

## Lessons From Our Learners

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Feature Editor

*Editor's Note:* Submissions to this column may be in the form of papers, essays, poetry, or other similar forms. Editorial assistance will be provided to develop early concepts or drafts. If you have a potential submission or idea, or if you would like reactions to a document in progress, contact the series editor directly: William D. Grant, EdD, SUNY Health Sciences Center, Department of Family Medicine, 475 Irving Avenue, Suite 200, Syracuse, NY 13210. 315-464-6997. Fax: 315-464-6982. E-mail: grantw@hscsyr.edu.

### Showdown at the EBM Corral

Charles Vega, MD

It is noon, and most of the residents are finishing their morning clinics and going to noon conference. One of the best and brightest of them is presenting her last case to me and has nearly finished telling me her plan for the patient. Then, it happens.

"I'd like to draw an IgG assay for cryptoconfusiosis," declares the resident.

A small panic seizes my brain. I have not considered that mystifying pathogen since my second year of medical school. Trying desperately to recall the etiology and symptomatology of cryptoconfusiosis, my mind inadvertently overheats and defaults to a happier place. I'm left with the image of a father pushing his child on a swing. Shoot.

But I am not finished yet. "Why is that?" I answer, stalling to gain precious time.

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From the Department of Family Medicine,  
University of California, Irvine.

"He has splenomegaly, a positive Dix-Hallpike maneuver, and he just returned from that business trip to Yemen," she replies confidently.

Oh, *that* cryptoconfusiosis. It's all coming back to me now.

"And his axillae?" I inquire.

"They are lined with an easily removed pseudomembrane." Boy, is she good.

If I remember correctly, the treatment is a long course of Kilzitazole, which may be a challenge to obtain outside of Yemen. However, I have found that knowledge based on teaching from even a few years ago is not always valid.

Hence, I ask, "So, what are your plans for the patient?"

Her confidence is obviously waning. "Well, I think I saw an article in the *Journal of Often Esoteric Yet Irrefutable Controlled Studies* a few months ago that showed a good reaction to Expensazole."

The *JOEYICS*? I have subscribed to the venerable publication for years, and I don't remember any—wait, was that the issue comparing the treatment modalities for histio-

cytosis X? I had never finished that one—kept falling asleep. But I can't worry about that now. The resident's vague recollection of the literature notwithstanding, there has got to be a faster and more evidence-based manner to teach about patient care. But how? How?!

Her comrades are streaming out of the residents' room toward the conference center. Her face belies the kind of subdued desperation found only in spouses at company holiday parties and residents who are missing lunch.

And then, I realize that the answer is 10 feet away from me in the computers perched in the residents' room. The computers literally hum with the possibility of information anywhere, anytime. I hop on a PC and begin the intricate, fluid ballet of data retrieval. At that moment, surfing and scrolling, I am a Cyber God:

MDCConsult. Physicians Online. The Cochrane Library. WebMD. Multiple university sites and library search engines. Even the *JOEYICS* had now gone on-line. I give a running commentary on what I find:

"Here's an interesting study from 1997 that demonstrates a comparable eradication rate between Kilzitazole and Expensazole."

"And this one shows a poor cost-to-benefit ratio with Expensazole compared to other drugs."

I turn away from the screen and back to the resident, satisfied that today, I have made a difference. I am ready to discuss randomization, double-blinded studies, and *P* values. I will make copies and bequeath my passion for evidence-based medicine to this gifted resident.

I realize that I am staring at an empty chair.

The resident has vacated her seat and is now tapping away at the PC on the other side of the room. She calls out her findings with a newfound and increasing confidence.

"Actually, this study from last year found a positive cost/benefit ratio with Expensazole."

But . . .

"And Expensazole treatment is recommended by consensus statements from infectious disease physicians in Great Britain, Canada, and Iceland."

Iceland?

"AND," she proclaims with a crescendo, "this randomized, double-blinded, placebo-controlled study displays great data that patients have an improved response to Expensazole compared with Kilzitazole, and this response can still be measured up to 2 years after treatment in terms of their uric acid levels."

That's right! I have almost forgotten about the persistently high uric acid levels. By the time I have walked over to meet her on the other side of the room, she has already a printed a copy of the last report and placed it in my ever-so-slightly-trembling hands.

She senses my feeling of tumbling from Cyber God to Internet Poseur. "Don't worry," she says, "This was just posted 16 minutes ago."

Having forgotten about lunch, the conference, and (almost) the poor man waiting outside and sloughing his axillae, she shows me how she has personalized her medical search engines so they can do her bidding in half the time. We compare useful Web sites, and I discover some fancy tricks that I can use to get what I want. We have become partners in the educational effort, and it is actually kind of fun.

We decide to order the IgG assay and discharge the patient with a 2-week course of Expensazole. He remains blissfully unaware of the thousands of patients and research hours spent in guiding his therapy. At least, he does for now.

Tonight, he is going to log on and find out more about this "Confusion-osis," or whatever it's called.

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