

Christmas as a teaching tool

I am an academic family physician with a particular interest in maternal-child health. I am also a mother of two young children. Some medical students recently asked me to give a talk on the developmental stages of preschool children as a part of a course for first-year students. I racked my brains as to how best to impart this information in a concise and interesting format that would be easily understandable to budding clinicians with little or no previous experience with children. I was still thinking about it as the holidays arrived. Then, suddenly it dawned on me that I might be able to use the holidays in general, and Christmas in particular, as a teaching tool. So this is how I am putting my talk together ...

AGE 2 MONTHS: On Santa: red, white, black. That's about it at the beginning. This is a chance to discuss how infant vision develops.

AGE 6 MONTHS: I will explain to students that it is still safe at this point to leave your child in a room with a Christmas tree (for both the tree and the child). Babies at this age often are able to sit up and look at the lights but are not usually very mobile, which limits their destructive potential. A few more months, and they will want to grab (and taste) every ornament.

AGE 9 MONTHS: Stranger anxiety is at its peak which impacts tremendously on that curious ritual of placing a child on a strange, obese man's lap and trying to get the kid to smile for a photo, after waiting in line forever (5 minutes). This is an opportunity to discuss a child's sense of time and their inability to comprehend delayed gratification at this young age. In contrast to age 4 years, as demonstrated below.

AGE 10 MONTHS: One year, my daughter actually took a nap under the tree. She was so exhausted from all the excitement that she fell asleep and we just tucked her out of the way where the presents had recently been. It is, of course, important to

strategically decorate the tree with larger and more durable ornaments near the bottom in case kids wake up before anyone can get to them. Correlating developmental age with holiday specific safety tips. Very practical.

AGE 14 MONTHS: Another year, we bundled up my son in a new thick plush snowsuit for his first trip to the Christmas tree farm. We plunked him down on the dirt path inside the tree farm so that he could toddle around on his newfound legs and enjoy the magical outdoors. Of course he had only been walking for about a month and the combination of the uneven path and the new snow suit did him in very quickly. As soon as I let go of him, he immediately fell flat onto his face. Not even a token step. He dropped like a stone. So, in the first 5 seconds of our visit, he had sustained some impressive midline symmetrical abrasions from his forehead to his chin — just in time for the annual Christmas photo. Great. Now to talk with the students about the miraculous progression from crawling to cruising to toddling to walking with safety tips galore.

AGE 18 MONTHS: Then there was the year that our daughter was given a free clown ornament at that same Christmas tree farm. She was quite happy on the way home in the car when suddenly she began wailing



from the back seat. When I turned around, only the head of the clown was dangling from the ornament loop in her hand. She had somehow decapitated it and disposed of the body somewhere in her car seat, an act which requires a certain amount of manual dexterity beyond mere pincer grip. Clearly the time to review the timeline for the development of fine motor skills.

AGE 2 YEARS: Stockings hung by the fire, or, in the eyes of a 2 year old, socks with people's names on them. Surely, thinks the child logically, these should be worn by the person to whom they belong and not hung up. They are very literal at this stage. No higher level critical thinking to wonder why each person does not have two to wear.

AGE 3 YEARS: Santa is magical and wonderful. This year you can write him a note (whether it is comprehensible or not is another story). Now to talk about the development of written language skills and handedness.

AGE 4 YEARS: When my daughter was 4, she accompanied me to a store so that I could buy a gift for a friend. It was the week after Thanksgiving and the staff were putting out all of the Christmas paraphernalia for the season. My daughter immediately spotted a large box of peppermint candies. Those classic red and white round ones wrapped in clear plastic which is twisted at both ends. 'Mama, please can I have one?' she asked. I responded, 'No, not yet, but if you help me with my shopping, maybe you can have one on the way out.' Buying some time. Bargaining. Here, I will tell the students, delayed gratification is an excellent technique for the busy parent of a 4-year old. Children respond well to positive rewards. A perfect chance to discuss effective discipline techniques. So, I did my shopping with my well behaved daughter and headed towards the cash register. I turned to see her with candy in hand. She then opened it and took a big bite. She was chewing and chewing and then, after a while, she said to me, 'Mama, how do you

