Teaching medical neurology: an o

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I am frustrated: the modern clinical students seem to know so very little about neurology and how to sort out what is wrong with patients, and yet they know so much about how to be nice to them. What on earth has gone wrong?

Neurology has the reputation amongst students (and indeed doctors) for being difficult, although as a student I don’t think I found it as difficult as hearing a mitral diastolic murmur or recognizing a skin rash (Schon et al. 2002). And the students, when asked, generally want more of it (most UK medical schools teach clinical neurology for about 3 weeks in a block, although some no longer have a neurology block at all). I used to think the difficulty was because the students had had their heads stuffed with so much detail, and had become so daunted with anything beginning with ‘neuro’ during their pre-clinical years, that they assumed that what stops the brain working must be as difficult to understand as how it works in the first place (completely wrong of course, you don’t have to know how a TV works to diagnose why there is no picture or sound – power cut, toddler fiddled with tuning, dropped on floor, etc.)

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students clinical
codger’s view
Teaching worked for me when it was fun for the teacher and taught, personal, entertaining, and at the bedside with real patients.
neurology there wasn’t a professor of neurology in sight, or a lecturer – just very good doctors who cared about passing on their knowledge at a medical school which did so little research at the time that we would have scored minus in the RAE.

For me, and I hope my students, the best way to teach is with a patient who has a problem and who has already been seen by the student, more often in a bed than in an out-patient clinic where we are flogged to beat waiting time targets and anyway there is no spare room for students to see the patients first, and sitting down the student tells the patient’s story; the teacher teaches. The student demonstrates the signs. The teacher teaches. We all discuss. Sometimes we also teach the patients quite a lot about their problem (deliberately), and the patients can teach the students too.

However, there is still a residual problem – fear. The older the teacher, the more the student seems to fear him or her. I don’t know what to do about this – it seems to be embedded in the culture. Even when I tell students that I have nothing to do with examining them, and nothing to do with selecting them for junior doctor positions, they are still fearful. Of what? Making a mistake? But students are expected to and allowed to make mistakes: we learn from our mistakes. Looking an idiot? So we teachers must be kind and supportive. We try, oh how we try. But we are still frustrated.

The funny thing is that when our students come back to us as young doctors, they seem to be rather good. How did they perform that trick? Maybe we are doing the right thing after all, or they are – despite us teachers of neurology.

ACKNOWLEDGEMENTS
To my own teachers at St George’s Hospital Medical School, London, in the sixties, the good ones who I copied – and even the bad ones who taught me how not to do it.

A version of this article has also appeared in Clinical Teacher.

COMPETING INTERESTS
My daughter is a medical student, and I worry about how she will be taught clinical neurology.

REFERENCES

BOX 2: HOW NOT TO DO IT – A TRUE STORY FROM 1967
Curtain rises on a clapped out Nightingale ward in a London teaching hospital. A consultant urologist – rather short, red-faced with rose in lapel – has already inspected the 10 students’ hands for cleanliness and sent one on to run round the block. One student has earlier asked some questions. The ‘teaching’ ward round is coming to an end...

Urologist (visibly swelling): You boy!

Student (suddenly very alert indeed): Me?

Urologist (now purple in the face): Yes you, you there at the back who asked all those questions.

Student (shrinking as small as possible): Sir?

Urologist: Don’t you forget, boy, truculence is no substitute for diligence!

Lights suddenly cut, curtain.
Teaching medical students clinical neurology: an old codger's view

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