



# Pediatric Surgery

Jessica J. Kandel, MD | Mary Campau Ryerson Professor of Surgery | Surgeon-in-Chief, The University of Chicago Medicine  
Comer Children's Hospital | Chief, Section of Pediatric Surgery

## Big Little Ties: Dr. Carmelle Romain's Firm Investment in Pediatric Patient Connections and Telehealth

Carmelle Romain, MD, is an accomplished pediatric surgeon who provides care to children of all ages who suffer from a wide spectrum of conditions. Her expertise covers the treatment of childhood cancers, congenital malformations, neonatal disease, aerodigestive disorders, inflammatory bowel disease, pediatric colorectal disease and thoracic lung abnormalities.

### Toy soldiers

Pediatric surgeons care for a wide range of patients, including neonates, children with congenital anomalies and adolescents. In pediatric surgery, the variety of operations and pathologies is more diverse than any other section of surgery. This complexity is what initially drew Dr. Romain to pediatric surgery.

As Dr. Romain was in the midst of her residency training, what attracted her most to the field were the patients.

From the outside looking in, you might surmise that receiving a severe diagnosis would be too much for a child to bear, and they'd sullenly rebel against wrapping their impressionable minds around it; however, their level of maturity greatly supersedes our everyday expectations. "Their lives can sometimes change in the matter of a few hours, particularly when the diagnosis has long-term consequences or a poor prognosis," said Dr. Romain. "I find these types of events push them to mature faster than they normally would."

Children, particularly adolescents and teenagers who are subject to these unfortunate circumstances find a way to digest the news and have conversations that the average kid normally wouldn't have. Their bright spirit, sustained by perseverance and acceptance, commandeers the turbulent journey and guides them forward. "They should be able to look into the future and believe they can fulfill their dreams," said Dr. Romain. "That's what everybody in the hospital wants for them, and because that's everybody's attitude towards them, they reciprocate that back to us."

Pediatric patients are small but mighty, and young yet wise beyond their years. Although diagnoses are life-changing and sometimes lead to fatal outcomes, these patients step around and over these challenging obstacles and anticipate a better day.

Access the full 2021 annual report at [surgeryar.bsd.uchicago.edu](http://surgeryar.bsd.uchicago.edu).

Dr. Romain and the many pediatric specialists in our hospital support pediatric patients and their families holistically, from the bedside to the operating room (and back), and never let go of their hands while crossing what may seem like a nightmarish street.

### Connecting with families

While there's a mutual interest in supporting the child, relationships with parents can be challenging at times. "The one thing I've heard people say that has deterred them from pursuing pediatric surgery is having to build a relationship with the parents; they just want to interact with the patient," said Dr. Romain.

The parental dynamic must be accounted for in everything pediatric surgeons do. It can even go beyond the parents to include grandparents and other relatives, who are not only concerned but helping to make the medical decisions for their young patients. Unlike adults who have autonomy to make decisions for themselves, children are unable to do the same in most situations.

"The way that I look at it is, each kid is part of a family unit," said Dr. Romain. "What you're really dealing with are the opinions and the concerns of multiple people, not just the child, and you have to figure out a way to balance what your opinions and/or recommendations are, and then what's good for the whole family." Dr. Romain and her team understand that individualized care is vitally important. What's good for one family may not be good for another whose child has the same diagnosis.

Of course, this means navigating the various issues that arise in that process. From reservations about the recommended approach to differences of opinion, Dr. Romain partners with parents to come up with the best and safest option for each child. She said, "I think when you approach



parents like that, reassuring them that it's a team effort, the relationship works better and diffuses much of the possible tension or conflict."

### Black woman in a white coat

The journey to obtaining a white coat is already rife with doubt-inducing trials and tests, but for surgical leaders of color, it is also accompanied by systemic obstacles that continue well into their careers. One of the things that stays with Dr. Romain are the encounters where people seem shocked that she is their surgeon. It's the incredulous look on their faces when she introduces herself. Or someone saying, "Oh, you're the surgeon?" She often asks herself, internally, "Did that happen because I'm a woman? Black? Or both?" Though these moments are jarring, she tries to focus on the fact that she may be an inspiration to future up-and-coming surgeons of color.

Of course, representation in medicine matters, not only for future doctors, but for the patients she serves. Dr. Romain has been approached by Black patients who have told her that they felt a level of comfort knowing that their physician/surgeon looked like them. "I think there is undoubtedly a certain level of mistrust that communities of color have with the medical system, given how they have been treated in the past," she said. Parents may walk into an institution with their guard up, wondering whether assumptions are going to be made about them, and whether these assumptions will interfere with their child's care.

"During Black History Month, I sat on a panel with other physicians of color where we discussed patients or families that were labeled as difficult," said Dr. Romain. The lively discussion focused on

*continued on next page*



Department of Surgery

how people of color experience the healthcare system versus the rest of the population. While people of color are quite used to receiving empty boxes labeled “Benefit of the Doubt,” the inequity in the quality of treatment is disturbing.

“When we dug deeper into the conversation, what we found is that often assumptions were being made about families, particularly families of color based on our own internal bias.”

Dr. Romain notes that these assumptions can harm not only the relationship with the parents, but how surgeons are perceived as caretakers. She hopes that with the recruitment of more physicians of color and diverse backgrounds, families can feel more welcome and have fewer unsettling interactions. We all need to work on our internal biases, while recognizing how they affect the people we interact with in the hospital setting.

Not only do we have commitment to providing the best possible care for our patients, embedded in our mission is the pledge to always address discrimination and speak out against it, both as surgical leaders and members of this vibrant and unique community.

