SMALL DETAILS

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In my second week of outpatient Internal Medicine I felt comfortable taking a history and performing a thorough physical exam to present to my preceptor when he entered the room. On one particularly busy morning, I knocked on the door to the next patient's room and was greeted by a thin, energetic man in his 60s. As I glanced at his medication list after shaking his hand and introducing myself, I remarked, "It looks like you're a pretty healthy guy! We don't usually get patients in here on so few medications." He laughed and proudly told me he exercises five times a week and eats a mostly vegetarian diet.

I remember thinking it was nice to have an uncomplicated patient after three stressful encounters back-to-back-to-back and maybe if we wrapped this up quickly I could actually have more than ten minutes for lunch. As I inquired about past medical history, there was nothing of significance, just as I suspected. He was here for his annual physical and as ready to get to lunch as I was. When I asked about anything new he wanted the physician to know about, he told me he'd had some knee pain but thinks it was due to overuse in the gym and was responding well to acetaminophen. I made a mental note to include that in my oral presentation and prepared to move to the physical exam.

As I was about to encourage the gentlemen to get on the exam table, he paused and said there was this other "silly" thing he should bring up since we had the time. Instead of trying to explain it, he said it would be easier if I gave him my pen and paper. He took the pen in his right hand and began to write his name. His hand quivered violently and he had to use his left hand to stabilize his right just so he could finish the last few letters of his last name. Putting the pen down, he laughed and said, "Isn't that strange? It's just one of those kooky things that happens with old age, right?"

My heart sank. I had seen quite a few people well into their nineties in this practice and this felt like more than just old age to me. The lightness to the encounter dissipated as I began asking rapid fire questions related to the tremor and he began to sense my concern. As medical students, we often jump to the worst case scenario. As a medical student whose own grandmother was initially diagnosed with Parkinson's disease by a sudden change in handwriting, the worst case scenario was jumping out at me.

Before I could figure out a way to discuss my concerns with the patient, my preceptor entered and asked me to present the patient. I quickly started, "This is a 63-year-old male who presents today for his annual wellness exam…" I continued my routine until the part of the presentation where I included new problems to address. I looked pointedly at my preceptor and mentioned the patient had noticed a change in his handwriting associated with a new tremor. The patient jumped in, clarifying it was nothing to be concerned about medically and felt silly he even mentioned it to me. I pressed on and asked the patient to rewrite his name on the paper for my preceptor as he had demonstrated for me.

The mood shifted once again. My preceptor had the patient get on the exam table and conducted a full neurological exam and asked him to walk back and forth across the room a few times so we could assess his gait. During this, we asked if he'd had any changes in his sense of smell or increasingly vivid dreams.

Aside from the tremor when writing, everything appeared perfectly normal. This gave me some relief but I couldn't get rid of the feeling in the pit of my stomach. My preceptor wasn't completely satisfied either and recommended the patient follow-up with a neurologist. While he assured him there was nothing urgent about his situation, my preceptor explained how changes in handwriting can be an early sign of Parkinson's disease and it would be best to get additional assessments to rule it out.

The healthiest patient I'd seen in days left the office being the one I worried about most. While I'll likely never know if this symptom was due to Parkinson's, or was just a benign essential tremor, I think about that man every so often. He reminded me that we serve a vital purpose as physicians to listen to what our patients are telling us and pick up on subtle findings that may go unnoticed to an untrained observer. Every patient deserves your full undivided attention because we risk patients staying silent in fear they are burdening us with their problems.

One thing that was emphasized ad nauseum in the clinical learning center during our first and second year was asking patients "anything else?" to ensure we didn't miss any details. While it felt silly for standardized patients to withhold information they knew would lead us to the right diagnosis on the score sheet, I've now realized that's exactly how patients in the real word act. They may tell you about their runny nose and weird elbow pain but forget to mention their stools have become black or they've lost a good amount of weight without trying since you last saw them. As physicians, we should strive to be present with each patient during every encounter. While it can be important to let our guard down to develop relationships, our ears should always be tuned to those alarm bells in simple conversations. With time I hope to continue to develop this gut sense in addition to continuing to develop the skills needed to deliver difficult news to patients in a kind, thorough manner. ■