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 Upstate Medical University, Department of Family Medicine, 475 Irving Avenue, Suite 200, Syracuse, NY 13210. 315-464-6997. Fax: 315-464-6982. grantw@upstate.edu.

Making Parkinson Proud

Anne Walling, MD

Our geriatrics rotation includes a pretty intensive clinical session and tutorial on Parkinsonian conditions. This is conducted in a nursing home but ends with an unstructured session conducted by two feisty patients from the associated independent living apartments. This couple (ages 93 and 88, respectively) provides the patient perspective and answer any questions the students have about living with Parkinsonism. It is a “no dumb questions: ask everything you ever wanted to know” session for both students and patients. The patients provide frank advice about working with patients and families. Above all, they remind the students to focus on what the patients can do as opposed to all the negatives of the condition. The learning is always powerful. I enjoy watching our students reach beyond the formal teaching about diseases to begin taking on the role of “coaches” for people living with chronic conditions. I generally snooze at the back of the room, only participating if called on for clarification of medical issues or to prompt participation by a shy student.

Today, however, they threw me completely! Both patients commented that they missed the sense of smell. Two students immediately contributed that the patients they had worked with that morning had also lost smell as an early symptom—but this was not in the articles and texts about Parkinsonism. Everyone turned to me. “Is anosmia a common early symptom of Parkinsonism, professor?” Caught in one of those “duh” moments, I had to revert to a frank “Don’t know,” quickly followed by “Sounds like a great group project for looking up.”

Although the students were scheduled fairly heavily for the rest of the day, I received three e-mails enclosing literature searches and references within a couple of hours, and photocopies of articles were on my desk by the end of the afternoon. The students were moderately disappointed that loss of smell had been fairly well documented in early Parkinsonism (even, as we found out, had been investigated as a possible screening test), so we had not really “discovered” something. Nevertheless, a lively e-mail chatter ensued about how specific the association could be and the possible pathophysiology and implications. The group members “owned” a piece of information and were curious to run it down completely.

After checking in with a few knowledgeable experts, I was relieved to learn that this particular “factoid” was not especially well-known so I felt better about my ignorance concerning loss of smell in Parkinsonism. Like the students, I was disappointed that we could not write up the association, as that would have taken the group to an even higher level. Nevertheless, I strongly believe that Dr James Parkinson (1755–1828) would have been proud of the group. A general practitioner, he was an intellectu-
ally curious man with a wide range of interests from paleontology to politics. Above all he was an acute observer of people. Much of his original work on Parkinsonism (Essay on the Shaking Palsy, 1817) was based on observations of passersby. He too would have quickly picked up on the seemingly odd comment by a patient and struggled to link it to other observations and to work out its potential significance.

This episode presents “lessons from our learners” at multiple levels. I received a powerful reminder of how well students learn once all that energy and curiosity are unleashed—and how far they can take things in a short time with their use of technology! Cynically, I am glad I can still turn a “duh” to a gem. Above all, the lesson is “listen to the patients,” not just for the obvious but also for the apparently irrelevant remark that could be highly significant. Today, third-year students showed me they can develop very advanced learning from a serendipitous remark. It was a good day.

End note: Dr Parkinson was a successful physician and complex individual who was even tried for treason at one point. Read more about Dr Parkinson at www.whonamedit.com/doctor.cfm/392.html.

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