### The ongoing evolution of pediatric telehealth and research

The disparaging impact of COVID-19 upended every facet of healthcare and forced providers to adapt overnight. “We all had to shift pretty quickly, especially during the stay-at-home order. We became comfortable talking to patients on the phone initially, because we didn’t have televideo platforms set up yet in our EMR,” said Dr. Romain.

The phone conversations were challenging at first. “But once we got the audio/video platform set up, I think it was great for families, because they felt like there was still a way that they could connect with us,” said Dr. Romain. “I think we made it very clear early on that this is just a tool, and we weren’t saying this is the only method to interact with us. . . . This is just a way to keep everyone safe and out of the hospital unless you absolutely have to be here.”

While telehealth still offered a way to connect, it wasn’t always easy for patients. There were a lot of hurdles to jump over. Additionally, it was a heavy lift for the medical assistants and the schedulers who were now coding appointments in a totally different way. “I think all of us could attest to the fact that there was just a lot of confusion initially, but I think that’s gotten better,” said Dr. Romain. “The volume of telehealth has sort of plateaued because we are now seeing patients in person fairly regularly. So now telehealth is more of an option, and I think parents really appreciate that from a time management standpoint.”

Dr. Romain found telehealth incredibly useful and innovative. So much so that she is now conducting research into its efficacy alongside Chief of Pediatric Surgery Jessica J. Kandel, MD. Both

surgeons became intrigued by the topic after reading a research paper out of the University of California, San Francisco. The paper deduced that people did not log on as much if they were older, non-English-speaking, had a lower socioeconomic status and were from communities of color. This was true even when they were given iPads. They preferred to be seen in person. Dr. Romain and Dr. Kandel wondered how these findings translated to a pediatric population.

“There are multiple ways of looking at it,” said Dr. Romain. “Some of it has to do with the level of trust. Some people don’t like telehealth because they don’t think it’s an actual doctor’s visit. I’ve had patients say to me, ‘Well, that’s not really the same, because you can’t really see my child or examine them with your hands and tell me what’s really going on; I would rather just see you in person.’ That’s a reasonable concern that you have to respect. You never want the family to feel like their reservations about a new form of receiving care aren’t being heard or addressed.”

For other people it’s a connectivity issue. The internet connection isn’t strong enough to carry multiple devices in the home or they don’t know how to log in or navigate our patient portal. This has become a real burden for our families. Language barriers show up as well, as the instructions for non-English-speakers aren’t always translatable. “Telehealth is great, but it’s only great if it’s equally accessible to everyone,” said Dr. Romain. “It’s only great if it’s done in a manner in which people can make it a choice for themselves, and not necessarily be forced into one option or another just because of access.”

A key part of Dr. Romain’s research is collecting data to figure out who actually connected during the pandemic along with socioeconomic and geographic markers. The study will also include a patient questionnaire to understand their level of digital literacy. “Our data will look to identify if we see similar trends as exhibited in adult populations. We’re excited about telehealth for all the right reasons; however, it shouldn’t create a divide that will leave people behind.”

### Commandeering a turbulent road

The journey to becoming a surgeon is arduous; however, the guidance and reassurance of mentors help when you encounter those inevitable bumps in the road. “Oh man, it was not easy. I always felt like I had to seek out people that I could trust, because there weren’t a lot of people that looked like me who were supervisors,” said Dr. Romain. There was one pediatric surgeon of color whose frankness prepared her for the harsh road ahead. She valued his tough-love approach, as she knew that his bold realism was sincere and offered in order to uplift her and keep her afloat.

“He was very honest with me,” said Dr. Romain. “He told me, ‘There are a lot of people that, because you’re Black, will be looking at you and

they’re going to make assumptions of how you got to where you are today. They’re going to let that cloud everything about you.’ He went on to say, ‘It’s not going to be everyone, but you need to be prepared for those types of situations, and the way that we’re going to prepare you is that we’re going to make you do X amount of things so that they can’t say it’s your application. It’s not going to be anything about your application. . . . On paper you’re going to be spectacular.’”

Her mentor was hard on her, because he believed in her. Even at times when doubt would permeate her consciousness. “He would always sort of question that: ‘Why don’t you think you could do it? Because somebody told you that? Because there’s nobody that looks like you? Let me find a person that looks like you, and you can talk to that person,’ and he did,” said Dr. Romain. Her mentor introduced her to a world-renowned Black female pediatric surgeon. Their phone conversation was life-changing; representation matters deeply and acts as a binding agent to a cracked compass.

It is not a straight and narrow path to the white coat; it’s winding, with obstacle courses burrowed throughout. “In those moments when you’re by yourself and struggling day after day, it’s super easy to let doubt creep in,” said Dr. Romain. For her, there were many instances where she questioned her ability to overcome not only a demanding fellowship, but the macro/microaggressions of skeptics around her. “I would say that you need to find a really good support system,” said Dr. Romain. “Regardless of what you look like, unless you have people who are really cheering you on and pushing you on the journey, I think it can be really hard to even get through normal days. Find those people who you trust and believe in you, because you’re going to lean on them a lot.”

Negativity will eat away at your drive and passion; ignore it. “You don’t necessarily have to react to everything,” said Dr. Romain. “Take the experiences for what they are. Don’t let people dress you down or treat you as less than and try not to react to everything; take those experiences for what they are, talk about it with someone you trust, address it with the appropriate people and move forward.”

It’s imperative to focus on the things that matter, like education; absorb the information and enlightening experiences. As a trainee, it’s critical to soak up knowledge, show up, be present and work hard; the fellowship is the foundation of what you are eventually going to be. “Inside the operating room and outside of the operating room, good things will happen and bad things

*continued on next page*

will happen,” said Dr. Romain. “Only you can decide what you are going to make of those things and how they’re going to affect you.”



**Julian T. Owens**

Department of Surgery Core

Operations Manager

The University of Chicago Medicine