

Teaching and Learning Moments

A Standardized Test Question, Revisited

Ms. S is a 57 year-old lady with three decades of shaking tremor for which she has not seen a physician. When asked about her symptoms, she notes tremors in both arms, but the right arm shakes more. Holding items worsens the shaking compared to rest. You ask her if anything in the past has improved her symptoms. Of the following, she is most likely going to say:

- (a) *Ibuprofen relieves my shaking.*
- (b) *Drinking wine improves my shaking.*
- (c) *My daughter's extra oxycodone makes my shaking stop.*
- (d) *Drinking tonic water calms my shaking.*

I once thought the answer to a question like this one was unrealistic, unlikely, and just another hoop to jump through on a test. That is, until I met a “Ms. S.”

I walked into the room and found Janice sitting up in bed, distraught. She was admitted overnight for vaginal bleeding, critically low hematocrit, and tense ascites. I immediately noticed her scraggy appearance, coarsely applied rouge, and disheveled brunette hair. Her shaking right arm caught my eye as I shook her pale, limp hand and introduced myself. I would have guessed that she was in her late 60s, not the 51 years old her chart indicated. After talking about her bleeding, I turned to her tremor.

“Many people in my family had it,” she said. “And I hate doctors.” Her fleeting eye contact and constant fidgeting convinced me of her nervousness. Her

symptoms began decades ago. I treaded carefully.

“Do you find that drinking alcohol helps your symptoms?”

She nodded, “Three or four glasses of wine and sometimes Scotch if the tremors act up.” She looked away; she could tell I was aware that it was probably more.

I delicately explained her new diagnosis of cirrhosis. She burst into tears, her rouge now streaking. Was it the diagnosis? She looked me straight in the eye, hands still shaking and muscles taut in desperation.

“Does that mean I can't drink anymore?”

Dumbstruck by the urgency in her voice, I spouted: “Yes, but don't worry. We have a medicine called propranolol that works well for many people with essential tremor!”

Her gaze did not waver. Her hands continued to shake. Alcohol was the medicine she knew worked. Should it surprise me that she responded to my idea with more tears? I tried to change the topic.

“Janice, do you have any family?”

“No, my husband died from cancer. I don't have any children,” she responded, still upset.

I understood now that alcohol played another therapeutic role in her life. I couldn't help thinking that if she had

sought care for her tremor years ago, she wouldn't be pale and cachectic, with a belly full of ascites.

Driving home that night, I vaguely recalled a standardized test question from medical school about essential tremor. I thought about my pet peeves with such questions—the simplistic cues or categorical generalizations sometimes made between a disease and a certain population.

“A homosexual graduate student presents with fever and rash....” I'm supposed to select new HIV infection without reading the rest of the question. “A 37-year-old nurse presents with hypoglycemia....” Obviously, surreptitious insulin use.

Questions like these employ stereotypical characteristics to assess clinical knowledge; they lack the nuanced patient story that emerges from patient demographics, clinical signs, and symptoms. Janice's story reminded me that the ability to tie her life to her clinical presentation came not from a test question but from the behavior modeled by clinicians, the ability to listen, and practice. Only at the bedside do I learn the clinical acumen that test questions cannot teach.

Correct answer: (b).

Author's Note: The name in this essay has been changed to protect the identity of the patient.

Justin M. List, MD, MAR, MSc

Dr. List is a Robert Wood Johnson/VA Clinical Scholar and clinical lecturer, Department of Internal Medicine, University of Michigan, Ann Arbor, Michigan; e-mail: LISTJ@med.umich.edu.