically ill patients had injuries that could have been anticipated and prevented. It was this month in PICU that began my journey down the road of injury prevention advocacy in pediatrics.

Data from the Centers for Disease Control and Prevention (CDC) indicate that unintentional injury was the number-one cause of mortality in all age groups from 1 to 24 years of age in 2005.[1] For ages 1 to 4, death from drowning and motor vehicle accidents made up approximately 60% of all deaths by unintentional injury.[2] In the remaining age groups, from 4 to 24 years, motor-vehicle-related trauma accounted for 52% to 73% of deaths by unintentional injury.[3]

I vaguely remember learning some of this in medical school. In residency, the need to develop the skills to become competent diagnosticians and managers of the healthcare needs of our sick patients may sometimes overshadow the need to become competent advocates and partners for the healthcare needs for all of our children. Continuity Clinic provides the opportunity to experience and learn about the normal development of children, basic healthcare maintenance, and anticipatory guidance, and allows us to begin to foster a medical home for our families. It is during this precious time providing primary care that we must begin to make the journey down the road to become effective injury-prevention advocates.

Advocating the safety of children does not have to be intimidating or time-consuming, since many of us in residency, and especially internship, are already overwhelmed by our responsibilities. One does not have to start a non-profit foundation or get legislation passed to become a child advocate, although those who become more involved in advocacy might find themselves doing just that. Instead, residents should start small and simple and develop a foundation to learn and build skills as an advocate. I have found that every well-child care exam represents an opportunity.

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How can residents approach the enormous spectrum of injury prevention advocacy? During each visit, pick at least one injury prevention topic appropriate for each age group to talk about with parents and patients. Do it with every visit. To help get started, the American Academy of Pediatrics (AAP) Bright Futures *Guidelines for Health Supervision of Infants, Children, and Adolescents*[4] gives an outline of topics by age group. It may be overwhelming to try to incorporate all of the topics into each visit, but each practitioner can find topics that he or she finds comfortable and meaningful.

From birth to 1 year, topic ideas include car seat safety, sleeping and crib safety, dangers associated with the use of baby walkers, water safety, and "childproofing" the home. For ages 1 to 4, safety topics include car seat use, stranger danger, firearms, water safety, toxic ingestions of household items, and safety helmet use for wheeled recreational vehicles. Ages 4 to 10 can include messages about helmet use, booster seat requirements, street and water safety, and sports gear. Injury prevention for adolescents should occur individually without parents present and can include topics about drugs, alcohol, smoking, suicide/homicide, and driving. Don't be afraid to discuss injury prevention with patients and families. This is a piece of the complex role of a pediatrician and is just as important as insuring proper administration of immunizations, developmental assessments, and fielding questions about behavior. Child injury prevention advocacy could possibly have the biggest impact on your patients although you may never become aware of it.

I am lucky that at my residency program at University of New Mexico Children's Hospital, we have a program called "PARC" (Pediatric Advocacy, Rural and Community). During our intern year, we begin to explore what it means to be a child advocate and learn the skills to write a grant proposal to support a project we have designed in any area of child advocacy. During the month-long rotation, I chose to explore bike helmet safety, in light of a recently enacted child helmet safety law in New Mexico. I was able to review literature regarding helmet use statistics in different age groups and explore barriers to helmet use by children.

My project allowed me to network with representatives from the Albuquerque Public Schools, City of Albuquerque Parks and Recreation Department, University of

New Mexico Center for Health Promotion and Disease Prevention, and local merchants. I was able to collaborate with a middle school teacher to develop a pre- and post-questionnaire to be used in a new bike safety program as a means to assess the barriers to helmet use in my community. I developed a grant proposal to support bike rodeos that would teach bike safety, as well as provide free helmets with proper fittings for the children that participate. This experience was invaluable and allowed me to begin to expand my role as a child advocate outside of my usual primary care delivery and into my community. All residency programs should have meaningful advocacy rotations that teach the skills residents need to find their voices as child advocates.

Pediatricians have the unique opportunity and responsibility to become advocates for children. This advocacy can take many forms, but ultimately is born of the need to provide children and families with the tools to live healthy and successful lives. Although during residency it may feel like there will never be time to devote to advocacy outside of clinical practice, don't let the task of child advocacy overwhelm you and prevent you from embarking on this road. The well-known quote from anthropologist and activist Margaret Mead seems especially fitting for calling fellow residents to become advocates: "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." As we become "committed citizens" in the community of pediatrics acting as advocates, we can change the world for our children.

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