



He Called Him “Pops”

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It had been a long week—a long spring, actually. Creating and implementing a new curriculum is not for the faint of heart. But now I strove to be fully present, watching two students interact with this man brought in by his son for worsening cognition and memory.

The man had a minimum of verbal responses—he shook the students’ hands when they offered theirs, and nodded to them. He looked a bit more cheerful when one of the students referenced the Detroit sports team on his shirt, but mostly he looked towards his son when asked questions. His son was reassuring, “Pops, it’s okay, they just want to know how you’re doing.” And so, the students sat down to talk.

They learned that Mr Jones had lived on his own, retired from one of the local auto factories, until about a year and a half before. Then he had seemed to be slipping, having more trouble managing things on his own, and had moved in with his son and his family. They got along well—“It has been nice having my dad with us, even if sometimes it’s some work”—and it had been nice for the grandkids to spend time with their grandfather.

Recently, though, Mr Jones had become more confused. He seemed unsure of where he was, and had been off his usual routine. The son updated us that the last few nights he had found his dad up in the middle of the night and had to cajole

him back to bed. He looked a little tired as he said it.

The student sitting closest to him responded first. “That means you were up in the middle of the night too...All this is a lot to handle. How are you managing?”

The son sighed, then smiled ruefully. “I’m managing. But I do have to admit it’s tough. Not sure whether it’s going to always be like this from here on... Or if he might settle down again?”

The students gave recognition to this clearly sensible concern, and seemed genuinely impressed by the man’s fortitude and dedication to his father.

They turned again to Mr Jones, asking a few questions, not getting much in the way of answers, making a little small talk, and then starting into a neuro exam. Mr Jones looked a little nervous, and glanced frequently at his son. “Pops, it’s all right, they just need to check you over.” Mr Jones looked back at the students with their smiling, friendly faces and seemed reassured.

Over the next minutes they coaxed and encouraged him through the complete neurologic exam, aided by the son, who repeated directions when needed, encouraged his dad’s attention, and continued to be a positive presence. Mr Jones struggled with parts of the mental status—he wasn’t sure of the year, recalled it was summer, his clock drawing was missing almost all the details. The

students and his son reassured him that he was doing fine. At the end, the students thanked Mr Jones for his effort and for tolerating their many questions and requests. They turned to the son and commented how glad they were that he had brought his dad in today, and that they would be discussing Mr Jones with their attending and be back in, but they thought she would likely want to run some tests to be sure there weren’t other reasons contributing to his recent worsening confusion, and talk more about plans for handling it. They shook hands warmly, emotionally connected, appreciating one another.

I am not sure who I was more in awe of, these first-year students or the patient and son. The students had been poised, empathetic, ready with their neurologic exam, persistent in the face of a challenging physical exam, and had adapted when necessary. Their history and physical exam skills were far beyond where I recall being at the end of my second year, heading off to clerkships, let alone at the end of my first year. This encourages me as I think about our school, and all the other medical schools around the country that have instituted early clinical experiences.

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As for the patient and son, I was amazed at them as well. I know the father, this solid and kind older man, as one of our long-time simulated patients. Usually when I see him he is straight-talking, verbally skilled, and ready with a laugh and a smile. This today was a new case, written a short time before and without as much detail developed as we might have liked. I learned later that the simulated patients had spent some time recalling elderly relatives they had watched decline, while talking with our nurse trainer and each other, to sort out a realistic portrayal. And while this “father” and his “son” had not met until today, they had discovered that the younger man

was indeed the age of the “patient’s” actual son, and had quickly developed a comfort and ease with one another. They each had remembered relatives, all now gone, and thought about them as they portrayed the case and interacted with each other. “Pops” had been a family moniker for a beloved grandfather.

It is amazing what we see when we get to watch the entirety of an encounter without getting in the way, whether it is in the clinic, the hospital, or the simulation center on a particularly magical day. You see what needs work, but you can also see what is going right. On this day I was inspired and encouraged, and it will carry me through.

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