In a medical bookshop

get this out?' 'This?' I thought to myself, 'what could she be talking about?'. She then handed me the candy. It turns out that 'this' was a wick and I was watching my daughter eat a wax candle in the shape of a candy! I was now so completely horrified and amused at the same time that I began laughing and crying simultaneously in a way that only a working mother during the holidays can, which of course greatly upset my daughter. (They are sensitive at this age, easily embarrassed, developing their independent identities. They are able to identify many objects — although not always correctly). I then found myself in the awkward position of trying to surreptitiously scoop wax out of her mouth while arriving at the head of the line holding an open candle with a big bite out of the side complete with teeth marks (teaching point re: dental development and current recommendations which, for the record, do not include using wax in any capacity). I really had no choice at that point but to buy the thing. To this day, my daughter asks me, 'Mama, is this the store where I ate the candle?'

AGE 5 YEARS: Now we're getting into much higher level thinking. I've been getting questions this year such as 'Who lives with Santa on the North Pole?' 'Where does he get his groceries?' 'How many languages does Santa speak?' 'Can he hear you if you are whispering?' 'Will Santa ever die?' 'Does Santa understand *everything*?' Magical and critical thinking in stiff competition.

AGE 6 YEARS AND BEYOND: Will my oldest still believe in Santa next year? I hope so, but if not, this is a chance to discuss with students the gradual loss of innocence that children experience. Hopefully Christmas will continue to be an exciting time of year for my kids. Hopefully medical students can apply some of these holiday images to clinical encounters during their training. If nothing else, they should get a few good laughs when I give my lecture.

Julie Scott Taylor

This summer I spent a day in central London walking round the area near my old medical school. My feet drifted to the bookshop. There was still a floor of medical books, but no aisle was labelled 'general practice'. The assistant told me that there were a couple of racks at the back of the public health aisle.

When I tracked them down these racks were most disappointing. One was devoted to books teaching you how to pass exams or parts of exams. The other rack seemed equally dry — explanations of the health service, academic treatises and other worthy but unexciting books. These must be the books that are selling; books young doctors in training are actually buying. Perhaps they give us an insight into their priorities; to pass exams, to understand the subject.

But they were not the book for which I was looking. Indeed, until I failed to find it, I did not realise that I had been looking for it. A book with a title like 'How to enjoy general practice and carry on enjoying it', that was the book I was looking for.

Does such a book exist? If such a book were written it would have to talk about cricket. The fascination for the batsman is that every ball in every over is different. In the same way, the fascination of general practice for me is that, even after 20 years, each week at least, I see something new. I see something different; a new illness, a new way of responding to illness.

The glory of general practice is the people. The privilege is to see life from the perspective of such a wide variety of people; the ill and the well, the native and the immigrant. We are one of the few professions to be invited into the homes of almost all people. Often the pictures and decorations are filled with meaning that will be shared with us if we simply show a little interest. This business of seeing life from another person's point of view is called empathy; intellectual empathy if we understand their point of view, emotional empathy if we, so to speak, feel their feelings. This empathy needs to lead to action if it is not to be sterile. Fortunately

as GPs there is often something we can do, if only listening carefully and with respect. Empathy that leads to action, called in the Hebrew bible 'chesed', this seems to me an essential virtue for general practice.

Most recently I have been privileged to work at the 'Medical foundation for the care of victims of torture' writing medico-legal reports. Here I have met a man from Eritrea who was willing to risk torture in order to meet with fellow Christians under the shade of a tree at noon. I have met a shepherd from the desert who had never been in a town before, yet had to give his story a shape that would be understandable to a Home Office official. I have met, alas, with the Home Office, its 'culture of disbelief' and its policy of driving 'failed asylum seekers' into destitution. I have also come across the stories of many individuals and groups who have helped.

This experience, painful as it is at times, has re-enforced my sense of privilege at sharing in the stories of so many people. So, in my experience, general practice can remain enjoyable — so long as the empathic feelings and understandings generated by our work are followed by action and not squandered in inactivity or cynicism.

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