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Students help solve tough cases in clinical neurology

By Carol Clark

“She makes her eyes like she’s tired,” the mother said of her 2-year-old, a patient in a neurology clinic.

“I felt like someone just came up behind me with an axe handle,” reported another patient, a middle-aged male.

“I’m like a sitting duck,” complained an elderly woman.

The Neuroscience and Behavioral Biology students write up perplexing cases from the week before. The nine undergraduates are part of the special elective in clinical neurology, which requires them to go on patient rounds with physicians, make careful observations, and record exactly how the patients describe their symptoms.

Said Saab, a senior neurology major, who plans to enter medical school, recalls the drama of a 6-year-old girl who came to see a physician with her mother. “She would spin in a circle for 20 minutes and scream,” Saab says of the patient, who required seizure medication. After listening to the little girl talk, Saab says he felt that she had sociological and environmental problems that needed attention, in addition to her medical ones.

Linton Hopkins, a neurologist specializing in neuromuscular diseases, teaches the course, along with Paul Lennard, director of the NBB program. The white-haired, bow-tied Hopkins is an astute guide for students entering the strange, and often frightening, world of neurological malfunctioning.

“I’ve always felt there is a big disconnect between the amazing experiences of my patients and the knowledge of the average student — even the average medical student,” says Hopkins. “It’s dramatic to undergo paralysis, or blindness, or suddenly not be able to control a part of your body. To watch how ordinary people are able to respond to this kind of stress is inspiring.”

Hopkins has taught the course for 10 years, taking students under his wing and into his exam rooms, where they actually become involved in solving cases. Both the students — and the patients — can benefit. “Neurology patients often complain that people talk about them as though they don’t exist, or like they’re retarded,” Hopkins says, explaining why patients appreciate having a student pay close attention. “They sense that the students are nervous, so they will chit-chat with them in a social way, to help put them at ease.”

More than 20 percent of Emory pre-medical students are NBB majors, says Lennard, explaining that neuroscience has boomed in recent decades, as technology has made mysteries of the brain more accessible.

“This course is getting students directly connected to the world they want to enter,” Lennard says. “Dr. Hopkins is an incredible mentor and role model. He’s teaching the students that medicine isn’t just about prescribing drugs and tests — it’s about listening, observing, and solving problems through critical thinking.”

This semester, Hopkins further enriched the course by recruiting eight other Emory neurologists, from different specialties. None of them receive additional money, and it takes effort to integrate a student into their routines and patient exams, but they want to share their knowledge, Hopkins says.

Sarah White, a junior NBB major, was impressed by the way a neurologist treated a patient who broke down crying in the exam room. “She said that her previous physician hadn’t listened to her and she felt insignificant,” White recalls.

The neurologist had a packed schedule, but took the time to listen to the woman talk about her frustrations. “In the end, the woman felt much better, and the neurologist prescribed a lower dose of her medication,” says White, who wants to become a primary care physician.