

LETTER TO THE EDITOR

Dear Editor:

I have been fascinated by the physical examination since hearing the legend that physicians could determine a PR interval merely by assessing the intensity of S1. True or not, it was inspiring.

After reading with interest, and sadness, “The Demise of the Physical Exam” (Frank M, et al. *SGIM Forum* 2016; 39(5):1,10-11), I would like to add some observations I’ve made over the years in trying to teach physical exam skills to medical students and house officers.

The biggest hurdle is getting the learner to identify abnormal results—more so than performing the exam skill correctly. Anyone can be taught how to examine the tympanic membrane or listen to a heart; the difficulty arises in getting the student to distinguish what is normal from what is not. As such, I would propose that the examination for early medical students integrate physiology directly with the normal exam, but for more senior medical students and residents, the focus should be on abnormalities. Until then, the capillary flush over the malleus is going to be misdiagnosed as otitis media.

The use of standardized patients is essential, as having medical students practice on each other is fraught with limitations. However, this is only useful in learning the normal exam. To build on this, I would propose that medical schools and academic medical centers generate registries of patients—each of whom has abnormal physical findings—and use them to invite patients to “Physical Exam

Days” so that students and residents can experience the findings. How much better to see the hand of an actual patient with acromegaly or hear the murmur of critical aortic stenosis than to be exposed to it via lecture or textbook! Granted, not all common anomalies can be presented “in the flesh”—and use must be made of multimedia—but the “real thing” should be made available when able and, if nothing else, reinforce that we care for humans with disease, not disease itself.

Although extant, research into the physical examination pales in comparison to bench and other clinical research. To keep the art alive, we should try to transform the physical exam into a science. I would like to see a society, or at least an interest group, dedicated to the physical examination, replete with its own journal and conference.

The final hurdle—one that would seem to pertain to almost all non-revenue generating activities—is support from the upper echelons of administration. Too often educational activities, such as teaching physical examination skills, must compete with the RVU quotas that have been set such that the “academic mission” somehow becomes secondary to the “clinical mission.” I would submit, however, that more finely honed examination skills would, in the long run, save our health systems money, as they would allow for a more thoughtful ordering of diagnostic tests rather than taking the proverbial “shotgun” approach.

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